

post-dose) included: 100-mm Visual Analogue Scale for Anxiety (VAS-A; primary outcome); 100-mm VAS-Sedation (VAS-S); and Time-to-Onset of Action Scale (TOAS), which rates anti-anxiety drug benefit (0-10, no–full benefit).

Results: VAS-A scores at baseline were higher on PGB (70.2) compared to ALP (57.4) or PBO (64.1). On a mixed-model analysis, VAS-A improvement slopes were greater for PGB ($t = -2.47$; $P = 0.014$) and ALP ($t = -2.39$; $P = 0.018$) vs PBO. Significant improvement on TOAS was seen at hour 2 and hour 3 through endpoint for ALP and PGB subjects, respectively ($P \leq 0.05$ vs PBO, both groups). VAS-S scores were significantly higher vs PBO for PGB at hours 2.5-4.0, and at hours 2 until endpoint for ALP ($P \leq 0.05$ both groups). Spearman analysis showed similar levels of correlation between the TOAS and VAS-S ($r = +0.58$) and VAS-A ($r = -0.50$), suggesting that the VAS-S may be measuring an efficacy outcome in this model. Both PGB and ALP were well-tolerated.

Conclusion: Clinically meaningful anxiolytic effect occurred within 3-4 hours after single-dose PGB in this dental-anxiety model.

P0082

Cortisol, suicidality and spiritual well-being in Croatian war veterans suffering from PTSD

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Biological, psychological and spiritual parameters have been frequently associated with the wellbeing of psychiatric patients. War veterans suffering from PTSD reveal a low basal plasma cortisol level and an enhanced cortisol response to the dexamethasone test, reflecting a hypersensitiveness of the hypothalamic-pituitary-adrenal axis (HHA). The level of HHA dysregulation can be caused by many factors; among others it depends on the spirituality/religiosity level.

The aim of this work is to observe the relationship between the cortisol level, the level of spiritual wellbeing and its components (religious and existential well-being) and suicidal tendency in Croatian war veterans suffering from PTSD.

The survey has been conducted on 17 war veterans satisfying the DSM-IV criteria for the PTSD diagnosis and not suffering from any serious somatic illnesses.

The spiritual wellbeing has been determined by the score on the Spiritual Well-Being Scale (SWB); suicidal risk was determined by the Suicide Assessment Scale (SUAS) and Beck Hopelessness Scale (BHS); the plasma cortisol level was obtained by venepuncture from the cubital vein and an excretion curve for every examinee (8, 12, 13, 16, 22 hours) was obtained.

Results demonstrate a higher cortisol level in the group with lower spiritual wellbeing and higher suicide risk. Obtained results confirm our hypotheses.

Limitations of this study were a small sample size and adjusted pharmacotherapy.

P0083

Trends of admissions of somatoform disorder in Mosul Iraq

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A retrospective study was done on admissions of Somatoform Disorder in Mosul Psychiatric Unit for five years period. Two hundred seventy five patients were admitted during that period 224 women and 51 men. Majority of men came from Urban areas compared to 58% of women. Single status were over represented 55% compared to 34% married. 82% of the singles, 90% of widows and 83% of divorced were women. It also showed that there were two seasonal peaks of admissions in January and July. Hysterical pseudo-fits were the most frequent diagnosis. There were no significant change in the number of yearly admissions apart from the first year. The proportion of hysterical disorders compared to total psychiatric disorders admissions was 7.4%.

Results: were consistent with national studies but showed higher figures to neighbouring countries. It was consistent with figures in United Kingdom before 1950.

P0084

Relationship between anxiety and depression and service satisfaction in a sample of Iranian inpatients admitted in a general hospital

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Aims: Patient's satisfaction is a vital part of the assessment of quality of health care. Patient's mental health situation may influence service satisfaction and vice versa. The aim of this study was to evaluate relationship between anxiety and depression and service satisfaction, in a group of patients that were admitted in a general hospital.

Methods: Four hundred patients who were admitted in Dr. Shariati Hospital were included in the study consecutively. Participants were recruited from medical and surgical wards. The Hospital Anxiety and Depression Scale (HADS) was used to determine depression and anxiety and 18 items Patient Satisfaction Questionnaire (PSQ-18) was used to measure service satisfaction. Other variables that were measured included: demographic variables, duration of disease, time passed from admission, ward of admission, pattern of referral to hospital, type of insurance and the way of payment.

Results: Patient with anxiety and depression were less satisfied with services. Service satisfaction according to PSQ-18 scores had a reverse significant relation with anxiety score of HADS. There was no significant relationship between service satisfaction and age, sex, education, duration of disease, time passed from admission, ward of admission, pathway of referral, type of insurance and the way of payment.

Conclusions: Psychological profile of hospitalized patients may play important role in their satisfaction with services. Careful management of mental health problem may be necessary to improve service satisfaction of medical inpatients. On the other hand improvement in quality of care and increasing service satisfaction may reduce mental health problem of the patients.