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Background and Aims: Postpartum psychosis is a severe psychiatric disorder that leads to hospital admission in about one woman per 1,000 deliveries. It coincides with the vulnerable period associated with becoming a mother and may, if untreated, lead to suicide and infanticide. Some risk factors for postpartum psychosis have been identified in previous research, such as primiparity and previous psychiatric disorder.

Knowledge on how postpartum psychosis is related to obstetric factors might be helpful in the clinical risk assessment of postpartum psychosis.

The aim of this large-scale follow-up study was to examine the association between postpartum psychosis and certain pregnancy and delivery complications and other obstetric variables, after adjustment for age, year of delivery and previous hospitalization for psychiatric disorder.

Method: 1,133,368 Swedish first-time mothers were included during a 29-year period yielding 1,413 hospitalized cases of postpartum psychosis. Several obstetric variables were analyzed separately after adjustment for possible confounders.

Results: Respiratory disorder in the neonate, severe birth asphyxia, preterm birth, caesarean section, perinatal death and SGA infant were associated with an increased risk of postpartum psychosis. After adjustment for previous hospitalization for psychiatric disorder only preterm birth and acute caesarean section remained significant risk factors for postpartum psychosis (relative risks were 1.20 and 1.31, respectively).

The relative risk of postpartum psychosis among first-time mothers with previous hospitalization for psychiatric disorder was increased more than 100-fold.

Conclusion: Careful clinical risk assessments of postpartum psychosis are crucial among women with a history of psychiatric disorder whereas obstetric variables have a minor importance.

P0303

Evaluation of postgraduate studies in Czech Republic: Current situation and perspectives

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Background and Aims: In an effort to acquire detailed overview regarding postgraduate training in psychiatry together with gaining opinions on the present and ideal postgraduate program, our Young Psychiatrists Section in Czech Republic decided to undertake a survey.

Methods: The questionnaire was addressed to all current PhD students in the field of psychiatry and to those who finished the studies previously, maximum 10 years ago. We distributed the questionnaires via mail and e-mail to all 7 psychiatric clinics and put it also on our website. 32 participants from 5 institutions responded. The questionnaire encompasses questions related to the methodology of the project, tutor engagement, working schedule, financial situation and other

funding opportunities. Second part contained requests on various aspects of ideal training program.

Results: The majority of the participants is satisfied with tutor involvement (92%) and the methodology of the project (85%) but less with the financial support of the project (69%) and time devoted to work on it (69%). The ideal organization of the PhD program should be in blocks (81%), for a certain period of time for PhD project and the rest for clinical work.

Conclusions: The survey revealed some weak spots of our contemporary PhD studies program in Czech Republic, e.g. lack of time for working on PhD project and poor funds for covering it. Beside various models for organizing postgraduate studies, PhD students are in sum mainly satisfied with it. Suggestions on ideal organization of the program are meant to serve as potential models for consideration.

P0304

Paracetamol availability in pharmacy and non-pharmacy outlets in Dublin, Ireland

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Background: In 2004, there were 11,092 presentations to Irish hospitals with deliberate self-harm, including 7,933 cases of drug overdose, of which 31% involved paracetamol. Limiting the availability of paracetamol reduces morbidity and mortality associated with paracetamol overdose. The present study aimed to determine the level of compliance with statutory regulations governing the sale of paracetamol in Ireland.

Methods: Researchers visited pharmacy and non-pharmacy outlets (newsagents, mini-markets and supermarkets) in Dublin city and attempted to purchase amounts of paracetamol that exceeded the statutory limits for a single transaction. All paracetamol tablets purchased in non-pharmacy outlets were in blister-packs and all non-pharmacy outlets sold packs with 12 tablets or fewer per pack.

Results: Amounts of paracetamol in excess of statutory limits for a single transaction were purchased in

- 50.0% of pharmacies
- 81.8% of newsagents/mini-markets
- 20.0% of supermarkets.

Conclusions:

We recommend that

- (a) the sale of paracetamol in newsagents/mini-markets should be discontinued
- (b) the sale of paracetamol in supermarkets should continue, but automated check-out tills should be programmed to prevent the sales that exceed statutory limits
- (c) there should be greater efforts to ensure compliance with statutory regulations in pharmacies.

