

Conclusions: It could be speculated that the observed link between anxiety and oxytocin represents the biological basis of those processes resulting in positive emotions related to romantic attachment and, possibly, to all social bondings.

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Prevalence of anxiety disorders in earthquake effected areas

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Introduction: Earthquake disaster of Pakistan caused massive destruction. Survivors have experienced several recurrent aftershocks since then. Many of them measured above 5. Data was collected from various agencies including WHO, Turkish Red Crescent, Canadian team of relief and some other NGOs working with earth quake hit communities in NWFP and Azad Kashmir. Diagnosis was made using semi-structured interviews. The objective of this paper is to measure the impact of neurobiological and socio cultural underpinnings.

Result: Data analyses of women (1056), men (281) and children (204) indicate high prevalence of anxiety disorders including PTSD (853 women, 153 men) and depression (73 women, 31 men). Results vary from the observations made from other disasters. Sex ratio shows huge difference in prevalence between males and females. The major factors responsible are loss of life and property and uncertainty regarding future, harsh weather and repeated tremors.

Discussion: Patients with PTSD have dysregulation of HPA axis response. This alteration is more pronounced in case of women. Studies show that estrogen plays important role in the genesis of disease. Dexamethasone suppression test also indicates greater dysregulation of glucocorticoid receptor. Studies reveal predisposition in women for PTSD and depression.

Women and children were affected most because most of them were at home and in schools. Hence, large number of women sustained more physical injuries and psychiatric consequences.

In our study depression came out to be more prevalent in females. This can be explained as comorbidity of PTSD and because of its own dynamics.

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Burnout syndrome: A comparative study

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Objectives: Concerning the implications of Burnout Syndrome (BS) upon general health condition of health professionals, with subsequent diminution of their performance, the aim of our study is to evaluate the general aspects of BS within two groups of nurses from two clinical departments in risk for developing the syndrome - psychiatric and infectious diseases.

Methods: In order to fulfil our aims we selected two samples of nurses recruited among psychiatric and infectious diseases departments. All subjects were evaluated with a Social-Demographic Questionnaire, the Maslach Burnout Inventory (MBI), the 36-Item Short-Form Health Survey of Medical Outcomes Study (SF-36) and the Symptom-Check-List-90-Revised (SCL-90). Mann-Whitney non-parametric test was chose for statistical comparative purposes.

Results: Concerning the results obtained we found significant statistical differences between the groups. Nurses from the infectious diseases department presented worse results.

Conclusions: According to the literature this results suggest that we can describe BS using the general disease model where stress, vulnerability and protective factors have an important effect in the pathogenic mechanisms.

Psychopathology is connected with burnout and seems to be a risk factor to the syndrome. On the other hand, the presence of previous general psychopathology is a vulnerability factor. We think that the possible orthogonal profile of these dimensions deserves further studies.

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Social anxiety and depersonalization

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The purpose of the lecture is firstly to give a review of the relationship between social anxiety disorder (SAD) and depersonalization (DP) and secondly to present empirical data on the association between SAD and DP. Already one of the first descriptions of the SAD form Paul Schilder (1938, 1942) highlighted a close relationship between SAD and DP. This close relationship between SAD and DP comprises the issue of co-occurrence, phenomenological overlaps and psychodynamic relationships between both disorders (Michal et al. 2005). In the second part of the lecture we will present data from a representative study on the association between social anxieties and DP in the German population and from a study of the co-occurrence of social anxieties and DP in outpatients. According to the preliminary analysis of the first 4 months of 2006 40% of the outpatients and consultation liaison patients exceeded the cut-off of the Liebowitz Social Anxiety Scale and 15% exceeded the cut-off of the short version of the Cambridge Depersonalization Scale. The Chi-Square test revealed a significant relationship between both conditions (Chi-Square =42.928, df = 1, p<0.001). The representative study of 1250 persons of the German population is performed at present and will be finished at 30th November 2006. Therefore the results on the relationship between DP and SAD and intervening variables (depression, substance abuse, childhood experiences) will be described not yet but on the congress. The results will be discussed with regard to etiological and therapeutic aspects of SAD.

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Sleep disorders in children with learning difficulties

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The aim of this study is to investigate sleep disorders in children with learning difficulties. For this reason a specific sleep disorders' questionnaire was administered. In this pilot study 92 children took part after coming for a psychological consultation to the Outpatient Department of Psychology of the General Children's Hospital of Penteli. None of these children present organic pathology.

The results of the study indicate that 20,2% of our population has little or restless sleep. 22,8% wakes up during the night. Furthermore, several symptoms appear during children's sleep: 17,6% speak during their sleep, 14,1% have nightmares, 8,8% have nocturnal enuresis and 3,3% present somnambulism. It was also found that 45,5% is

frightened by dark, 31% are afraid to sleep alone, and 15,1% fear to go to bed.

