

behaviours. However it also attracts girls with high levels of depressive disorder, and thus provides an opportunity to intervene not just for sexual risks, but also to provide psychoeducation and guidance on adolescent depressive symptoms.

P0241

Schizophrenia and Familial Amyloid Polyneuropathy - A clinical case

M.J. Ferreira, C. Pissarra, C. Fernandes, J.C. Oliveira. *Serviço de Agudos, Hospital Psiquiátrico Do Lorrão, Lorrão, Portugal*

The objective of this paper is to make a reflection about how the comorbidity of psychiatric and organic disorders can create several difficulties for the diagnostic and therapeutic approach of the both situations. The portuguese type of paramiloidosis disease was for the first time observed in 1939 by Corino de Andrade. In Portugal, the major focus of the disease, it presents a geographic distribution that must be known by the clinician. A thirty five's patient clinical case is described, who was hospitalized in the psychiatry hospital with the diagnosis of paranoid schizophrenia. After two months of hospitalization and four years after the beginning of the neurological symptoms, a complete organic study was developed, including gastroenterology and neurology evaluations. A diagnosis of Familial Amyloid Polyneuropathy (transthyretin-methionine 30 positive) was established, co - morbid with the diagnosis of paranoid schizophrenia. The authors concluded that the comorbidity with a mental disorder, in which delirious interpretation of the organic clinical situation was predominant in the clinical feature, and that took some time to be pharmacologically stabilized, associated with the fact that the patient hide that his mother and relatives of the mother side died because PAF, contributed significantly to the delay of the diagnosis. Beyond this, the clinical diagnosis of paranoid schizophrenia and the poor family and social background do not make him a potential candidate for a hepatic transplant. Influencing negatively the patient's coping, they can compromise the success of the transplant.

P0242

Spanish validation of the Index of spouse abuse

L.L. Garcia-Esteve¹, A. Torres Gimenez¹, P. Navarro¹, M.J. Tarragona¹, E. Gelabert¹, Z. Herreras², T. Echeverria³, S. Subira⁴, C. Ascaso^{5,6}. ¹Unit of Perinatal Psychiatry and Gender Research (UPPIRG), Hospital Clínic Universitari de Barcelona, Barcelona, Spain ²Centro de Atencion Primaria de Rossello (CAPSE), Barcelona, Spain ³Urgencias Del Area Quirurgica Del Hospital Clinic Universitari de Barcelona, Barcelona, Spain ⁴Departament de Psicologia Clinica I de la Salut, Universitat Autonoma de Barcelona (UAB), Barcelona, Spain ⁵Department of Public Health of The University of Barcelona, Barcelona, Spain ⁶Institut Investigacions Biomediques August Pi I Sunyer (IDIBAPS), Barcelona, Spain

Background and Aim: To assess the psychometric properties of the Spanish version of the Index of Spouse Abuse (ISA), and validate it against external criteria of intimate partner violence (IPV).

Methods: A case control, transversal study was designed. Spanish version of the ISA was administered to 405 women (223 controls and 182 IPV cases). Spanish items weights were developed. Internal consistency was assessed through Cronbach's alfa, and factor structure by means of principal component analysis (PCA). Receiver operating

characteristic (ROC) analysis was used to validate the ISA against external criteria.

Results: PCA analysis yielded two factors that accounted the 69% of variance, and reproduced partially the original factors: physical (ISA-P) and non-physical (ISA-NP). Internal consistency coefficients oscillated between 0,88 and 0,98. For the ISA global score, the AUC value for detecting IPV was 0,99; and 0,89 for detecting physical IPV. The optimal cut-off scores were 13 for detecting IPV, and 15 for detecting physical IPV. For the ISA subscales, 6 was the optimal cut-off score for the ISA-P, and 13 was the optimal cut-off for the ISA-NP.

Conclusions: The Spanish version of the ISA is a valid and reliable instrument for detecting and measuring the intensity of the IPV in Spanish women population.

