were held afterwards about the possibility that this category could simply be considered a subtype of schizophrenia or affective pathology, or placed in a continuum between both disorders, or individualized as a distinct clinical entity.

Now-a-days, the controversy still exists, being quite probably the most controversial diagnosis in the international classifications.

The authors make some theoretical considerations about the theme and present two clinical cases that illustrate these diagnostic difficulties.

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A model for analysis of non verbal parameters in n-dimensional space

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Cartesian model of thinking request certain norms difficult to apply in psychiatry. We consider much interesting to realize informatics programs aimed to defining clusters of pathology in a different manner than medical judgment. These clusters must be defined by experts (psychiatrists) familiar to the geographic area and the socio-cultural characteristics of it. In concordance with these conditions, the diagnosis must be viewed as a variable distance from the center of gravity area of cluster that defined certain disorder. Also, the course and prognostic must be consider as status modification vector during the serial investigations and the normal status is considered to have more typologies but in essence to represent a liberty of movement in behaviour's space with a correspondence between the input and output status from the psychic's system. The probe itself will represent a paraclinic measure to support the doctor's experience and to argument the diagnosis and to follow the treatment evolution.

The paper continue the workshop presented in Nice, last year, where we presented the automatic analysis of gait, voice, gestures, writing, etc.

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Psychiatric morbidity of employed mothers 6-weeks and one year after childbirth: A prospective study of adaptation

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Objective: To assess the adaptation of employed mothers one year after childbirth depending on 6-weeks psychiatric status and received treatment.

Method: A prospective study was designed. A randomly stratified group (according to EPDS score) of 325 employed mothers was interviewed at 6-weeks postpartum to establish psychiatric diagnosis according to DSM-IV criteria (SCID-I). Some cases were treated (mostly diagnosed of major depressive and panic attack disorders). 258 mothers were reassessed with the same procedure one year later. Chi-square was calculated to determine if psychiatric diagnosis one year after childbirth is related with psychiatric diagnosis at 6-weeks postpartum. Odds ratio (OR) were calculated to determine the increased risk of having a disorder at one year according to 6-weeks psychiatric diagnosis.

Results: At one year, 50% of women in our sample were psychiatric cases and were significantly associated with clinical diagnosis at 6-weeks (X^2=52.91; gl 2, p<0.001). The risk of being a psychiatric case at one year was three times higher (OR: 3.35; CI95%: 1.62-6.93) for non treated cases and nine times (OR: 9.46; CI95%: 4.96-18.06) for treated cases.

Conclusion: Half of our sample received a clinically relevant psychiatric diagnosis at one year.

Our results support the hypothesis that maternity is a vulnerable period for psychiatric disorders. Additionally many cases receiving treatment do not remit or remit partially and tend to chronification. The special characteristics of this population suggest that specific treatment units with specialized professionals are needed.

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Bibliometric analysis about the diagnostic criteria used in psychiatry (1980-2005)

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The present versions of Diagnostic and Statistical Manual of Mental Disorders (DSM) and International Classification of Diseases (ICD) is being revised and their update will be published in a close future. In this sense, our purpose was to know the use of diagnostic criteria, in the Psychiatry area, since a bibliometric perspective.

The material studied was selected using databases (EMBASE & MEDLINE) during 1980-2005 period. Those documents that include the descriptors DSM*, ICD*, diagnostic criteria, Psychiat*, drug* were selected. We applied some bibliometric rules as Pricés Law of increasing in scientific literature.

A total of 11916 (DSM), 2019 (ICD), 30 (Chinese Classification of Mental Disorder), 5 (Cuban Glossary of Psychiatry and Latin American Guide for Psychiatry) documents were obtained in Medline database. Our results show nonfulfilment of Pricés Law because production on DSM or ICD does not grow exponential (yDSM=54.576e0.1255x ; rDSM=0.95; yICD=4.2643e0.1616x; rICD=0.93), after linear adjustment (yDSM= 35.381x-50.295; rDSM=0.98; y=7.7221x-34.931; rICD=0.98). Journals of American and European associations with the highest IF were selected from EMBASE database: American Journal of Psychiatry (IF=8.286; PaIDSM=12.39; PaIICD=0.58) and British Journal of Psychiatry (IF=4.956; PaIDSM=5.62; PaIICD=1.88).

During last years, the uses of diagnostic criteria (DSM or ICD) have increased in scientific literature. Nevertheless, documents that use other classifications are rather little.

P330

Prediction of violent behavior in acute psychiatric inpatients

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Background and aims: Violent behavior is a serious complication in acute psychiatric inpatients. Several risk factors are known that facilitate such behaviors, preventive measures are however difficult to evaluate, since prevented violent events usually are not recorded.

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The aim of the study was to assess the possibility to predict violent events and efficaccy of preventive measures.

