

Results: Paternal impositions, taking implicit social aims, are stimuli that wait, of child, a response; initially they do not work in an automatic way (due to gravitational Natural Inertia of organism tending to be interrelated with the Universe), but as punishment and recompense are imposing on him, time between stimulus-response will be diminishing until reaching the automatization. Reinforced and rewarded such a process, the individual, will be suitable to generate unthinking answers before any stimulus foreign to his essence. Given these conditions any impulse, image or idea arisen in mind unconsciously it turns into stimulus, to which, man, will not be able to escape, undo or obviate having to exercise necessarily an immediate response, according to needs of social rules, avoiding this way non-adaptation or interior conflict: Conditional Inertia.

Conclusions: The dynamic mind-body, in ‘Mental Illness’, is a reply of the interrelationship father-child but stylized, in which, to less time between stimulus-response the worst it will be the forecast.

P264

Personality disorders in a cross-cultural perspective

I.T. Calliess, W. Machleidt, M. Ziegenbein. *Social Psychiatry and Psychotherapy, Hannover Medical School, Hannover, Germany*

Background and aims: The diagnosis of personality disorders is highly dependent on how a society views certain behaviour. Self concept, adaptation and social context are important aspects to the cultural dimensions of personality disorders. However, the relevance and implications of the influence of sociocultural factors are seen differently. Accordingly there are very distinct conceptual, nosological and diagnostic approaches to classify personality dispositions and personality disorders in a cross-cultural perspective.

Methods: The paper describes the social, demographical and political context of migration in Europe and tries to indicate the needs and mental health problems of immigrants. A review of the literature concerning mental health risk in immigrants is carried out. Special focus lies on the impact of cultural concerning the emergence and manifestation versus prevention of personality disorders. The work also faces the problems of health policy towards immigrants and the access to mental health care services for immigrants in Europe.

Results and Conclusions: Due to globalization and migration processes clinicians and therapists are increasingly asked to evaluate and differentiate the level of personality functioning not only in patients from different cultures and ethnic groups but also in traumatized refugees and migrants. Multiple social and cultural factors have influence on each level of the diagnostic and therapeutic process. Apart from a high background knowledge concerning trauma, migration and culture specific issues, such skills as cultural sensitivity and cultural competence are requirements for clinicians and therapists.

Poster Session 1: EATING DISORDERS

P265

New therapeutic strategies for new eating disorders

J.A. Aguado, O. Segurado. *Department of Psychiatry, Acute Unit, Benito Menni Hospital, Valladolid, Spain*

Introduction: In previous studies, we have described a comparison of new eating disorders (permarxia, orthorexia, megarexia, vigorexia,

selective eating and binge eating), which appear and develop according to certain social and aesthetic canons, from a dynamic point of view. In this study, we advance through new therapeutic strategies which require some modifications in anorexia and bulimia classic protocols, at several levels.

Material and method: A bibliographical overview since last 5 years of those emergent eating disorders and their treatment has been made

Medical magazines and publications, textbooks of psychiatry and more usual data bases (Medline, Embase) also have been reviewed.

We contribute as well with our current modified protocols, daily experience and healthcare assistance.

Results: We make a review of new eating disorders: concept, profiles and main symptoms, emphasizing on new therapeutic strategies which are described from several points of view, such as pharmacologic, behavioral therapy, cognitive restructuring, work on self image and self concept.

We also emphasize the differential characteristics of each treatment for every new eating disorder.

Conclusions:

1. New therapeutic strategies are necessary to include in the protocols of Psychiatric Units as frequency of new eating disorders is increasing.
2. These strategies still must be focused on cognitive behavioural therapies, considering psychopharmacologic treatments mainly in case of comorbidity.
3. Although they share the eating element, their origin and consequences are diverse, and this demands an adaptive change of therapeutic strategies we usually considered in our protocols.

