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.

P219

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

E. Mojs, E.G. Gajewska. *Poznan University of Medical Sciences, Poznan, Poland*

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 intensivity as a state and as a trait. 40 pts with brain injury – postatraumatic 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 constituded by pts who underwent surgical teratment but not with brain postraumatic 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 satus 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.

P220

Coping behaviour in medical residents

P. Morales [1], O. Granada [1], C. Galan [1], J.J. Lopez-Ibor [2]. [1] *Servicio Psiquiatria, Complejo Hospitalario de Toledo, Toledo, Spain* [2] *Servicio Psiquiatria, Hospital Clinico Madrid, Madrid, Spain*

Background and aims: The residency is one of the most stressful periods in medical practice and entails different psycopathological disorders. Individual type of adaptation plays an important role in the pychological 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 wich we valued sociodemographic data, psychopatholy (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 frecuency 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 frecuent Seeking social support and Selfaward.

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 Selfblame, Distancing and Avoidance behaviors and could be considered as inefficient strategies. In those with personal psychic antecedents, Distraction and Selfaward behaviors were outstanding, although this mechanisms were not related to psychopathology.

P221

Psychodermatology-A review of the relationship between dermatology and psychiatry

L. Motherway. *Department of Psychiatry, St Vincent's University Hospital, Elm Park, Dublin, Ireland*

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.

P222

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

Y. Neria, M. Olfson, R. Gross, M. Gamerrof, J. Manetti-Cusa, M. Weissman. *Department of Psychiatry, Columbia University, New York, NY, USA*

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

https://doi.org/10.1016/j.eurpsy.2007.01.956 Published online by Cambridge University Press