

questionnaires were used to solicit demographic information and Psychological ill health was measured using a standard instrument—the General Health Questionnaire (GHQ 28). In this study a cut-off point of 23 was used for prevalence estimations. By this scoring, if the total score was 23 or less (from 84) then the person was regarded healthy. The higher the GHQ-28 scores indicated the subject might suffer from a psychiatric distress.

Results: The majority of the respondents (68.5%) were between the ages of 20–24 years and 80.8 % were female. 47.3 percent of paramedical students had GHQ scores of 24 and above, indicating an increased likelihood of psychological disorder. The average score was 25.93 \pm 14.93. Depression has the lowest mean score (3.92 \pm 7.2), while social dysfunction has the highest mean score (8.12 \pm 3.97) among the subscales. GHQ scores between the dissatisfied and satisfied groups were statistically significant ($P = 0.001$).

Conclusions: This study suggests that paramedical students have high levels of stress, so counseling and other support services should be made available to them.

P0011

The dynamics of stress and changes in the working conditions

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Aims: To determine whether the change in working conditions related to the privatisation of Primary Health Care increased stress among GPs and to obtain insight into the most prominent stressors.

Methods: Two questionnaires (the Holmes and Rache social readjustment questionnaire and a special test for investigating stressors derived by the "emic" method) were used. **SUBJECTS:** 120 GPs with private practices (response rate of 75%) and 90 hospital doctors (response rate 92%).

Results: 2/3 of participants in both subgroups were females. In both subgroups, around 1/2 of participants were up to 45 years old. Significant findings were that 30.3% of GPs reported progress having been made regarding their working place and finances, 78.8% reported that their work responsibilities had increased and 57.6% reported that they had changed their working hours and work conditions. 24.2% of GPs reported a reduction in the time spent with their families, 6.1% stated that their children had altered their behaviour in a negative manner, 26.3% of GPs stated that their partners had altered their behaviour for the better and only 16.2% took time off for sickness in the last three years. The most common stressors found were disruption to family life due to consultation with patients after working hours (46.9% cases) and feeling overloaded with new administrative commitments (68.4% cases).

Conclusion: Privatisation of PHC produced stress among GPs without severe negative consequences to the private lives and health of GPs.

P0012

Classical and alternative pathways complement activity in patients with Post-Traumatic stress disorder

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Post-Traumatic Stress Disorder (PTSD) is a clinical syndrome characterized by prominent affective symptoms and by a 'hyperactive' sympathetic nervous system. A high percentage of combat veterans, survivors of catastrophic events experience symptoms of PTSD. PTSD is accompanied by a number of specific and non-specific "somatic" pathologies, such as immune and physical complaints/chronic pain. The present study emphasizes the important role of the immune reactions in the pathogenesis of PTSD.

Our study was aimed at the determination of the total hemolytic activity of the complement by the classical and alternative pathways and the activities of individual complement components, C3 and C4 in the blood serum of patients with PTSD and healthy volunteers. A hemolytic assay was based on the standard 50% complement hemolysis test for the classical and alternative pathways.

There was detected a significant increase in the mean values of the total hemolytic activity of the complement activation by the classical pathway as well as C3 and C4 hemolytic activities and significant decrease in the mean values of the total hemolytic activity of the complement activation by the alternative pathway in patients of PTSD compared to healthy subjects.

Our results emphasize the important role of complement classical pathway activation in pathogenesis of PTSD and our data has raised a number of important questions relevant to PTSD pathomechanisms, especially from the point of view of immunity.

P0013

Muslim Suicide -Kashmir experience

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Background: Kashmir, a predominantly Muslim society had lowest rates of suicide in whole India (0.5/100,000) but not any more, 17yrs of conflict has brought trauma and turmoil PTSD, MDD, SUBSTANCE USE are at all time high. Suicide is becoming the second common cause of unnatural death.

Methods: This study was based on data from, longitudinal medico legal registers of S.M.H.S Hospital. The registers were surveyed for all suicide, Para – suicide and deliberate self harm cases. Medical record number – a unique registration number – was used for identification of case files of suicide, Para suicide and deliberate self harm cases. The case files were then used to reflect on various socio – demographic variables and psychiatric assessments.

Results: The result of the study reveals that on an average 3.5 persons report / day to SMHS causality with suicidal behavior. Most of the people who complete suicide are males of the age group 25 – 34. Most of the attempts are made by female- 4 times Para suicides and 7 times more DSH. . . Violent methods of suicide like cut throat and burns are a new phenomenon. All types of suicidal behavior are common in age group 25 – 34 except DSH in females were 63 % are in age group 19 – 24yrs

Conclusion: Suicide has arrived in an unlikely socioreligious scenario and perhaps taking all health planners unawares. And preventive strategies at all levels from primordial to primary to secondary to tertiary need to be taken to address this problem.

