**Results:** Each contextual variable was significantly associated with individual mental health status after adjusting for individual risk factors, so that living in a ward with high levels of claimants was associated with worse mental health. The non-means tested benefits that were proxy measures of economic inactivity from permanent sickness or disability showed stronger associations with individual mental health than the means tested benefits. All contextual effects were significantly stronger in people who were economically inactive and unavailable for work.

**Conclusion:** This study provides evidence for substantive contextual effects on mental health, and in particular the importance of small-area levels of economic inactivity and disability.

### P0276

Mortality in a cohort of 166 psychiatric inpatients along one year

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**Background:** There is an excess of death from natural causes among people with major psychiatric disorders. Several reasons have been argued to explain this excess of death (Antipsychotic Agents, high nicotine dependence...).

**Objective:** Our objective was to examine and compare mortality rates in a historical cohort study of 166 psychiatric inpatients along one year.

**Method:** Mortality rates were examined in our cohort of patients from January 1, 2003 to December 31, 2003.

**Results:** 11(6.62%) patients died along the year studied. Only 2 (18%) of the died patient were women. The main cause of mortality in our cohort of patients was cardiovascular diseases.

**Conclusions:** Inpatients with major psychiatric disorders appear to be at greater risk for cardiovascular mortality than those in the general population.

### P0277

Tobacco smokers in a Spanish psychiatric hospital

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**Background:** Several studies suggest that severe mental illness is associated with tobacco smoking.

**Method:** In this study, we measure the frequency of tobacco smokers in a sample of 149 severe mental illness inpatients. We compare the tobacco smoking rate with the general population one and with other studies rates.

**Results:** 65 (43%) of the 149 patients were female and 84 (57%) male. The main diagnoses of the studied population was schizophrenia (80%). The main finding was that according to other studies, the percentage of smokers in our hospital 65 (43%) was consistently high and greater than in general population. Only 9 (13%) of the smokers group were women.

**Conclusion:** Tobacco smoking rate is higher in psychiatric inpatients than in general population.

## P0278

Seasonal changes in mood and behaviour are a proxy to metabolic syndrome

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**Background and Aims:** Obesity and metabolic syndrome are public health problems worldwide, and present a risk to develop cardiovascular diseases. Previous findings mentioned that disruptions in the circadian clockwork may predispose to metabolic syndrome. Our aim was to find an association between seasonal changes in mood and behaviour and metabolic syndrome.

**Methods:** 8028 participants (45% men) were interviewed face-to-face at home and assisted to a health status examination as part of a nationwide survey in Finland. Waist circumference, height, weight and blood pressure were measured and blood samples were taken for laboratory tests. They were assessed with the Seasonal Pattern Assessment Questionnaire (SPAQ) to measure seasonal changes in mood and behaviour, and the ATP-III criteria for metabolic syndrome.

**Results:** Individuals with metabolic syndrome had bigger BMI (t=-42.7, df=3513, P<0.001), waist circumference (t=-47.2, df=6560, P<0.001), higher levels of glucose (t=-19.2, df=2339, P<0.001), total cholesterol (t=-13.2, df=6631, P<0.001), HDL cholesterol (t=48.5, df=5452, P<0.001), LDL cholesterol (t=-11.9, df=3800, P<0.001) and triglycerides (t=-37.5, df=2468, P<0.001). Global Seasonal Score (GSS) and seasonal changes in weight (OR=1.57, 95% CI=1.39 to 1.78) were risk factors to develop metabolic syndrome. Waist circumference correlated with seasonal symptoms, in particular with seasonal changes in weight (r=0.20, df=5986, P<0.001).

**Conclusions:** Seasonal changes were associated with metabolic syndrome. Assessment of these changes may serve as a proxy for this syndrome. Abnormalities in the circadian clockwork may predispose to seasonal changes in weight and metabolic syndrome.

### P0279

Crisis intervention

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Crisis condition is the situation caused by the change of one, or more, or all aspects of the material and socio-cultural environmental reality of the person or the change of the person in the structural and morphological sense which can disturb the individual, dynamical psycho-social balance in that extent that the person usually can not retrieve It for a long time. Who will be negatively impacted by the crisis situation depends, among other things, of the symbolical meaning of the crisis situation and of the intrapsychological context of those who are exposed to it. Through the crisis situation the person can become more mature but can also accept maladaptive ways of behavior. In the clinical picture dominate anxiety and depression. If the help is not provided on time, the attempts to overcome the crisis can be

unsuccessful and can lead to the development of serious psychiatric conditions and diseases, most often to depression.

