

Conclusions: The suicide in the arts is the sociological expression how societies deal with this issue.

P0295

Alcohol in art

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Introduction: Alcohol is represented in the arts since the beginning of time. Since the time of Baco and Dionísio to Impressionism, alcohol, and especially the wine, is an expression in the arts striking over the centuries and in various civilizations.

Objectives: The authors propose to characterize the various forms of art that represented the alcohol. Since classicism, the liturgical representation of alcohol, through rebirth and finally “by the new art,” were the various representations of alcohol, seen as “representative” of several current and various forms of being in life.

Conclusions: The alcohol in the arts is the sociological expression of society deal with this issue. From initial Nectar of the Gods, the wormwood that served as a refuge for expressionists, the authors want to make a brief discussion of the evolution of the role of alcohol in society and its expression in the arts

P0296

Psychopathological qualification of non-acceptance of one’s primary and secondary sex characteristics in gender identity disorder

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Background and Aim: Persistent discomfort about one’s sex or sense of inappropriateness is a diagnostic criterion for transsexualism (ICD-10), though mechanisms and psychopathological characteristics of these conditions are not clear enough. This investigation concerns phenomenological peculiarities of non-acceptance of one’s own sex characteristics (SC).

Subjects: 241 persons (136 male and 105 female), who sought change of sex split into four groups. Group 1 were diagnosed as transsexuals (N=83), Group 2 as schizophrenia-spectrum disorder (N=77), Group 3 as organic mental disorder (N=22) and Group 4 as personality disorder (N=59). Average age: 24,3 years.

Method: Clinical-psychopathological, sexological, statistical

Results: Persons in Group 1 would not accept their primary (59%) and secondary (92,8%) SC, which expressed in discomfort, irritability and shame but no psychopathology involved. For Group 2, was more common non-acceptance of secondary SC (68,8%) with ideas of reference, depressive mood and dysmorphic delusions (21%). In Group 3, non-acceptance of one’s SC (63,6%) combined with background asthenia (57%) and hypochondric fixation (40,1%). In Group 4 (76,3%), it was accompanied by psychopathic reactions dependent on the personality profile. Severity varied from feeling uncomfortable and distressed and trying to suppress sex-related external manifestations to ignoring or refusal to use them in sexual contacts and desire to get rid of them (including castration) and acquire the SC of the other sex.

Conclusion: Subjects in all groups would not accept their primary and secondary SC. This non-acceptance differed in intensity and psychopathological structure, and their qualification could be important for diagnosis of variants of gender-identity disorders.

P0297

Gender differences in determinants of five-year outcome in patients with first-episode psychosis

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Background and Aims: Male and female patients with first-episode psychoses (FEP) differ in many aspects such as age at onset, premorbid level of functioning and the type of psychotic symptoms. Gender differences in factors related to outcome are less studied. The aim was to study gender differences in determinants of outcome in FEP patients.

Method: Eighty-one male and 72 female FEP patients were followed up during 5-years with a comprehensive assessment of socio-demographic, psychiatric, and neuropsychological investigations. The 5-year outcome was dichotomized into poor and favourable outcome based on the 6-months stable functional and symptomatic outcome.

Results: Female patients with an early onset, a lower level of education and still living with parents at baseline had more often a poor outcome than male patients. Among female patients, those with a low level of education had a poorer Wechsler’s Adult Intelligent Scale (WAIS; the full-scale and the verbal and performance subscales) score. Among males, no such associations were found. A poor premorbid level of functioning and a long duration of untreated psychosis (DUP) were related to a poor outcome both for male and female patients.

Discussion: The results indicate that, for male and female FEP patients, there are different predictors of outcome. In addition of risk factors of a poor outcome in both genders such as a low level of pre-morbid functioning and a long DUP, a low level of education, living with parents and an early onset of illness should be noticed as risk factors for female patients

P0298

The particularity in therapeutic approach with Roma-gypsies in male department in hospital “Dr Laza Lazarevic” in Belgrade

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During and after the Civil War in former Yugoslavia many various social changes and migrations occurred. One of their consequences is the increase of Gypsy-Roma population in Republic of Serbia. At the same time, the incidence of admissions and readmissions of Gypsy-Roma population into the psychiatric hospitals increased, in comparison both with their participation in overall population and the incidence of admission before the war. Since the war led to economic exhaustion, especially in social assistance resources, the vulnerability of this social group grew more dramatic. Difficulties in psychiatric treatment also have their origin in the particularities of this population. One of the most frequent demands of the representatives of this minority is the exclusively hospital treatment, on their own or on their families request, not always followed with clinical signs of relapse. This was verified despite the efforts of psychiatric reform and tendencies to reduce the psychiatric hospital treatments. Difficulties in diagnosis and consistent treatment were notified, therefore often psychopharmacotherapeutic resistance.