P0014

Tracking stress and personality changes daily via Internet

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Objective: To demonstrate that stress can be seen as warning signals that the mind sends out when it's past experience and current

capability to cope (determined by one's existing personality) is exceeded by the challenges in life. Accordingly, stress symptoms manifest when boundaries of one's personality – the way one thinks, feels, and act – is exceeded for the better as well as for the worse. The author has found that 'Breakthrough Intimacy' - closeness between committed couples far greater than their previous maximum level, can eliminate stress symptoms such as anxiety, anger, physical-symptoms, depression, and symptoms of borderline personality disorder, by exhaustion without medications and often within 6 months.

Method: The patient and his/her partner perform daily subjective self-rating on 41 parameters to record daily changes in their psychological adjustment, according to a quantifiable model of personality and positive mental health. The couples' daily self-rating is tracked graphically via Internet, providing accurate and comprehensive data to guide the therapist and the patients. Working in three-way teamwork, the therapist actively help the couples to achieve closeness far greater than their previous maximum experience, overcoming waves of symptoms until they disappear by exhaustion, as the couple undergo personality transformation.

Results: 1,170 patients treated for various stress symptoms over the last 20 years will be presented.

Conclusion: Stress can be better understood and treated as the consequence of one's personality which can be transformed through 'Breakthrough Intimacy' - closeness between committed couples far greater than their previous maximum experience.

P0015

Absconding by patients from psychiatric hospital

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Absconding by patients from acute psychiatric wards is a high risk behavior profile in mental medical centers. Being admitted to an acute ward is a stressful event for the patient, accompanied by pathological psychiatric symptomatology, separation from family and familiar environment, adjustment to the environs of ward, the treatment process itself and the loss of autonomy over everyday life. Absconding by patients presents a legal, social and treatment challenge for caregivers. Absconding means abrupt stopping of medication and therapeutic processes, need for police and legal systems interference and worry for the family. Moreover, absconding disposes major safety issues for the patient and his surroundings.

This abstract summarizes prospective study in two mental health centers. Every absconding was mapped within 48 hours of occurrence. Mapping was carried out by a trained team member filling out a structured form.

Study goal: Collecting data and identifying absconders' characteristics, comparing absconders' data from the two centers, pointing out significant ward or hospital variables affecting absconding and comparing patient and staff apprehension of the event.

Results: The study collected data of 143 absconding patients, 33% of whom were in confined hospitalization. Most of them were young, single and of low socioeconomic status. Most escaped in the evening shift. There were no significant differences in patient variables between the 2 hospitals. Previous hospitalizations was higher in one of the hospitals ($t=2.568$, $p=.013$). There were more staff

members in one of the hospitals ($t=4.016$, $p<.0001$). There were no difference between the day and the absconding shift.

P0016

Adult life events increase the risk of Cardiovascular Disease and Depressiveness among those with childhood adversities

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Background: Childhood adversities are associated with depression as well as increased somatic morbidity.

Methods: The Health and Social Support (HeSSup) is a prospective survey of the Finnish working-aged population. Altogether 83 % of the participants of the 1998 survey responded to the second survey five years later ($n=19,629$). The BDI was used to measure depressiveness and physical illnesses were inquired by asking about physician diagnosed illnesses. Other variables include history of depression, social support, alcohol consumption, negative affectivity, adversities in childhood family, and a checklist of 19 life events.

Results: Among women with childhood adversities the risk of depressiveness was significantly increased after a recent life event (1.81-fold). After adjusting for socio-demographic factors, smoking, alcohol consumption, social support, negative affectivity, baseline cardiovascular morbidity and person dependent life events the risk was still significant (1.48-fold). Among men the respective associations were a bit stronger as risk of depressiveness was 2.11-fold and after adjustments 1.84-fold. Recent life events did not increase risk of cardiovascular disease after recent life events among women and men after adjustments were made. Interestingly, in an analysis by type of recent events violence greatly increased risk of depressiveness and cardiovascular disease among men even after adjustments were made (OR=26.2, 95%CI: 6.99-96.1 and 23.6, 4.61-120.6, respectively) if one had childhood adversities.

Conclusions: Especially experienced violence was associated both to depressiveness and onset of cardiovascular disease. Violence cannot be considered to be fully independent of the person, but according to the adjustments made, impulsiveness probably does not explain the findings.

P0017

Assessment of stress at work

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Background: Stress at work is estimated to be the biggest occupational health problem in the UK. This study assesses work-related stress in a local team of mental health workers.

Aim: To identify the work-related stress within multidisciplinary Assertive Outreach Team (AOT).

Methods: All sixteen AOT members were given a self-assessment questionnaire. This stress assessment tool consists of six domains and is made up of forty-six questions with a scoring system. Completed questionnaires were filled and anonymously returned back via team secretary.

Results: The overall response rate 80% ($n=12$). Among six domains of the questionnaire the highly scored item were –