P0333

Atomoxetine treatment for ADHD; review and analysis of decision making and clinical outcomes in a cohort of paediatric outpatients

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Objective: Atomoxetine is often used in ADHD when other agents have been ineffective or are contraindicated. We report prescribing pattern, effectiveness and adverse drug effects associated with atomoxetine (ATX) in a Paediatric Neurodevelopmental Clinic. Naturalistic data are valuable to complement RCT data.

Methods: Retrospective case note review of ADHD subjects treated with ATX for any length from a single clinic. Data analysis includes co-morbidity, indications, dose, side effects, and response to treatment (CGI)

Results: 150 case notes reviewed. (Males 126, Females 24) .Mean age 12.3 yrs. (range 6.5 to 20.3 yrs) and dose 1.3mg/kg/day. Mean duration treatment 45 weeks (range 1 - 144).

Co-morbid diagnoses: Oppositional /Conduct problems 129(86%), Sleep Problems 100(67%), Learning Difficulty 55(51%), Internalising Symptoms 46(31%), Pervasive Developmental Disorder 32 (21%), Tics/Tourette's 19(13%), Epilepsy 9(6%). Main reasons for ATX initiation -full day cover 150(100%), sleep problems 97(65%), inadequate response or side effects with other medications 78(52%), parental preference 53(35%), internalising symptoms 31(21%), pervasive developmental disorder 31(21%), appetite/growth concerns 20(13%), tics/Tourette's 20(13%). CGI in those $>$ 6 weeks treatment (n=129) - 25(19.4%) CGI-I, 33(25.6%) CGI-I 2, 18(12.4%) CGI-I 3, 47(36.4%) CGI-I 4, 8(6.4%) CGI-I 5. Adverse reactions reported include:-GI symptoms 21 patients, aggression 11, worsening ADHD 6, cold extremities/acrocyanosis 3, self harm 2, somnolence 2, palpitations/labile blood pressure 2.

Conclusions: Atomoxetine is a useful treatment in ADHD for many subjects including those with treatment failure, adverse effects or contraindications associated with other agents. This naturalistic data also demonstrates the importance of parental preference in treatment choice.

P0334

Clinical uncertainty in criteria for national health service continuing care in Scotland

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Background: The Scottish Office Department of Health issued guidance in 1996 on 'National Health Service (NHS) Responsibility for Continuing Health Care' which is provided free of charge to patients whose complexity, nature or intensity of care needs (medical, nursing) are sufficient to fulfil certain criteria. Due in part to differing NHS guidance in England, there has been increased complaints to Health Boards and the Scottish Public Service Ombudsman (SPSO) about patients deemed not to fulfil the Scottish criteria.

Aims: To establish the level of knowledge amongst experienced psychiatrists about current Scottish regulations on NHS Continuing Care.

Methods: Following a pilot survey, a modified postal questionnaire comprising 19 structured questions was sent to 134 psychiatric consultants and specialist trainees in south-east Scotland in mid-2007, with a reminder to non-responders.

Results: A 54% response rate increased to 66% following reminders. Of these, 82% were consultants and 88% had clinical responsibility for inpatient care within the past decade. Only 24% of responders were aware of the current Scottish guidance for NHS Continuing Care, with only 14% aware of the actual 1996 document. There was uncertainty regarding responsibility for both discharge and appeal processes although 8% had been involved with a formal complaint relating to NHS Continuing Care and 10% involved with the SPSO.

Conclusions: Clinical uncertainty abounds regarding the criteria in Scotland for NHS Continuing Care, despite guidance being issued over a decade earlier. There is urgent need for review of the criteria by the Scottish Government, with raised awareness among practising clinicians.

P0335

Posttraumatic stress disorder and telepsychiatry

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Background and Aims: This study was examination by Telepsychiatry and E-consalting (telecommunication technologies with the aim of providing psychiatric services from a distance) of war related posttraumatic stress disorder (PTSD).

Methods: Many patients with PTSD have different symptoms. The authors' objective is to analize component of symptoms in PTSD.

The subjects were 50 male psychiatric patients by Telepsychiatry and e-consalting with war-related PTSD by videoconferencing via broadband ADSL and WADSL by 768 kbps. Posttraumatic stress syndrom-PTSS scale and 20-item Zung selfrating scale was used to assess state measures of symptom severity.

Results: The symptoms of prolonged PTSS (posttraumatic stress syndrome) with duration between six moths and two years had been founded at 38 (76 %) and 12 (24 %) of patients had no PTSS: symptoms of depression had been found at 34 (68 %) patients. The enduring personality exchange after catastrophic expiriense (with duration more than two years), had been found at 7 (14 %) patients; symptoms of depression had been found at 17 (34 %) patients after two years.

Conclusions: Evolution of PTSD symptoms and continued examination and follow-up by Telepsychiatry service and e-consalting may be important in predicting the eventual development of depressive symptoms and precipitation of F 62.0 enduring personality exchange after catastrophic expiriense in the war related PTSD. Consequently, Telepsychiatry service and e-consalting it is able to serve not only PTSD but also wide range of other patient population.

Keywords: PTSD, Telepsychiatry, E-consalting, psychiatry, disorders, war.

P0336

Family physicians and their management of suicidal crisis: A qualitative interview study

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Background: Two thirds of all persons, who comit suicide have an appointment with their family physician (FP) in the preceding month.

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