Variety of symptoms depend on ethnicity, and it is not consistent with diagnostic criteria due to possible pathoplastic moderators. Relaps and non compliance are more likely to occur. Somatic disorders and illness are often reported and diagnostic by psychiatrist. Difficulties in treatment are sometimes based on the line between their social needs and abuse of psychiatry, since the patients and their families are more likely to show rental claims to illness. These request a complexed, multidisciplinary approach.

P0299

Protecting the residency training environment: A resident's perspective on the ethical boundaries in the faculty-resident relationship

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Objective: This paper explores ethical complexities that underlie resident-faculty relationships. The faculty-resident relationship is as complex as that between a therapist and his/her patient, but it has been far less well studied.

Methods: From data obtained from psychiatry residents and faculty members regarding their experiences in this relationship, we present five vignettes that illustrate unethical conduct in the faculty-resident relationship.

Results: Ethical lapses described in this paper are problematic for two reasons: first, personal and professional harm may come to individual residents who find themselves interacting with an errant faculty member; and second, ethical lapses have the potential to damage the overall training environment itself. Once the terms of the faculty-resident relationship are discussed and accepted by all participants, unintentional or inadvertent ethical problems will be prevented, and residents will be in a position to identify faculty behaviors that do not conform to these agreed-upon expectations

Conclusions: This paper highlights the importance of incorporating education about ethical responsibilities and faculty-resident boundaries into the training curriculum. We offer suggestions for understanding faculty members' responsibilities to residents in their training programs.

P0300

Fentanyl patch and attempted murder: A case report

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Background: Fentanyl is a potent Schedule II opioid agonist that has potency more than 80 times that of morphine. A high concentration of Fentanyl is contained in Fentanyl patches (MATRIFEN).

They should be used to manage pain for persons with chronic moderate to severe pain who are already physically tolerant to opiates. During the past years there has been an increase in misuse and abuse in the United States of Matrifen that has caused deaths from overdoses. Matrifen can also cause neurological and psychiatric adverse events such as: delirium anxiety, abnormal thinking, abnormal dreams, depersonalization and hostility.

In the literature Matrifen have not previously been associated with serious offences such as attempted murder but an association with suicide has been noted.

Aims: To describe a previously unreported and serious adverse effect of Fentanyl patches.

Methods: We followed up the clinical psychopathology of an elderly gentleman who attempted to murder his wife reportedly due to an altered mental state caused by the application of Fentanyl patch. We searched Pubmed and Google for any reported adverse effect of Fentanyl patches of a similar nature.

Results: After ruling out all other Psychiatric, Organic and Forensic causes we came to the conclusion that Matrifen was the cause of altered mental state which led to the attempted murder.

Conclusions: Although adverse psychiatric effects of Fentanyl patches have been reported in the past we can add attempted murder to the list. Fentanyl patches can be dangerous particularly in the vulnerable elderly patients where they are most commonly used.

P0301

Assessment of deliberate self-harm in patients attending an accident and emergency department

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Aims: To study the presenting features and outcome of deliberate self-harm patients presenting to an accident and emergency department

Background Review: Self-harm accounts for up to 170,000 hospital attendances in the UK annually. 15-25% repeat self-harm within 1 year. Self-harm repetition is reported as higher among those who do not receive psychosocial assessments and discharge themselves from accident and emergency departments.

Method: All patients triaged within Beaumont Hospital accident and emergency department with a presentation indicative of psychiatric disorder were studied over 12 months. The following were collected on each patient: demographic variables (age, gender, marital status), clinical variables (method of self-harm including associated factors, history of deliberate self-harm, overdose agents used in self-poisoning, whether a psychiatric consultation occurred and outcome). Dates and times of presentations were recorded. Statistical analysis was performed using SPSS14 statistical package.

Results: 1,397 liaison psychiatry patients presented to the accident and emergency department over 12 months. 834 (60%) cases were deliberate self-harm, most commonly overdose (47%). 353 (35%) cases of self-harm were associated with alcohol ingestion. Most self-harm presentations (30%) occurred in March (83), April (86) and May (83). Most self-harm cases (27%) presented between 9pm-1am. 27% of self-harm cases presented between 9am-5pm when psychiatric cover was available in the accident and emergency department. 73% presented outside of these hours. 273 (20%) liaison psychiatry patients left before psychiatric consultation.

Conclusions: Optimisation of the management of patients who self-harm is important. The reasons why patients leave hospital before assessment has been completed should be further investigated.

P0302

Obstetric complications and post-partum psychosis: A follow-up study of 1.1 million first-time mothers between 1975 and 2003 in Sweden