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Objective: To verify whether most compliant patients with outpatient postdischarge follow-up plan remain in the community longer before readmission than those who don't adhere to outpatient follow-up plan.

Methods: From a total of 120 consecutive admissions to a psychiatric general ward, 63 patients were consecutively readmitted along a 2 year period after their reference first admission.

Out of the 63 patients, 25 patients were attended in an Outpatient Unit (OU) previously to their re-admission (group A), whereas 38 patients had not been attended in the OU between reference admission and readmission (group B). Patient's socio-demographic data (age, gender, marital status, and years of education) were obtained and a case-mix scale (Severity Psychiatric Illness Scale) was administered. Length of survival in community of both groups was compared by means of Analysis of Covariance, controlled for gender, age, diagnosis, clinical severity and number of previous admissions.

Results: Group A had a mean length of survival in the community of 47.7 days (SD=44.3). Group B had a mean length of survival in the community of 23.2 days (SD=37.9). This difference was statistically significant (F=4.74, df=6, 63, p=0.034).

Conclusions: Being attended by OU after the discharge of reference admission lengthen significantly survival in the community after controlling for gender, age, diagnosis, clinical severity and number of previous admissions. Further research will be conducted to determine the cause of the observed differences in patient attendance to post-discharge appointments.

P0245

Factors predicting compliance with postdischarge outpatient plan in a Spanish sample

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Objective: To determine which factors are associated with compliance with outpatient follow-up plan of discharged patients from a psychiatric ward of a general hospital.

Methods: A sample of 120 patients consecutively admitted to a psychiatric general ward, and referred to an outpatient clinic after discharge formed the sample.

To explore the factors predicting whether patients attended or did not attend to the outpatient clinic, a logistic regression analysis was conducted.

Results: After controlling for age, gender, and overall clinical case severity (assessed by the Severity Psychiatric Illness Scale), have been previously attended in the outpatient clinic was the only factor that predicted the compliance with post-discharge outpatient plan (as dichotomous variable: attended/not attended), Odds Ratio (OR) = 12.53, P=0.042. Overall clinical case severity did not predict attendance to the outpatient clinic after discharge, OR=0.937, P=0.452.

Conclusions: Patients who were attended in an outpatient clinic prior to admission had 12-fold more likely to adhere with post-discharge outpatient plan than patients who were not previously attended. This result highlights the importance of strengthening community-hospital liaison strategies.

P0246

Role of blood lipid metabolism in mechanisms of interrelationship of ischemic heart disease, anxious and depressive disorders

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Objective: To study interrelationships of indices of blood lipids with anxious and depressive disorders in IHD patients.

Material and Methods: The investigation has included 85 patients with IHD (50,63±7,86 years). of Borderline States Department with anxious and depressive disorders of neurotic and affective level. Blood lipids: TCh, TG, Ch-LPHD have been identified with standardized methods. With calculation we assessed Ch-LPLD, Ch-LPVLD, and index of atherogeneity.

Results: Two-factor disperse analysis has identified relationship between fraction of Ch-LPLD and depressive disorders (p=0,0083), and functional class (FC) of angina pectoris (p=0,0116). We have detected effects of interrelationship of depressive disorders, angina and level of Ch-LPLD (p=0,0072) in progressing angina against the background of a depressive episode or prolonged depressive reaction. 19 patients of FC II-III with anxious and depressive disorders were identified as having hypoalphacholesterolemia (Ch-LPHD<0,9 mmol/l; level of TG 2,44±0,5 mmol/l; level of Ch-LPLD 4,42±0,54 mmol/l, TCh 6,52±0,75 mmol/l, IA 4,5. Maximal low level of Ch-LPHD (0,74-0,82 mmol/l) has been revealed in 13 patients with IHD and anxiety disorders. In FC III and progressing angina in 23 patients with leading depressive syndrome level of TCh 7,48±0,55 mmol/l, Ch-LPLD 5,29±0,55 mmol/l, Ch-LPHD 1,04±0,13 mmol/l.

In patients with IHD we have detected effects of interrelationship of neurotic and affective disorders, FC of angina and disturbances of metabolism of lipids. Anxious and depressive disorders were associated with atherogenic dyslipidemia conditioned by imbalance of Ch-LPLD and Ch-LPHD. The most substantial reduction of level of ''antiatherogenic'' fraction has been revealed in patients with IHD and phobic disorders.

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P0247

General preconditions of formation of ''psychosomatic symptom complexes'' in cardiovascular diseases

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Objective: To study preconditions of formation of psychosomatic symptom complexes in cardiovascular diseases.