Keywords: domestic violence; intimate partner violence; ISA; validation

P0243

Block escape in intimate partner violence scale: Development and preliminar analysis of its psychometric properties

L.L. Garcia-Esteve¹, P. Navarro¹, A. Torres¹, M.J. Tarragona², A. Plaza¹, U. Farras³, C. Salanova⁴, F. Gutierrez⁵, R. Martin-Santos⁶. ¹Unit of Perinatal Psychiatry and Gender Research, Hospital Clinic Universitari de Barcelona, Barcelona, Spain ²Regiduria de Promocio de la Dona Ajuntament de Terrassa, Barcelona, Spain ³Urgencias Del Area Quirurgica Del Hospital Clinic Universitari de Barcelona, Barcelona, Spain ⁴Programa Intervencio Psiquiatrica Agressions Sexuals, Hospital Clinic Universitari de Barcelona, Barcelona, Spain ⁵Servei de Psicologia Clinica, Hospital Clinic Universitari de Barcelona, Barcelona, Spain ⁶Unitat de Recerca En Farmacologia, Institut Municipal Investigacio Medica (IMIM), Barcelona, Spain

Objective: To design a scale to measure perceived reasons to stay in violent partner relationships, and to carry out a preliminar analysis of its psychometric properties.

Method: A 44 dicotomic items (true/false) self-report scale was designed (more a last open response question), elaborated according to published studies and open interviews with battered women. The questionnaire was administered to a pilot sample of 10 women to test its viability and comprehensibility. The questionnaire was then administered to a sample of 132 battered women. Exploratory factorial analysis was used to establish the underlying empirical structure. Internal consistency was calculated by mean of Cronbach's alfa coefficient.

Results: The factor analysis identified two empirical factors: external factor (situational factor) and internal factor (psychological factors). Cronbach's alphas were 0.856 and 0.811, respectively.

Conclusions: The Block Escape in Intimate Partner Violence Scale is a reliable and easily comprehensible instrument mesuring percibed reasons of permanence with the aggressor. Its usefulness in both setting, clinical and social, will allow design with great effectiveness intervention strategies suitable for each case.

This study was supported in part by grant-58/05 from the Ministerio de Trabajo y Asuntos Sociales. Instituto de la Mujer.

Keywords: Domestic violence; intimate partner violence; block escape

P0244

Does compliance with postdischarge referral lengthen survival in the community?

M. Martin Martinblas¹, M.E. Presa-Garcia¹, D. Fraguas-Herraez², F. Garcia-Solano³, S. Teran-Sedano², E. Chapela-Herrero⁴, A. Calcedo-Barba⁵, F. Ferre-Navarrete². ¹Department of Psychiatry, Gregorio Marañon University General Hospital, Madrid, Spain ²Service of Psychiatry III - Regional Institutional Reference Units, Department of Psychiatry / Gregorio Marañon University General Hospital, Madrid, Spain ³Service of Psychiatry III - Acute Inpatient Ward, Department of Psychiatry / Gregorio Marañon University General Hospital, Madrid, Spain ⁴Vallecas-Villa Mental Health Center, Regional Mental Health Office / Madrid Health Service, Madrid, Spain ⁵Service of Psychiatry III - Gender Violence Program (ATIENDE), Department of Psychiatry / Gregorio Marañon University General Hospital, Madrid, Spain

Objective: To verify whether most compliant patients with outpatient postdischarge follow-up plan remain in the community longer before readmission than those who don't adhere to outpatient follow-up plan.

Methods: From a total of 120 consecutive admissions to a psychiatric general ward, 63 patients were consecutively readmitted along a 2 year period after their reference first admission.

Out of the 63 patients, 25 patients were attended in an Outpatient Unit (OU) previously to their re-admission (group A), whereas 38 patients had not been attended in the OU between reference admission and readmission (group B). Patient's socio-demographic data (age, gender, marital status, and years of education) were obtained and a case-mix scale (Severity Psychiatric Illness Scale) was administered. Length of survival in community of both groups was compared by means of Analysis of Covariance, controlled for gender, age, diagnosis, clinical severity and number of previous admissions.

Results: Group A had a mean length of survival in the community of 47.7 days (SD=44.3). Group B had a mean length of survival in the community of 23.2 days (SD=37.9). This difference was statistically significant ($F=4.74$, $df=6, 63$, $p=0.034$).

Conclusions: Being attended by OU after the discharge of reference admission lengthen significantly survival in the community after controlling for gender, age, diagnosis, clinical severity and number of previous admissions. Further research will be conducted to determine the cause of the observed differences in patient attendance to post-discharge appointments.