P266

The comparison with Japanese and Indonesian adolescent women's wishes to be slender and mental health GHQ score showed

M. Aoki¹, R. Setiyani², S. Aoki³. ¹*Food and Nutrition Science, Sanyo-Gakuen, Okayama, Japan* ²*Nursing School, Gadjah Mada University, Yogyakarta, Indonesia* ³*Kawasaki Medical School, Okayama, Japan*

Background: There are strong wishes to be slender not only in the western country but also in Japan. The young women's BMI doesn't show a normal distribution. Almost of that is under BMI 24.2 (normal). Obesity is not good for metabolic syndrome. But being too thin is not good for health especially motherhood. And that influences not only physical health but also mental health. It is thought young women's energies lose in eating or saving meals.

Methods: Self-administered questionnaire about wishes to be slender, eating behaviour and General Health Questionnaire were used. Objects were 180 adolescent women in the nutrition course (80) and nursing school (100).

Results: About 95% or more of Japanese objects have wishes to be slender. Their physical BMI is about 20.7. But in order to estimate their wish to be slender, we asked three weights. One is the weight they think most healthy (we call “healthy weight”). The second is more beautiful (“beautiful weight”). The third is they actually aim to be (“aiming weight”).

In Japan general speaking physical weight is heaviest, the second is “healthy weight”, the third is “aiming weight” and lightest is “beautiful weight”. But some parts of them aim to be under BMI 17.5 (ICD-10 classified “Anorexia nervosa”). Weight order is now confusing.

The four BMI in Indonesian women are physical BMI is 19.7, healthy is 19.2, aiming is 19.1, beautiful is 18.9.

Conclusions: Compared to Japanese, Indonesian women's wishes are still sound. But taking precautions about health and eating behaviour is important.

P267

Anorexia nervosa: A probable factitious disorder by proxy

M. Catalina Zamora¹, L. de Ugarte Postigo². ¹ *Department of Psychiatry, Mostoles Hospital, Madrid, Spain* ² *Mental Health Center Villaverde, Madrid, Spain*

Anorexia nervosa is a complex disorder. The etiology is diverse. We expose a case report of a 19 year old patient, with an atypical anorexia nervosa in a woman admitted as inpatient in traumatology. The consultation was made because extreme thinness. The patient and her mother, were averse to any intervention (to be weighed, measured...) This was only possible after menacing with judicial intervention. The BMI was 11.5 (weight 25 Kg and height 1.47 m).

Eating problems first appeared when she was 10 years old after being sexually abused. Depressive mood and anorexia were the main symptoms. Coincident with this her mother lost her job and started dedicating herself intensively to her daughter.

In spite of the precarious physical state with extreme thinness and amenorrhea, they do not make any consultation or treatment. The mother justifies the low weight as constitutional and related to stress.

At admission the patient collaborates with nutrition, no body scheme misperception is detected, and there is no anxiety with the rapidly weight gainance. The behavior of the mother remembers the relation of a mother with a baby, demanding even her admission in Pediatrics.

The acceptance and collaboration of the mother with symptoms reminds a factitious disorder by proxy. In this case the objective of the mother will not be to obtain hospital treatment but to maintain her daughter in a permanent childhood.

The possibility that this atypical anorexia case could be a factitious disorder by proxy is discussed.

P268

A clinical sample of children and adolescents with eating disorders in Brazil: Comorbidities and socio-demographic characteristics

B. Fleitlich-Bilyk, V. Pinzon, A. Cobelo, A.P. Gonzaga, P. Belluzzo, M. Nicoletti, A. Scharff, A. Sousa, L. Carvalho, M.A. Mangiacavalli. *Institute of Psychiatry, University of São Paulo, São Paulo-SP, Brazil*

