Results: Among all mentally ill women, the highest relative risks of fracture at any site were in the youngest age group, whereas the strongest effects in men were with older age. The highest raised risk of any fracture occurred in younger women with psychotic disorders (RR 2.5, CI 1.5-4.3). Hip fracture rates were raised in elderly women and men with psychiatric illness, and were especially high in women (RR 5.1, CI 2.7-9.6) and men (RR 6.4, CI 2.6-16.1) with psychotic disorders at 45-74 years. Data were sparse for estimating relative risk of distal radius fracture, although risk was modestly (but significantly) higher among women with any mental illness in each age group.

Conclusions: These elevated risks are likely to be explained by a range of mechanisms. Further research is needed to elucidate these and to inform the development of targeted interventions.

P0308

Parental mental illness and fatal birth defects in a national birth cohort

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Background and Aims: Population-based evidence is lacking for risk of major birth defect with parental psychopathology, and how effects vary by maternal and paternal diagnosis. We aimed to investigate this risk in offspring of parents admitted for psychiatric treatment in a 26-year national birth cohort.

Methods: The study cohort was created using several linked Danish national registers. We identified all singleton live births during 1973-98 (N=1.45m), all parental psychiatric admissions from 1969 onwards, and all fatal birth defects until 1st Jan. 1999. Linkage and case ascertainment were virtually complete. Relative risks were estimated by Poisson regression.

Results: Fatal birth defect risk was elevated with any maternal admission and also with affective disorders specifically, although the strongest effect found was with maternal schizophrenia. The rate was more than doubled in this group compared to the general population (RR 2.34, 95% CI 1.45-3.77); this also represented a significant excess risk versus all other admitted maternal disorders (P=0.018). Risk of death from causes other than birth defect was no higher with schizophrenia than with other maternal conditions. There was no elevation in risk of fatal birth defect if the father was admitted with schizophrenia or any other psychiatric diagnosis.

Conclusion: There are many possible explanations for a higher risk of fatal birth defect with maternal schizophrenia and affective disorder. These include genetic effects directly linked with maternal illness, lifestyle factors (diet, smoking, alcohol and drugs), poor antenatal care, psychotropic medication, and gene-environment interactions. Further research is needed to elucidate the causal mechanisms.

P0309

Shared mental health care. One-year outcome for patients after a French consultation-liaison intervention

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Objective: Shared Mental Health care between Psychiatry and Primary care has been developed to improve the care of common mental health problems. Following a consultation-liaison intervention, this study evaluated one-year outcome for patients following the intervention to obtain objective data reflecting the ''real-world'' of shared mental health care.

Method: 95 patients from September 2006 to September 2007 (follow-up rate: 66%) were invited one year after the intervention to complete a paper questionnaire and a telephone short questionnaire about their mental health status, their care during the last year and their satisfaction with care.

Results: 89% of patients evaluated their current mental health as better then in the previous year. 44.5% were still managed by their GP as the psychiatric care provider (13.8% with a psychologist), 27.8% by a private psychiatrist, 11.1% by public psychiatry and 16.7% had no care anymore. 78.3% of patients evaluated the intervention as helpful for them.

Conclusions: The intervention was helpful for primary care patients with common mental health problems, supporting primary care without GPs' de-motivation or disqualification. This study conducted among patients confirmed a previous study conducted among GPs.

P0310

Changes in utilization of emergency department

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Objective: The primary objective of this study was to determine who are the psychiatric patients that utilize the Emergency Departments for their care. The secondary purpose was to identify reasons for the change in utilization.

Methods: A convenience study was conducted in an urban, Level I pediatric and adult trauma center 45,000 annual visits. The National Health Access survey was administered to all consenting psychiatric patients who presented to the Emergency Department between May of 2006 to April of 2007. The study was IRB approved.

Results: Out of 310 patients 294 agreed to answer the survey. There was a difference between two types of psychiatric patients that utilize the ED for care. One that gets its care from a PCP or clinic, the other group that presents to the ED being primarily self- family-or police referred. The significant difference found between within the variables of those with a regular having a regular physician and regular health source, delay in getting mental healthcare, used emergency department services in the last twelve months, type of payment for services, and has condition gotten better or worse.

Conclusions: There appears to be two different types of psychiatric patients using the ED for care. One group who primarily gets its care from a PCP or clinic and presents to the ED with a higher level of prior hospitalization. The second group did not have a PCP had a lessor number of prior hospitalizaions.

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