Methods: The study is prospective observational study at large 32-bed PICU in University Psychiatric Hospital, that covers 900.000 population with the average of 8 admissions per day. Recording of violent or other unexpected events is done routinelly. The risk for violent events was measured by BVC and by subjective assessment on a 7-point scale, both done three times daily. Using a special form, a number of prevented violent events is recorded with the same frequency. The results were compared with number of violent events before new assessments were introduced in everyday practice. Events were correlated with clinical assessments using CGI, GAS and BPRS.

Results: The number of actual violent incidents dropped significantly with new assessment methods. Subjective assessments of the risk for violent behavior showed superiority in the prediction of events then BVC. The majority of violent incidents were predictable and preventable, that reflected in low frequency of actual behaviors observed in the study.

Conclusions: Simple routine assessments done by educated stuff at PICU predict well unwanted and dangerous behaviors in acutelly ill psychiatric inpatients. Prevention strategies include known risk factors and give some new insights in the extent of the problem.

P331

Psychiatric diagnosis, clinical scales and impulsivity: a pilot study

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Background and aims: The value of psychiatric diagnosis is challenged by comorbidities and outcome prediction compared with symptom clusters and the role of common personality factors, such as impulsivity. The usuall clinical scales such as BPRS, HAM-D, YMRS or MMSE often mislead away from important symptoms or behaviors, since their validities are compared to valid classifications and diagnosis and do not include important coommon pathways to clinical manifestations and outcome.

Method: Using prospective design the study evaluates diagnosis, results of clinical scales (BPRS, HAM-D, YMRS and MMSE) and impulsivity (BIS) to retrospectivelly assessed course of illness and outcome of index episode in adult patients presenting with acute episode or worsening of schizophrenia, unipolar depression, bipolar disorder and dementia.

Results: 120 patients were included (30 in each diagnostic group) in the study, that is on-going at present. We found no correlation between past and present outcome and diagnosis, the corrleations were confirmed to clinical scales used, but the strongest corrleations were found between impulsivity and outcome in all four patient groups.

Conclusions: Current diagnostic systems are limited in longitudinal and outcome strenght. Other symptom clusters and impulsivity seem to predict outcome more consistently.

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Diagnostic, clinical magnificence of somatoform syndrome

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For existing classification in psychiatry (DSM-IV and ICD-10) in a foreseeable future syndromatic approach is more pragmatic and consequently demands searches of ways to its perfection. Most often in common medical networks they come out as a hyperventilation syndrome - 2,1%), - 4,7% and irritable colon syndrome 2,8% whereas the total share of other OS makes 1,8%; the similar data at general hospital make 1,8%, 0,6% and 1,0% against 0,5% accordingly, at a polyclinic - 7,3%, 15,6% and 9,7% against 6,1% accordingly. That reflects ambiguity of original attempts of reconciliation with nosologic classification system for studying a phenomenon of somatisation.

Somatoform syndrome within (OS) is presented within the limits of a continuum, where there is the mental pathology, including somatovegetative complex, at the one pole, and somatic infringements, amplificated by functional frustration at the other.

The central part of a continuum is formed actually with OS (functional frustration), on the one hand, masking, pushing aside on a level of facultative symptoms, psychopathological frustration, and on the other - duplicating (in the form of a cliche) symptom complex of somatic disease.

Accepting the increasing distribution the concept of comorbidity, should not simplify our activity, and opposite, definition types of comorbidity within somatoform syndrome, will allow to expand opportunities of studying pathogeny of somatisation. But absence the variants of personal reaction to frustration in ICD-10 complicates integration of psychiatry with internal medicine.

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Adjustment disorders as stress-related disorders: Prevalences from a representative community survey

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Stress-related disorders have been conceptualised as a nosological group comprising Adjustment Disorders (AJDs), Posttraumatic Stress Disorder (PTSD), and Complicated Grief Disorder(CGD). A used a recently proposed diagnostic model that describes AJDs as stress-related disorder (Maercker et al., Psychopathology, Vol. 40, No. 2).

A representative sample of a total of 712 elderly persons from Zurich aged 65-96 years were assessed by standardized interview or self-report questionnaires for occurrence of stressful index events and subsequent disorders: AJDs, PTSD, Major Depressive Disorder (MDD), and Recurrent Brief Depression (RBD). PTSD was assessed according to DSM-IV criteria, MDD was operationalised by CES-D criteria.

Index events for adjustment disorders were indicated by 52%, with 2.3% current adjustment disorder of any subtype. 36% of participants reported traumatic events meeting the DSM A1 criterion with 0.7% full and 4% subthreshold PTSD in the sample. CES-D depression prevalence was 6%, MDD 2.3%, and RBD 3%. Only AJDs and MDD were significantly associated with comorbid disorders. Health care utilisation (pharmacological or psychological treatment) were low for all diagnoses ($< 25\%$) with relatively more psychotherapy for PTSD and more pharmacotherapy for CG.

As this study was conducted in a sample of the elderly, further research should investigate syndrome criteria and prevalences in other age groups.

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Usefulness of the eeg investigation to diagnose TIC disorders in children and adolescents.

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Objective: The aim of the study was to analyse EEG investigation to diagnose the tic disorders in children and adolescents.

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