Methods: We have examined 832 patients (361 male and 471 female, age 49,5±6,4 years) of Borderline States Department with AH (700 persons), IHD (132 persons) and mental disorders of neurotic and affective level. Interrelationship of somatic, mental, psychosocial factors has been studied by methods of system statistical analysis.

Results: In 40,8% of cases rationale of patients with AH and IHD to consult a psychiatrist was subjective non-satisfaction with his/her condition (p=0,001). Women were fixed on psychotraumatizing situation: life events, interpersonal relations, everyday factors. They perceived themselves as severe ill, experienced anxiety, depressed mood, suicidal ideation, tearfulness. Men recognized themselves as ''nervous'' or ''somatic'' patients or denied the illness as a whole (anosognostic reaction). They were characterized by fear of death, inclination to ideas of self-humiliation or self-guilt. Significant psychotraumatizing factors were medical (presence of somatic disease) and working ones.

Mental disorders in patients with HI, IHD were accompanied by somatovegetative symptoms: insomnias (86,7%; p=0.002), paresthesias (88,6%; p=0,002), inner palpitation (77,1%; p=0,001), a lump in the throat (56,6%; p=0,001), hyperventilation disturbances (41,9%; p=0,001), heart beating (29,4%; p=0,001), skin itch (15,4%; p=0,046), dysuria (10,7%; p=0,001), dysphagia (3,1%; p=0,028). Alalgical ''masks'': cephalgias (92,9%; p=0,001), abdomenalgias (64,7%; p=0,012), cardialgias (60,1%; p=0,001), arthralgias (36,8%; p=0,001). Emotional lability (78,4%; p=0,037), irritability (73,9%; p=0,001), anxiousness (54,2%; p=0,001), paroxysms of fear of death (21%; p=0,001.

Conclusions: Variability and polymorphism of extracardial symptom complicates recognition, differential diagnosis and therapy of cardiovascular diseases.

P0248

Psychotropic drugs in pregnancy and lactation. Clinical aspects

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This presentation is focused to analyse the safety of SSRIs and mood stabilisers in pregnancy and breastfeeding in order to reduce the risks associated with pre- and postnatal exposure to both classes of psychotropic drugs.

SSRIs

Recent literature information seems to suggest that SSRIs as group, sertraline, and, especially, paroxetine, may be associated with an increased risk of fetal malformations (cardiovascular anomalies, prevalently).

Moreover, exposure to such agents late in pregnancy is associated with an increased risk of inducing neonatal complications.

Further, the repercussions of SSRI exposure through placenta on the infant's neuropsychological development remain substantially unknown.

On the other hand, only sporadic case-reports have described unwanted reactions (of low degree of severity, however) in infants breastfed by mothers who were treated with SSRIs during lactation.

(1) Classic and emergent mood stabilizers

Classic mood stabilizers have been associated with an increased risk of fetal major malformations.

As regards atypical antipsychotics, available data are still insufficient to confirm or exclude an intrinsic teratogenic potential.(2) Conversely, information on lamotrigine seems to be quite reassuring.

Placental exposure to valproate is also associated with impaired neurodevelopmental outcomes.

Finally, all mood stabilising agents show too limited data for suggesting their safe use in lactation.

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P0249

Physical health monitoring of patients on antipsychotics: An out patient clinic audit

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Purpose: To improve the quality of physical health care of patients on antipsychotics.

The second purpose of our study was to look at the administrative and clinical issues that hinders physical health assessment in outpatient clinics.

Background: Severe mental illness (SMI) is associated with high risk of physical co-morbidity and mortality and as such is a major public health concern.

Methodology: Current guidelines are described, and adherence to the standards is audited

Retrospective case note audit.

New patients seen in the outpatient Clinic between January 06 – August 06 and were prescribed antipsychotics were included in the study.

Results: The audit included 30 patients, seen in the Collingwood Court Outpatient clinic between February 06 – August 06. The majority of patients were male (59%) and were between the age group 30 – 49.Depression was the main diagnosis (10 patients) closely followed by Bipolar Affective Disorder & Psychosis. Out of the 30 Patients, no patient had complete base line investigation. Only 13(43%) patients has some investigation and of this only 10 (33%) had the results recorded in the notes. In around 50% of the patients there was request made to the GP for this investigations but no further corresponded from the GP or any records of this being done was noted in the notes. No patients has BMI or BP monitoring done at any time

Conclusions: This audit identifies shortcoming in physical health monitoring and possible reasons.

P0250

Plasma levels of medicated psychiatric patients requiring hospitalization

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