

two groups in impulsivity according to BIS-11 ($66,20 \pm 18,10$ SD for SIB and $68,40 \pm 11,10$ SD for OCD, $p=0,82$), SIB patients had more diagnosis of others ICD(100%).

Conclusion: This study raises the question: Would SIB be an OCS, that increases its severity, or a nosologic entity with its own characteristics, where OCD comorbidity is frequent? The sample size is not large enough to answer these questions, although it seems that some symptoms are shared with both disorders.

P0083

Genetic syndromes in deaf patients with mental health problems

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At the mental Health Unit for the Deaf of the Gregorio Marañón Hospital in Madrid we have observed that our Deaf patients as a group experience a greater number of Genetic Syndromes than the general population. Clinical diagnosis and intervention of deaf patients is particularly complex, professionals that work with this population must update their knowledge in ORL, Nephrology and Ophthalmology. Our goal is to show how common are these syndromes among our patients treated at our unit from 2003 and describe their psychopathology. Most common genetics syndromes among our patients are Usher syndrome, Waardenburg, syndrome, Noonan syndrome, Cornelia de Lange syndrome and Pendred syndrome. The Gregorio Marañón Hospital in Madrid is one of the few mental health units for deaf people in Europe -that is, the Unidad de Salud Mental para Sordos (USMS). This unique service counts with a psychiatrists, a psychologist and a social worker.

P0084

Characteristics of patients with undetected psychiatric pathology in primary care

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Background and Aims: Previous data suggest that there is an important group of patients between primary care (PC) attendees suffering a psychiatric disorder that remain undetected. Our aim was to know data about this group of patients compared with patients without psychiatric pathology (PWP) and patients with already known psychiatric pathology (PKP).

Methods: A random sample of 225 subjects older than 18 years old, from 3 PC Centres of the area of Madrid (Spain) completed the Patient Health Questionnaire (PHQ). Data about medical and psychiatric conditions, drug treatments, days of work lost (last year) and use of health care services (last 3 months), were also collected. Psychiatric and clinical characteristics between groups were compared.

Results: 50 (22,2%) patients were suffering a psychiatric condition according to PHQ but without recognition by their general practitioner. This group of patients were younger than PWP and PKP (ANOVA; $p=0,021$ and $p=0,013$). They were suffering more depressive symptoms and somatic complaints than PWP ($p<0,001$ and $p<0,001$ respectively). In terms of days of work lost and use of health care services did not differ from PWP.

Conclusions: The results suggest that other reasons rather than the symptomatology (depressive symptoms, somatic complaints) may be

important in the process of detection of mental health problems in PC. Both days of work lost and the number of visits to general practitioner appear to be two determinant factors.

P0085

Obsessive-compulsive and eating disorders: A comparison of clinical and personality features

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Aim: This study attempted to determine whether Anorexia nervosa (AN), Bulimia nervosa (BN) and Obsessive Compulsive Disorder (OCD) share clinical and psychopathological traits.

Methods: The sample consisted of 90 female patients (30 OCD; 30 AN; 30 BN), who had been consecutively referred to our Unit. All subjects met DSM-IV criteria for those pathologies. The assessment consisted on the Maudsley Obsessive-Compulsive Inventory, Questionnaire of obsessive traits and personality by Vallejo, Eating Attitudes Test-40, Eating Disorder Inventory, and Beck Depression Inventory. ANCOVA tests (adjusted for age and body mass index) and multiple linear regression models based on obsessive-compulsiveness, obsessive personality traits and perfectionism, as independent variables, were applied to determine the best predictors of eating disorder severity.

Results: ANCOVA revealed several significant differences between obsessive-compulsive and eating disordered patients (MOCI, $p < 0.001$; EAT, $p < 0.001$; EDI, $p < 0.001$), whereas some obsessive personality traits were not eating disorder-specific. 16.7% OCD presented a comorbid eating disorder, whereas 3.3% eating disorders had an OCD diagnosis. In the eating disorder group, the presence of OC symptomatology was positively associated ($r = 0.57$, $p < 0.001$) with the severity of the eating disorder. The results were maintained after adjusting for comorbidity.

Conclusions: Although some obsessive-compulsive and eating disorder patients share common traits (e.g. some personality traits especially between OCD and AN), both disorders seem to be clinically and psychopathologically different.