P0245

Factors predicting compliance with postdischarge outpatient plan in a Spanish sample

M. Martin-Martinblas¹, M.E. Presa-Garcia¹, D. Fraguas-Herraez², F. Garcia-Solano³, S. Teran-Sedano², E. Chapela-Herrero⁴, A. Calcedo-Barba⁵, F. Ferre-Navarrete². ¹Department of Psychiatry, Gregorio Marañon University General Hospital, Madrid, Spain ²Service of Psychiatry III - Regional Institutional Reference Units, Department of Psychiatry / Gregorio Marañon University General Hospital, Madrid, Spain ³Service of Psychiatry III - Acute Inpatient Ward, Department of Psychiatry / Gregorio Marañon University General Hospital, Madrid, Spain ⁴Vallecas-Villa Mental Health Center, Regional Mental Health Office / Madrid Health Institute, Madrid, Spain ⁵Service of Psychiatry III - Gender Violence Program (ATIENDE), Department of Psychiatry / Gregorio Marañon University General Hospital, Madrid, Spain

Objective: To determine which factors are associated with compliance with outpatient follow-up plan of discharged patients from a psychiatric ward of a general hospital.

Methods: A sample of 120 patients consecutively admitted to a psychiatric general ward, and referred to an outpatient clinic after discharge formed the sample.

To explore the factors predicting whether patients attended or did not attend to the outpatient clinic, a logistic regression analysis was conducted.

Results: After controlling for age, gender, and overall clinical case severity (assessed by the Severity Psychiatric Illness Scale), have been previously attended in the outpatient clinic was the only factor that predicted the compliance with post-discharge outpatient plan (as dichotomous variable: attended/not attended), Odds Ratio (OR) = 12.53, $P=0.042$. Overall clinical case severity did not predict attendance to the outpatient clinic after discharge, $OR=0.937$, $P=0.452$.

Conclusions: Patients who were attended in an outpatient clinic prior to admission had 12-fold more likely to adhere with post-discharge outpatient plan than patients who were not previously attended. This result highlights the importance of strengthening community-hospital liaison strategies.

P0246

Role of blood lipid metabolism in mechanisms of interrelationship of ischemic heart disease, anxious and depressive disorders

N.P. Garganeyeva¹, M.F. Belokrylova², A.I. Rozin³, S.Y. Shtarik⁴, D.S. Kaskayeva⁴, I.F. Taminova¹. ¹Polyclinical Therapy Chair, Siberian State Medical University, Tomsk, Russia ²Borderline States Department, Mental Health Research Institute, Tomsk, Russia ³Affective States Department, Mental Health Research Institute, Tomsk, Russia ⁴Polyclinical Therapy and Family Medicine Chair, Krasnoyarsk State Medical Academy, Krasnoyarsk, Russia

Objective: To study interrelationships of indices of blood lipids with anxious and depressive disorders in IHD patients.

Material and Methods: The investigation has included 85 patients with IHD ($50,63 \pm 7,86$ years). of Borderline States Department with anxious and depressive disorders of neurotic and affective level. Blood lipids: TCh, TG, Ch-LPHD have been identified with standardized methods. With calculation we assessed Ch-LPLD, Ch-LPVLD, and index of atherogeneity.

Results: Two-factor disperse analysis has identified relationship between fraction of Ch-LPLD and depressive disorders ($p=0,0083$), and functional class (FC) of angina pectoris ($p=0,0116$). We have detected effects of interrelationship of depressive disorders, angina and level of Ch-LPLD ($p=0,0072$) in progressing angina against the background of a depressive episode or prolonged depressive reaction. 19 patients of FC II-III with anxious and depressive disorders were identified as having hypoalphacholesterolemia (Ch-LPHD $<0,9$ mmol/l; level of TG $2,44 \pm 0,5$ mmol/l; level of Ch-LPLD $4,42 \pm 0,54$ mmol/l, TCh $6,52 \pm 0,75$ mmol/l, IA 4,5. Maximal low level of Ch-LPHD (0,74-0,82 mmol/l) has been revealed in 13 patients with IHD and anxiety disorders. In FC III and progressing angina in 23 patients with leading depressive syndrome level of TCh $7,48 \pm 0,55$ mmol/l, Ch-LPLD $5,29 \pm 0,55$ mmol/l, Ch-LPHD $1,04 \pm 0,13$ mmol/l.

In patients with IHD we have detected effects of interrelationship of neurotic and affective disorders, FC of angina and disturbances of metabolism of lipids. Anxious and depressive disorders were associated with atherogenic dyslipidemia conditioned by imbalance of Ch-LPLD and Ch-LPHD. The most substantial reduction of level of "antiatherogenic" fraction has been revealed in patients with IHD and phobic disorders.