

P. Martinez-Alfonso^{1,2}, P. Garcia-Parajua^{1,2}, J. Iglesias⁴, L. de Ugarte¹, M. Magarinos^{1,2}, J.J. Carballo⁵, L. Giner³, E. Baca^{1,2}.
¹ *Servicio de Psiquiatria, Hospital Universitario Puerta de Hierro, Madrid, Spain* ² *Universidad Autonoma de Madrid, Madrid, Spain* ³ *Universidad de Sevilla, Sevilla, Spain* ⁴ *Centro de Salud Manzanares El Real, Madrid, Spain* ⁵ *Division of Child and Adolescent Psychiatry, Department of Psychiatry, Columbia University, New York, NY, USA*

Background and aims: Up to 45% of individuals who commit suicide contact their Primary Care physician (PCP) the month before. The objective is to study clinical characteristics of patients presenting death and/or suicidal ideation (SI) in Primary Care.

Methods: 195 patients attending their PCP were evaluated using systematic sampling in three Primary Care Centres. Patients completed the PHQ and a Life Changes Checklist. Demographic data, both psychiatric and medical conditions and treatments, visits to their PCP, and days out of work (last year) were also collected.

Results: 24 patients had death or suicidal ideation for the previous two weeks (12,4%; IC95% 8,3-18,8%). Most of them (87,5%) had a mental disease, major depressive disorder (62,5%) and general anxiety disorder (50%). Patients with SI had more somatic symptoms ($p<0,001$), a greater number and score of recent life changes ($p<0,001$) and days out of work (last year) ($p=0,028$) than the rest of the sample.

Compared to patients with any psychiatric disorder, patients with SI had more depressive symptoms ($p<0,001$) and a higher score in life changes in the 6-12 month period ($p=0,044$).

14 (58,3%) patients with SI had no previous psychiatric diagnosis and only 8 (33%) were receiving treatment.

Conclusions: In spite of a greater severity in depressive and other clinical characteristics of patients with SI most of them are not correctly detected and treated. Improving the rate of detection and treatment by the PCP of such patients would probably play a key role in the prevention of suicide.

P357

Psychological scales predict psychiatric hospitalizations - The Northern Finland 1966 birth cohort

J. Miettunen¹, J. Veijola^{1,2}, M. Isohanni¹, T. Paunio³, D. Lichtermann⁴, N. Freimer⁵, L. Peltonen³, M.R. Järvelin^{6,7}, M. Joukamaa^{8,9}. ¹ *Department of Psychiatry, Oulu University and Oulu University Hospital, Oulu, Finland* ² *Academy of Finland, Helsinki, Finland* ³ *Department of Molecular Medicine, National Public Health Institute, Helsinki, Finland* ⁴ *Department of Psychiatry, University of Bonn, Bonn, Germany* ⁵ *Departments of Psychiatry and Biobehavioral Sciences and Human Genetics, UCLA, Los Angeles, CA, USA* ⁶ *Department of Public Health and General Practice, University of Oulu, Oulu, Finland* ⁷ *Department of Epidemiology and Public Health, Imperial College London, London, United Kingdom* ⁸ *Social Psychiatry Unit, Tampere School of Public Health, University of Tampere, Tampere, Finland* ⁹ *Department of Psychiatry, Tampere University Hospital, Tampere, Finland*

Background and aims: Several instruments have been developed to detect subjects who are at risk for mental disorders.

Aims: We aimed to address the predictive validity of several personality, schizotypal and mania scales for psychiatric hospitalisations.

Methods: As part of the 31-year follow-up survey of the Northern Finland 1966 Birth Cohort, Temperament and Character Inventory

(TCI, temperament part), Physical Anhedonia Scale, Social Anhedonia Scale (SAS), Perceptual Aberration Scale, Hypomanic Personality Scale (HPS), Bipolar II scale (BIP2) and Schizoidia scale were filled in by 4,857 subjects. We dichotomized scores in the scales (highest 10% by gender vs. others). Also subscales of TCI and BIP2 were used as predictors. In a longitudinal study setting using hospital discharge register we followed those without previous hospitalisation (N=4,727; 2,092 males and 2,635 females) from 31 years for eight years and recorded hospitalisations due to psychotic, substance use, anxiety, mood and personality disorders.

Results: In total 78 (1.7%) of subjects were hospitalized due to psychiatric disorder during the follow-up. Most of the instruments predicted several disorders. Mood lability subscale of BIP2 predicted ($p<0.05$) all diagnostic groups. Most specific predictors were SAS (Odds Ratio 3.84; 95% CI 1.44-10.28) and HPS (4.01; 1.52-10.60) for psychosis and novelty seeking subscale of TCI (3.00; 1.41-6.36) and energy/activity (2.68; 1.26-5.68) and social anxiety (3.90; 1.84-8.28) subscales of BIP2 for substance use disorders.

Conclusions: Scales measuring schizotypal or manic symptoms were good predictors for different psychiatric hospitalisations. Many of the scales predicted several disorders, only few scales predicted only one specific disorder.

P358

Prevalence of postnatal psychiatric morbidity: a preliminary analysis

P. Navarro¹, L.L. Garcia-Esteve¹, C. Ascaso^{2,3}, J. Aguado², R. Martin-Santos^{4,5}, E. Gelabert^{1,5}, A. Plaza¹, M.L. Imaz¹, S. Subira⁶. ¹ *Unit of Perinatal Psychiatry and Gender Research (UPPiRG), Hospital Clinic Universitari de Barcelona, Barcelona, Spain* ² *Department of Public Health of the University of Barcelona, Barcelona, Spain* ³ *Institut Investigacions Biomediques August Pi I Sunyer (IDIBAPS), Barcelona, Spain* ⁴ *Drug Abuse and Psychiatric Department, Hospital del Mar, Barcelona, Spain* ⁵ *Pharmacology Research Unit, Institut Municipal Investigacio Medica (IMIM), Barcelona, Spain* ⁶ *Unit of Research in Psychopathology and Neuropsychology, Facultat de Psicologia, Universitat Autònoma de Barcelona, Barcelona, Spain*

Objective: There is no empirical research on the occurrence of postnatal psychiatric morbidity in Spanish population. To determine the prevalence rate of DSM-IV psychiatric disorders in postpartum Spanish mothers.

Method: A two-phase cross-sectional epidemiological study. Women consecutively attending in the routine postnatal check-up (at six weeks after delivery) in the Department of Obstetric and Gynaecology of the Clinic Hospital during one year were included. In the first phase, 1453 women were screened with the EPDS. In the second phase, based upon EPDS outcomes, participants were stratified and randomly selected within each stratum for clinical evaluation with the Structured Clinical Interview (SCID) for DSM-IV to determine psychiatric status. Weighted prevalence and its 95% Confidence Intervals (95%CI) were obtained for DSM-IV diagnostic groups.

Results: The overall 6-weeks prevalence rate for postpartum psychiatric disorders was 18.1% (95% CI 15.0-21.8). The most prevalent DSM-IV diagnostic group was mood disorders (9.8%; 95% CI 7.9-12.1), follow-up by adjustment disorders group (4.3%; 95% CI 3.0-6.3), anxiety diagnostic group (3.9%; 95% CI 2.5-5.8) and "other" disorders group (1.1%; 95% CI: 0.3-3.8%).