P0086

Reliability, validity, and classification accuracy of a Spanish translation of a measure of DSM-IV diagnostic criteria for pathological gambling

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The aim of this study was to measure the reliability, validity, and classification accuracy of a Spanish translation of a measure of DSM-IV diagnostic criteria for Pathological Gambling. Participants were 263 male and 23 female patients seeking treatment for pathological gambling and a matched non-psychiatric control sample of 259 men and 24 women. A Spanish translation of a 19-item measure of DSM-IV diagnostic criteria for Pathological Gambling was administered along with other validity measures. The DSM-IV diagnostic criteria were found to be reliable with an internal consistency coefficient alpha of .95 in the combined sample. Evidence of satisfactory convergent validity included moderate to high correlations with other measures of problem gambling. Using the standard DSM-IV cut-score of five, the ten criteria were found to yield satisfactory classification accuracy results with a high hit rate (.95), high sensitivity (.92), high specificity (.99), low false positive (.01), and low false negative rate (.08). Lowering the cut score to four resulted in modest improvements in classification accuracy and reduced the false negative rate from .08 to .05. The Spanish translation of a measure of DSM-IV diagnostic criteria for Pathological Gambling demonstrated satisfactory psychometric properties and a cut score of four improved diagnostic precision.

P0087

Pain from psychosomatic point of view-interdisciplinary diagnostic and multifactorial approach in an outpatient clinic

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Pain is a psychosomatic occurrence, primarily considering its neurobiological aspects. Chronic pain patients suffer from psychic comorbidities or even psychic diseases as somatoform disorders which often remain mis- and respectively underdiagnosed and consecutive untreated. Psychic comorbidities influence the pain in a neurobiological sense by lowering the pain threshold. Wrong treatments, somatic fixation, operations, chronification, iatrogenic impairment and psychosocial problems are possible consequences. It is fundamental to integrate the trias of pain, stress and affect into the diagnostics and treatments. The neurobiological stress axis, HPA- and LC-NE, is known to be activated by nociceptive- neuropathic input via cytokinins and influence pain. Chronic negative strain of the stress system may have neurobiological consequences as damage of the pain depressant systems, inter alia degeneration of hippocampus.

An interdisciplinary approach is inevitable and broad clinical diagnostics of high importance. Therefore we established a broad network of interdisciplinary liaisons with rheumatology, internal medicine, orthopaedics and dentistry. In our outpatient clinic we analyzed female and male chronic pain patients from different medical departments. They all had a complex and long lasting history of pain.

We applied clinical interviews and different test-parametric methods and figured out that undiscovered psychic comorbidities, wrong medication and specific biographic aspects in a biopsychosocial kind are inter alia the key factors of chronic pain suffering.

Our data demonstrate that an interdisciplinary approach considering pain as multifactor genesis and integrating neurobiological, biographic and psychosocial components is necessary to treat chronic pain patients and prevent further chronification.

P0088

Sex differences in asking for counselling and psychological support from a scientific medical association - therapeutic center (A.P.P.A.C.)

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In the present study, the reasons why people ask for psychological support according to their sex is being investigated. Data was obtained from the Association of Psychology & Psychiatry for Adults & Children (A.P.P.A.C.) from January 2002 until December 2006. The sample size was N=100, aged from 22 years to 65 years. Results indicated that there were population differences (62 women and 38 men) and statistically significant differences were found in the primary therapeutic goal of clients as well as their therapeutic course, according to their sex. More specifically, results indicated that women tend to seek counselling mostly for themselves and secondary for a family member: women aged 25-35 want to deal with personal problems, women aged 35-45 seek for counselling (mostly relationship-based), while women aged 45-65 mainly wish to resolve problems with their children. On the other hand, men aged 30-50 years usually require counselling when their symptoms seem to disable them to successfully function in their workplace. Men over 50 years old ask for counselling in order to resolve a problem concerning their children. These men usually end their sessions when symptoms become less severe, while women are found to be more consistent towards therapy. Finally, as far as their socioeconomic status is concerned research results indicated that men of high socioeconomic status do not easily accept that they need counselling, while women of high socioeconomic status are more receptive towards counselling.

P0089

Recurrent catatonia: Fluctuating between psychotic and catatonic dimensions

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Background: Catatonia is a disorder that is still under nosological controversy. There are several approaches to characterize this diagnostic entity. Of those, the dimensional approach makes it possible to address catatonia as a phenomenological aspect of schizophrenia, similar to psychosis.

Objective: to describe a subtype of schizophrenia patients who manifest both psychosis and recurrent catatonia and to assess their management.

Methods: a retrospective analysis of the records of 25 recurrent catatonia patients who were admitted at Geha Mental Health Center between 1995-2005, using demographic, clinical, laboratory and management data regarding their admissions through the years that was extracted from the records.

Results: a total of 141 admissions, of which 96 (68%) were retrospectively diagnosed as presenting catatonia using Bush-Francis diagnostic criteria. Most frequent catatonic signs were: immobility/stupor, mutism, negativism, withdrawal and rigidity. There was no difference between catatonic and non-catatonic admissions with regard to serum Creatine Kinase (CK) peak levels and length of hospitalization. Seventy three percent of catatonic admissions were treated with antipsychotic monotherapy. Catatonic admissions treated by adding benzodiazepines to antipsychotics were shorter in length of hospitalization than ECT and antipsychotic monotherapy.