

education appears the major means to avoid distorting decision-making processes.

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## P0079

Quality criteria and new fields in psychiatric expert practice

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In the field of psychiatric expertise, formal quality criteria such as organization, duration and extent of psychiatric exploration are of significant importance to ensure better transparency and reliability. Psychiatric diagnosis should be made according to DSM-IV or ICD-10 criteria. Following an extensive literature review (medline 1980-2007) we will discuss the importance of the use of The Mini International Neuropsychiatric Interview (M.I.N.I.), and other validated clinical diagnosis tools in psychiatric expert practice.

Beside the clinical validated scales, patients with neurotic or personality disorder require particular clinical experience for a good diagnostic assessment, especially because little evidence based medicine in psychiatric expert practice is available. Thus, we emphasize the interest of a good educational program about expert practice for residents.

Large epidemiological studies are required in order to clarify the evolution of patients after the expertise process. Furthermore, randomized studies should optimize the efficacy of a specific combined therapeutic program concerning patients with somatoform disorders.

The creation of an international network of clinicians with experience in psychiatric expert practice could be an important tool, in order to develop and promote evidence based guidelines for diagnosis and therapeutic issues around psychiatric expert practice.

## P0080

What core and periphery of male-to-female patients with gender identity disorder tell about the nature of conviction of cross-gender identity?

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We examined a variety of male patients with gender identity disorder on the basis of a style of “conviction” of gender identity disorder. From the point of view of the clinic, we took the variety as framework of “the core group” and “the periphery group”. The core group consists of those who have, already since childhood, manifested a special longing for feminine clothes and behaviors. The periphery group consists of those with an uncomfortable feeling about their own sex that did not begin until adolescence. The present study is based on the author’s clinical experience with 27 subjects, among which 14 patients belonged to the core group and 13 to the periphery group.

In the patients of the core group, their subject was formed by a self-referential statement “I am a woman.” It can be considered that since their early childhood, their “ideal ego” led them to experience this longing and that “I” situating its own body in an “ideal ego”, brought them gradually to express “I am a woman.” This had the structure of a “first-person conviction.”

In the periphery group, on the contrary, a consistent insufficiency and avoidance of masculinity could be pointed out. We recognized

homosexuality, transvestism, adolescent paranoia, and certain neuroses in the background of the periphery group. In the periphery group it may be required to engage in the psychotherapeutic task of investigating what this “disgust with being male” derives from.

## P0081

Mental health & deafness

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Deaf people as a group experience a greater number of mental health problems than the general population (REF). Clinical diagnosis and intervention of deaf patients is particularly complex. This is due to the fact that deaf people very often use a different mode of communication i.e. sign language. In turn, deaf people’s psychological and psychiatric intervention requires the establishment of special mental health unit with specialised professionals. These professionals must be highly qualified in alternative methods of communication and on issues relating to Deaf community and culture. The Gregorio Marañon 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 psychiatrist, a psychologist and a social worker. The aim of this presentation is twofold: to report to the scientific community the particularities of intervening with deaf population; and to highlight the need to adapt the diagnosis process and psychotherapy to this clients’ needs. The poster presents descriptive data on deaf patients seen/treated at the USMS during 2007. Results will present patients’ spread on the following variables: gender, age, referral, aetiology, age of deafness onset, preferred language, psychiatric diagnosis and treatment.

## P0082

Study of the clinical characteristics of patients with self-injurious behaviors comparing to patients with obsessive-compulsive disorder

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Self-injurious behaviors(SIB) may be described as a behavior compatible with obsessive compulsive disorder(OCD), as well as part of Impulse-Control Disorders(ICD).

**Aims:** Compare obsessive compulsive symptoms(OCS) and impulsivity between two groups: OCD and SIB patients.

**Method:** Five patients in outpatient treatment for SIB were compared to five OCD patients. The following instruments were applied: Y-BOCS, D-YBOCS, USP-SPS, FASM, SCID, BIS-11.

**Results:** The SIBs were repetitive and occurred from 2 to 100 episodes during the last year. The behavior relief intolerable affects and the consequent pain were mild. The patients spent some time planning the acts, especially when it was not possible to do it immediately. The most common behavior found were: skin cutting(80%), self-hitting(60%), self-biting(60%), and the patients presented more than one type of SIBs. The motivation included: relieving feelings of “numbness” (80%); punishing themselves(80%); feeling something (even pain)(60%); feeling relaxed(60%); and stopping bad feelings(60%). SIB patients also presented OCS(100%) with more prevalence of sensory phenomena preceding repetitive behaviors(100%) than among OCD patients(60%), although they were not statistically significant. Despite the fact that there were no difference between the

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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