

tension and big percentage of factors causing stress: up to 80% of doctors-psychiatrists and psychotherapists have SPB signs of different degrees.

As a new methodological instrument of studying professional activity of the psychiatric community, one can use synergetics which allows to look for transitions between spirit and substance occurring in persons. Arbitrariness of human behavior is dictated both by subjective (biopsychosocial properties) and objective factors simultaneously, it is not determined as simple summation of factors, but as system determination that contributes to human self-organization as a result.

The synergic approach presupposes considerable reconsideration of preventive and medical €“ rehabilitation strategies of care of persons with the syndrome of professional burnout. The biopsychosocial synergic model requires introduction of multidisciplinary brigade forms of organization of psychoprevention and SPB correction.

P0032

Influence of stressful life events frequency on multiple sclerosis disease activity

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Background and Aims: There is growing body of evidence that support an association between stressful life events (SLEs) and an increase risk for Multiple Sclerosis (MS) exacerbations. The aims of this study were: first, to examine the relationship between SLEs and MS exacerbations; second, to investigate how SLEs frequency influence MS disease activity.

Methods: Twenty six ambulating women (Expanded Disability Status Score, EDSS ≤ 3) with relapsing-remitting Multiple Sclerosis were followed-up for one year or more. Patients documented SLEs weekly in self report diaries which were then collected at regular clinic visits every 4 weeks. Neurological examination was performed, at baseline and at every regular and additional visit after a suspect exacerbation.

Results: A Cox univariate regression analysis showed that 1 or 2 SLEs had no effect on risk for relapses. In the opposite 3 and ≥ 4 SLEs were associated with 5.3 (95% CI 1.7 to 16.4, $p=0.003$) and 16.7 (95% CI 4.6 to 60.5, $p<0.001$) times respectively the rate of relapsing during the following four weeks. The number of the reported SLEs was not correlated with the EDSS score [$r(26)=-0.10$, $p>0.05$], the system involved [$r(26)=0.01$, $p>0.05$], or the duration of the relapse [$r(26)=0.02$, $p>0.05$].

Conclusions: This data provide prospective evidence that SLEs may trigger MS exacerbations. The effect of stress on relapse risk in MS is cumulative. A higher density of stress is not related with a mayor inflammation process.

P0033

Narrative Exposure Therapy compared to treatment as usual for refugees with PTSD - Preliminary results from a randomized controlled trial

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Background: There exist almost no data on the efficacy of treatment of posttraumatic stress disorder (PTSD) in refugees coming to Western countries, even though many studies show a very high prevalence of posttraumatic problems among refugees. The present study focuses on the efficacy of a culture sensitive treatment for PTSD primarily designed for work in refugee camps in third world countries. Using a randomized controlled design, Narrative Exposure Therapy is compared to Treatment as Usual in a sample of refugees and asylum seekers in Norway.

Methods: Adult refugees or asylum seekers diagnosed with PTSD according to DSM IV were included in the study. Treatments comprised of 10 sessions and follow-up interviews were conducted 1 and 6 months after treatment using Clinician Administered PTSD Scale, Mini International Neuropsychiatric Interview, and the Hamilton Rating Scale for Depression. The study will continue until the end of 2008.

Preliminary Results: So far, 72 patients with PTSD have been included in the trial, and among them 40 have completed treatment and post-tests. Preliminary results at 1 month follow up show a significant PTSD and depression symptom reduction in patients who had received NET and, to a much smaller extent, in those treated with usual therapy protocols. However, data present so far indicate that only in the NET group, PTSD and Depression symptom reduction remains stable over time.

Preliminary findings indicate the importance of providing also refugees and asylum seekers with focused treatment of PTSD, where Narrative Exposure Therapy seems to be a promising treatment approach.

P0034

Social functioning and stress coping in schizophrenic patients

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Introduction and Aims: We assumed that the schizophrenic patients with low social functioning use less successful stress coping skills. The study was designed to examine connection between social functioning and stress coping skills in a group of schizophrenic patients according to the influence made by age, gender, professional education, involvement in occupation therapy, guardianship, duration of illness and social contacts.

Methods: Examinees ($n=123$) with diagnosed schizophrenia accommodated at a social care Institution for mentally ill persons. The housing process was identified as a stressful event. Coping skills scale adapted from Arcel and Ljubotina and an Adaptive function scale according to Bellack have been used in the study. The following methods have been used for statistics: descriptive analysis, regression analysis, discriminatively analysis and group centroids.

Results: There were statistically significant between better social functioning and use of special types of stress coping, especially by females and patients involved in occupation therapy. There is no statistically significant difference between groups of examinees considering their age, professional education, guardianship and duration of