

Poster Session 2: OTHER TOPICS

P422

Self-reported consequences and needs for support associated with abuse in female users of psychiatric care

A.I. Bengtsson-Tops¹, D. Tops². ¹ *Department of Health Sciences and Social Work, Växjö University, Växjö, Sweden* ² *School of Social Work, Lund University, Lund, Sweden*

Background and aim: The study investigates the prevalence of abuse in adulthood in female users of psychiatric services, self-reported consequences of abuse, and needs for support.

Method: N=1382 women participated. A self-administrated anonymous questionnaire was used. Quantitative data was analysed by mainly descriptive statistics and quantitative data was analysed by content analysis.

Results: 46% (n=638) of the women had been exposed to emotional, sexual and/or physical abuse in adulthood. Twenty-eight percent (n=385) reported experiences of moderate physical abuse, 27% (n=373) reported threats of injury, and 20% (n=277) reported threats of being killed. Further, 19% (n=261) stated experience of sexual violence, and 12% (n=164) had experiences of serious physical violence. Women who had been abused rated lower self-esteem than those who were not abused. Self-reported consequences of abuse included intrapersonal and social problems, and disease-specific manifestations. 43% of the women stated that they were in need of additional support mainly such as support directed to the experiences of abuse by professionals trained in the area, but also family interventions, self-help groups, medical care, legal support, or practical help to find new housing situations.

Conclusion: It is concluded that female users of psychiatric care services constitute a vulnerable group with regard to abuse and that the women need to be cared for in a different way as they are today. The care and support system have to adopt an ecological perspective in order to target the problems connected with female abuse in women with mental illness.

P423

Are women different from men? Some mental health issues

V. Domingues, A.S. Cabral, M. Santos. *Department of Psychiatry, Coimbra University Hospital, Coimbra, Portugal*

Background and aims: Gender has a critical role in mental health and mental illness. Gender differences occur predominantly in the rates of common mental disorders such as depression and anxiety related disorders, with the difference concerning depression being one of the strongest findings in psychiatric epidemiology. Besides differences in rates, gender specificities with regard to risk and susceptibility, age of onset, course of the illness and outcome are of great importance. In the same context, psychiatric disorders concerning women's life cycle, pregnancy and postnatal period are an important mental health focus sometimes undervalued by clinicians. The authors aim to explore these issues with regard to recent findings.

Methods and Results: Through a literature review the authors look at the reasons behind these gender differences, from biological and social aspects to patterns of help seeking for psychiatric disorder, realizing that women seek more professional help and are more likely to define an experience as an "illness" by one hand and that psychiatrists have more propensity to diagnose and prescribe medication to

women by the other hand. A comprehensible overview of specific women psychiatric disorders is also attained.

Conclusions: The need for a multi-level, integrated approach which takes into account specificities of female gender is pointed out, in order to reduce the burden of mental disorders in our societies, greatly accounted by women.

P424

Alopecia and metilphenidato: two clinical cases

J.L. Fernandez¹, H. Sancho¹, A. Rojo², T. Lorenzo¹, C. Cinos¹. ¹ *Department of Psychiatry, TDAH Program, Xeral-Cies Hospital, Vigo, Spain* ² *Department of Psychiatry, Psychogeriatric Program, Provincial Hospital, Pontevedra, Spain*

We present the two first clinical cases of alopecia associated with the use of metilphenidato, that have been reported. An exhaustive bibliographic search has been implemented and there is no clinical case of this type of alopecia, in spite of the fact that this adverse drug reaction is included in the core data-generating system of international pharmacovigilance. It's so striking that pharmaceuticals companies related to this drug, haven't been able to find out the source of this side effect.

We have not found any report about alopecia associated with the use of metilphenidato into the Pharmacovigilance database in Spain. For that reason, it's very probable that these two clinical cases of alopecia can be the first two cases in the world.

We think that alopecia linked with metilphenidato is more frequent than these two only cases, but the fact that it's a telogenic effluvium hairloss, makes more difficult to determine the correlation between these two factors, because the alopecia starts two or three months after the treatment beginning

P425

Themes in cultural competence: Ritual cleansing and medicine noncompliance

K.R. Kaufman¹, D.L. Kaufman². ¹ *Departments of Psychiatry and Neurology, UMDNJ-Robert Wood Johnson Medical School, New Brunswick, NJ, USA* ² *Department of Psychiatry, UMDNJ-New Jersey Medical School, Newark, NJ, USA*

Introduction: Psychiatry in westernized cultures focuses on biologic bases of illnesses and associated psychopharmacologic interventions. Frequently, cultural themes are not addressed. Positive clinical outcome requires trust and compliance which may not be present if clinicians are unaware of specific cultural beliefs and practices. Maximal clinical outcome involves integration of biologic interventions with patient's culture such that patient and patient's family experience being understood and respected regarding cultural differences that may impact recommended treatment. In this case, unawareness of patient's culture led to medicine noncompliance in a high risk patient.

Method: Case analysis with literature review.

Results: 17-year-old single African-American female of Nigerian/Yoruba heritage with prior psychiatric admissions for Asperger's disorder with Psychotic Disorder NOS and suicidal ideation was stabilized on aripiprazole. Maternal aunt recommended ritual cleansing to assist with treatment. The mother believed that the attending psychiatrist could not understand/support this cultural/religious intervention, and felt cleansing would be best supervised in Nigeria. Unaware of the actual reason for the trip to Nigeria, the psychiatrist emphasized need for medicine compliance without reference to integrative care. The 5-day ritual cleansing, known as spiritual