P0305

Transition to home for youth with complex mental health issues

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The partnership between Wood's Homes Exceptional Needs Program (ENP) and the Calgary Health Region's Young Adult Program (YAP)

began in September 2005. The initial mandate was to reduce the length of hospital stay for youth with complex mental health issues. This partnership program provides transitional treatment beds from YAP, a hospital-based program, to ENP, a community-based intensive residential program, which can be available for a 2 to 3 month period until the child is integrated back into the family setting. After its initial 6-month pilot period, the Calgary Health Region (CHR) completed a preliminary program evaluation. The results demonstrated that the youth admitted to the ENP-YAP program were successfully integrating back into their homes without readmission to the hospital program. A formal contract has been established to fund the ENP – YAP ongoing partnership. Services provided include: a CHR liaison nurse, psychiatric follow-up by CHR psychiatrists, family and individual therapy, parent support groups, client treatment groups, educational support, and connections to other community therapeutic agencies. In February 2006 a one-year follow-up evaluation was completed that demonstrated ongoing success with enhancing family relationship dynamics and avoiding readmission into hospital. A recommendation from this second evaluation was to expand the number beds and broadening the partnership base to include the Child and Adolescent Mental Health Program (CAMHP). This commenced April 1, 2007. This poster presentation will illustrate the history of the partnership, details of the program services, specific outcomes, lessons learned, and plans for future development.

P0306

Evaluation of non-specific psychological attributes in different types of gender identity disorder

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Background and Aim: For different group of gender identity disorders were creation specific attributes, but also important to consider identify non-specific psychological attributes of gender identity.

Methods: were assessed clinically and using experimental-psychological approach with modified BSRI (MiF) and colour attitudes test (CAT) to identify characteristics of gender identity and emotional attitudes respectively.

Subjects: 89 male and 68 female patients following their request for gender change

Results: The patients were divided in three groups according to their main diagnosis: 38 patients were diagnosed with histrionic personality disorder, 52 patients with transsexualism and 67 patients with schizophrenic disorders. The unspecific attributes of the first group were correspondence between gender identity and gender preferences and biological gender (92%) and absence of the negative image of the opposite gender (93%). In the second group patients didn't identify themselves with infantile male and female images (87%), gender preferences did not fit the image of own biological gender (90%) and there was no distortion in representation of male and female roles on both logical and emotional levels elicited (87%). Images of ideal and real sexual partners did not correspond with the image of gender wanted (90%) and emotionally ambivalent or negative one's image appraisal was absent (83%). It was not possible to determine non-specific characteristics in the third group as their combination was too diverse.

Conclusion: evaluation of non-specific psychological attributes for each separate diagnostic group can be a valuable tool in differential diagnostics of gender identity disorders.

P0307

Time gap experience in slight consciousness disturbance

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We present a case of SLE psychosis with a characteristic symptom mainly concerned to time dysorientation.

A lady of 17 years old without any previous history is hospitalised to Jichi Medical University Hospital, because of convulsion. After this problem is disappeared, she became inactive, however, sometimes irritated without any specific reason. Brain imaging (MRI, CT) was normal, but EEG revealed slow waves as basal rhythm. Her physical state and labodatas fulfilled the criteria of SLE. She was treated with Steroid-pulse therapy (Methylprednisolone 1.000 mg/day for 3 days), prednisolone 90mg/day (for two weeks) and finally betamethasone 8mg/day (for three weeks) which made her consciousness clear, and her behavior coherent.

During the periode of the steroid pulse therapy and the start of betamethasone, this patient repeated to say "the date is wrong". She believed that one year had already passed since her admission. She appeared to be perplexed continuously between the two different time standards (wrong standard of her own and the right one of common world). We could not correct her misunderstanding until her consciousness became clear.

This symptom of misunderstanding and perplexion derives from continuous dysorientation. We may call this "time gap experience". We could observe this type of dysorientation in a very slight consciousness clouding which continues stably during certain period. Therefore, "time gap experience" can be a key to find a psychosis based on somatic disease like SLE.

P0308

Autism in adulthood: 48 months follow-up evaluation of the farmstead community model

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Background: Many authors punctuate the lack of knowledge about the evolution of autistic spectrum disorders (ASD) in adulthood (Howlin et al., 2004). This deficiency leads to an almost absolute absence of long term care structures specifically conceived for autistic adults; hence, they usually live at parental home, or they are admitted into mental institutions which are not suitable for cognitive and adaptive peculiarities of autistic disturbance (Barale & Ucelli, 2006).

Aim: Among the limited ad hoc solutions, the present research concentrated on the farmstead community model, which utilizes the rural setting in order to plan rehabilitation projects (Giddan & Giddan, 1993); the aim was to establish whether the farm community model can positively affect the long-term outcome.

Methods: A 48 months follow-up study was performed; the sample, recruited from the community "Cascina Rossago", was composed of 10 adults (1F, 9M; mean age: 29.4 years) affected by ASD and mental retardation (APA, 2000). The construct of adaptive behaviour, assessed by Vineland Scales (Sparrow et al., 1984), was