(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 ± 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