

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

G. Gómez-Bernal¹, F. Moreno², S. Reboreda¹, F. Gómez-Bernal³, M. Bernal³, F. Romero¹. ¹Hospital Psiquiátrico de Teruel, Teruel, Spain ²Chou, Orense, Spain ³Facultad de Medicina, Zaragoza, Spain

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.

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Tobacco smokers in a Spanish psychiatric hospital

G. Gómez-Bernal¹, F. Moreno², M. Bernal³, A. Reboreda¹, F. Romero¹, F. Gómez-Bernal³. ¹Unidad de Media Estancia, Hospital Psiquiátrico Teruel, Teruel, Spain ²Usm Puente, Chou, Orense, Spain ³Facultad de Medicina, Zaragoza, Spain

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

R. Rintamaki¹, S. Grimaldi¹, A. Englund¹, J. Haukka¹, T. Partonen¹, A. Reunanen², A. Aromaa², J. Lonnqvist^{1,3}. ¹Department of Mental Health and Alcohol Research, National Public Health Institute, Helsinki, Finland ²Department of Health and Functional Capacity, National Public Health Institute, Helsinki, Finland ³Department of Psychiatry, Helsinki University Hospital, Helsinki, Finland

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.

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Crisis intervention

M. Miskovic¹, D. Zoric¹, N. Zivlak Radulovic¹, T. Maglov¹, D. Ilic². ¹Clinic of Psychiatry, Banja Luka, Bosnia Herzegovina ²Primary Health Centre, Banja Luka, Bosnia Herzegovina

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, amongs 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