In addition to these descriptive statistics we made correlations with variables such as age, sex, existence of siblings and psychological diagnosis.

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Fear as a state and trait in patients with brain injury after surgical treatment.

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Fear is emotion what appears in patients (pts) where is a need of surgical treatment. The essences of fear connect with death, disability, long term rehabilitation and finally, lower income and social problems. The aim of the study was to estimate the fear and it's intensity as a state and as a trait. 40 pts with brain injury – posttraumatic who were treated with surgical methods participated in the study. The mean of age was 45 yrs. The STAI and questionnaire of own concept were used in the examination. The factors of disease, gradient of impairment /mild or moderate/ level of education, family status were controlled in the study. The collected data underwent statistical analysis with SPSS program. The significant data estimated on p. 0,05. The reference grup constituted by pts who underwent surgical treatment but not with brain posttraumatic impairment.

The data show the higher level of a fear as a state and a trait was higher in the group with brain impairment. There was significant correlation between family status and fear as a state. In pts with whole family the level of fear was higher than in patients who lived alone.

The data show there is a need of conducting psychological intervention toward all pts with brain injury independently to family status as well.

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Coping behaviour in medical residents

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Background and aims: The residency is one of the most stressful periods in medical practice and entails different psychopathological disorders. Individual type of adaptation plays an important role in the psychological response to this situations.

The aims are to describe the coping behaviour used during the residency period, and to analyze the factors related to them.

Methods: Cross-sectional study in 145 residents, in which we valued sociodemographic data, psychopathology (GHQ Goldberg), personality dimensions (16PF-A Cattell), psychic antecedent and coping behaviour (Lazarus and Folkman, 1986). A descriptive, comparative and a Pearson correlation study was performed.

Results: The sociodemographic variables and the frequency of the coping behaviors used are detailed in table. We described their relation with personality features and sociodemographic variables, and the coping associated with psychic antecedent and psychopathology.

Conclusions: The more used behaviors were those directed towards Planful problem-solving, Seeking social support, Self-controlling, Positive reappraisal, Confrontive coping and Distraction. Coping behaviour are related with various factors that probably caused them, being personality features outstanding. The socio-demographic

variables also are related, and in women are more frequent Seeking social support and Self-awareness.

Although this study, due to its transversal structure, can not establish a causal relationship between coping behaviour and the presence of psychopathology, we observed that the latest one was associated with Self-blame, Distancing and Avoidance behaviors and could be considered as inefficient strategies. In those with personal psychic antecedents, Distraction and Self-awareness behaviors were outstanding, although this mechanisms were not related to psychopathology.

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Psychodermatology-A review of the relationship between dermatology and psychiatry

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Background: The prevalence of psychiatric illness among patients attending dermatology clinics is high. Three major categories of disorder exist; Psychosomatic disorders, Primary psychiatric disorders and Secondary psychiatric disorders.

Aim: To investigate the relationship between Dermatological conditions, in particular Dermatitis Artefacta and Psychiatric disorders and to discuss course and management of these disorders.

Method: All referrals from Dermatology clinics in South Dublin to the Psychiatry service over a six-month period were reviewed. Psychiatric Diagnosis was noted, the prevalence of each of these and their management.

Results: 90% of referrals had a psychiatric diagnosis. I focused on one particular case of a 22 year old woman referred by her dermatologist, presenting with bizarre, well-demarcated, linear lesions that appeared to develop "overnight". In joint consultation with the dermatology team, a diagnosis of Dermatitis Artefacta was made. In this review I discuss the features, associated psychopathology, epidemiology, aetiology and management of this rare condition.

Conclusion: Psychiatric illness should be considered in all patients attending dermatology clinics. If a psychiatric disorder is diagnosed, close collaboration between dermatologists and psychiatrists is essential if a favourable outcome is to be achieved.

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9/11 PTSD among urban primary care patients in nyc: A longitudinal examination

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The unprecedented attacks of 9/11, 2001 resulted in high rates of PTSD in the months following the attacks. Little information exists on the long-term effects of 9/11 in high-risk immigrant urban populations.

We will present findings from an NIMH funded longitudinal study aimed to estimate the prevalence, comorbidity, disability, mental health treatment and service utilization associated with posttraumatic stress disorder (PTSD) in a systematic sample of economically disadvantaged adult, mostly Latino immigrant, primary care patients (n=720) in New York City interviewed approximately 1 and 5 years after attacks of September 11, 2001.

The presentation will focus on: 1) trajectories of 9/11 PTSD; 2) risk and protective factors for the development and persistence of 9/11 PTSD; 2) the role of ethnicity and acculturation in the