Key words: crisis, depression, crisis intervention, prevention.

### P0280

Analysis of suicides committed in Podgorica

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This paper analyzes suicides committed in Podgorica during the 2000-2005 period divided according to gender, age and the way these have been performed. In 2000 we have 25 suicides on 100.000 habitants, and in next five years there is a growth in trend thus in 1999, there are 17.3 suicides on 100.000. Comparing to 1989 when suicide rate was 7.89, and 2003 rate which was 35.74, we can notice that significant social stresses, lead to a rise in rate of suicides so average rate for period of 2000-2005 is 28,29 which puts Podgorica into area with high suicide rate. The male/female ratio was 2.8:1. The largest number of people who killed themselves are between 35 and 44 years old. The way that people use to perform suicide is mostly by firearm (40.78%) and hanging themselves (38.03%) which is near to average numbers in the world. This research shows that there is significant rise in suicide rate. As a conclusion, on the basis of cited literature, the authors lined up all moments which can explain why have happen significance rise in suicide rate.

Key words: suicide, social stress, depression.

### P0281

Psychological distress among migrant patients admitted in acute psychiatric word

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The adaptation process of migrants has been considered to arise from the differences that may exist between the migrant's traditional cultural background and the cultural norms and values of the society of settlement. These differences are thought to be stressful, and may induce socio-cultural and psychological changes on the part of the migrant, some of which may be maladaptive.

The main purpose of this study is to determine the prevalence of psychological distress and socio-cultural adaptation among migrants who attend acute psychiatric wards. A second purpose is to examine whether or not acute psychiatric wards are used by refugees in situations of crises, like when they asylum application is turned down by the Norwegian authorities.

All immigrants, irrespective of nationality and ethnicity, admitted to acute psychiatric ward by St. Olav's hospital, were eligible to participate in the study. The sample studied included all patients admitted to the hospital from 2005-2008.

The instrument used was a self-administered questionnaire and a structured interview. The questionnaire includes questions on demographic variables, social, psychological and psychosomatic symptoms. In addition, the Beck Hopelessness Scale and Harvard Trauma Questionnaire (HTQ) were used. The data were also collected from the patients' records and from the hospital protocols.

The admission rates, including admission by coercion, length of hospital stay, diagnosis and type of treatment were also compared among the different migrants groups.

### P0282

Some aspects of mental health of population of Kazakhstan

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**Objective:** To find out distribution of levels of mental and psychologic health within a certain age group and to determine main parameters of correlation of the above mentioned health categories among the population of Kazakhstan. A large number of researchers make precise distinctions between definitions of mental and psychologic health: the first is recognized as absence of mental disorders (biologic criteria); the latter — as a whole complex of personal qualities ensuring satisfactory adaptation of a person (psychologic criteria).

**Methods:** 7968 respondents, aged 12 -55, underwent epidemiologic study with an aim to find out how levels of mental and psychologic health are correlated. Clinical-epidemiologic and clinical-sociologic methods were applied. There was used a special map of multilevel monitoring, which includes indicators and parameters, defining levels of mental and psychologic health.

**Results:** In general, the research clarified all the difference between conceptions of mental and psychologic health; besides analysis revealed relevantly deeper crisis condition of psychologic health of population of Kazakhstan as compared to mental, as well as more dynamic reaction of a mobile level of a psychologic functional activity (psychologic health) to social and economic changes of the last decades. It is necessary to elaborate differenciated psychohygienic and psychopriphylactic approaches to the analysed health categories with more attention to psychologic.

# P0283

Descriptive study of an inpatient sample from the brief hospitalization psychiatry unit at the University Hospital of Valladolid, Spain

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**Background and Aims:** To establish the main sociodemographic and clinical characteristics of a sample of inpatients admitted at the Brief Hospitalization Psychiatry Unit from the University Hospital of Valladolid, Spain during 2005.

**Methods:** Descriptive study of a sample of inpatients (n=160) admitted in 2005 by means of the discharge report. Sociodemographic variables include age, sex, civil status and both socioeconomic and education levels; clinical variables include diagnosis according ICD and DSM-IV criteria, substance use, duration of admission and pharmacological treatment.

**Results:** The type patient is a male between 31 and 40 years or a woman between 51 and 60 years, single, with a middle socioeconomic and education levels. Substance use is frequently found in male patients, mainly concerning several substances. Mean duration of admission was about 13 days. Women usually are diagnosed of affective disorders and men of adaptive disorders associated with substance use; schizophrenia also appears more frequently in men.