Adolescent onset eating disorders incidence has been rising over the past decades. The peak of incidence occurs in adolescence and the prevalence is 9 times higher in females. It was initially believed that anorexia nervosa manifested only in higher socio-economic levels. More recent studies have identified similar incidence of this disorder also in lower socio-economic levels, rural areas and Asian communities. This study aims to describe comorbidity, socio-demographic and clinical features of a sample attending the Child and Adolescent Eating Disorders Clinic of the University of São Paulo. The sample includes all patients attending the clinic between September 2001 and October 2006. Data was obtained from a package of clinical interviews named Development and Well-Being Assessment (DAWBA)[1,2] containing a session for eating disorders and from a socio-economic questionnaire, and analysed using the SPSS10 package. During the last 6 years 82 patients were treated, and approximately 11% were males. The main diagnosis was atypical anorexia nervosa followed by anorexia nervosa according to ICD 10. The main comorbidity was depression followed by anxiety disorders.

Approximately 50% of the sample attended free government schools, a indicator of lower social classes. We concluded that our sample, although coming from a public hospital in a developing country presents similar characteristics to other clinical samples in the developed world.

References

- [1] Goodman R, Ford T, Simmons H, Gatward R, Meltzer H. The Development and Well-Being Assessment: description and initial validation of an integrated assessment of child and adolescent psychopathology. *Journal of Child Psychology and Psychiatry* 2000a;41:645–55.
- [2] www.dawba.com.

P269

Toward next (editions of DSM and ICD) classifications of mixed mania/state (a dipolar, non bipolar, structure/disorder)

E.M. Gonçalves^{1,2}. ¹ *Department of Psychiatry, Hospital of Faro, Faro, Portugal* ² *Department of Bioengineering, University of Porto, Porto, Portugal*

Bipolar (BI) Disorder (BD) is modelled using limit cycle oscillators, which characterizes its alternating nature: (Pure) (Hypo) Mania (PME) and Depressive Episodes (DE). Also, it is presented, within the mathematical framework designed by René Thom (Catastrophes Theory), the differentiation between BI structures-PME and Dipolar ones (DI)-Mixed Mania/Episode (ME). This differentiation is re-analysed through Ilya Prigogine thermodynamic construct scope of oscillatory systems, with strong fluctuations, and consecutive, emerging, accordingly to chaotic attractors, bifurcated structures. The results, even, at a clinical level, point to different mechanisms underlying BI and DI [PME responds to Lithium Therapy (Lt), contrasting with the poorer response to Lt revealed by Rapid Cycling, ME (and for instances, ethanol withdrawal seizures), which respond to agents that decrease - by quenching (through LTD), even, previously, kindled (through LTP) - the excitability of the implicated brain circuitries (such as anticonvulsive agents, rTMS). It is presented a model of the oscillatory character of NMDA glutamatergic system, within both contexts: BD/BI and ME/DI. In conclusion - detaining PME and ME different conceptual/biophysical, clinical and genetic foundations - it is proposed a revision of the worldwide classifications of Mental Disorders (DSM, ICD), concerning PME versus ME.

P270

Atypical antipsychotic drugs in severe anorexia nervosa: A case study

M. Jasovic-Gasic, D. Britvic, N. Maric, O. Vukovic, T. Cvetic, M. Zebic. *Department of Psychotic Disorders, Institut of Psychiatry, Clinical Centre of Serbia, Belgrade, Serbia*

Background: Serotonergic and dopaminergic dysregulation as a core feature of anorexia nervosa, might be amenable to therapeutic modulation by atypical antipsychotics which encompass differing serotonergic and dopaminergic receptor affinities. There were no enough well-controlled clinical trials of antipsychotic medication in AN. Therefore, case reports seem to be of the certain help for clinicians.

Aim of the paper was to present a case of AN diagnosed with (DSM-IV) anorexia nervosa, restricting subtype, who responded well to risperidone treatment.

Method: Psychopathology was evaluated by means of Eating Disorders Inventory (EDI-2) and Symptom Check List 90 (SCL-90-R). Patient was prescribed a starting dose of 0.5 mg/day of risperidone