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**Aim of the work:** To follow the significance of some psychological risk factors in patients with anxiety and depression symptoms with cardio-vascular diseases.

**Materials and methods:** During the research we included 30 patients with anxiety and depression symptoms diagnosed with cardio-surgical diseases after cardio-surgical intervention. They were chosen randomly, hospitalized and treated in the Specialized cardio-surgical clinic Filip II, Skopje. The patients were of both sexes, aged 30-70. They were evaluated by HAMD and HAMA and non-standardized questionnaire.

The patients were tested once two weeks after the cardio-surgical intervention.

**Results:** In 25 patients there was a score increase in HAMD and HAMA in correlation with the psychological risk factors (stressful events: losing the job, losing someone you love, hostility, high professional plans and ambition)

**Conclusion:** Psychologically unfavourable situations are risk factors which lead to anxiety and depression symptoms in cardio-vascular diseases.

## P402

Treatment in obsessive – compulsive disorder with high dosage of sertraline (asentra) and low dosage of olanzepine(zalasta)

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**Aim of the work:** To follow the efficiency in treating the obsessive-compulsive disorders in higher dosages of Asentra and low dosages of Olanzapine as an augment of the pharmacological treatment in the obsessive-compulsive symptoms in these patients.

**Materials and methods:** During the research we included 30 patients with long-term obsessive-compulsive symptoms. They were chosen randomly, treated in an out-patient clinic as well as in the Psychiatric clinic. The patients were of both sexes, aged 25-45. In all patients serious somatic diseases were excluded. They were observed by HAMD, HAS, 18 PF(18 Personality Factor-Katel), Scale for measuring the obsession, compulsion and schizophrenia and it was done twice: in the beginning and after three months constant treatment with Asentra tablets in dosages of 100-300mg and Zalasta tablets in dosages of 2,5-5mg per day.

**Results:** In 12 patients there was an improvement which resulted in score decline of the HAS, HAMD, and 18 PF (18 Personality Factor-Katel). In 8 patients there was a slight improvement. And in 10 patients there was no significant improvement.

**Conclusion:** High dosages of Asentra given in combination with Olanzapine for anxiety treatment and as an augment of the anti-depressive are efficient and safe in treating patients with obsessive-compulsive disorders.

## P403

Medical students' attitudes towards mental illness

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Negative attitudes towards person with mental illness can be marked as stigma. These attitudes are commonly negative, rejected and fearful.

**Objective:** The goal of this survey is to explore medical students' attitudes towards mental illness and to estimate how their knowledge of mental disease can impact their attitudes.

**Method:** In this survey is used questionnaire to estimate students' attitudes towards mental illnesses. Sixty- nine medical students of third year took part in this survey without any previous experience with mental patients, and forty-seven medical students who finished fourth year and had experience with mental patients through lectures and practice.

**Conclusion:** Medical students' attitudes are significant improved by taking part in theoretical and practical lecture about mental health. Their attitudes are less negative. It seems that knowledgement arises tolerance of mental diseases.

**Key words:** medical students, mental illness, stigma

## P404

Needs of persons with different psychiatric disorders, satisfaction with services, social functioning and quality of life

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**Background:** The evaluation of needs, satisfaction with services, social functioning and quality of life has been recognized as domains important for care planning and outcome assessment in care of persons with psychiatric disorders.

**Aim:** The aim of the study was to assess what are demographic, social and clinical variables associated with higher needs for care and to find out what are correlates among needs, satisfaction with services, social functioning, and quality of life.

**Method:** The sample included 170 out-patients from psychiatric clinics with diagnosis F 2- 6 according to ICD-10. Demographic, social and clinical data were collected with special questionnaire. Several instrument were used: the Brief Psychiatric Rating Scale (BPRS), the Camberwell Assessment of Need Short Appraisal Schedule (CANSAS), the Client's Scale for Assessment of Treatment (CAT) – to assess satisfaction with services, the Groningen Social Disability Schedule (GSDS-II) and the Manchester Short Assessment of Quality of Life (MANSA).

**Results and conclusion:** Needs were positively related to patient age, being male, single, unemployed and to intensity of psychopathological symptoms. Unmet needs were negatively associated with satisfaction with services. Quality of life and social functioning were strongly related to number of met, unmet and total needs (quality of life and social functioning decreased as needs increased). The results showed that different variables as well as their satisfaction with services, social functioning and subjective quality of life are associated with patients needs.

## P405

Psychiatry in the community: one year experience

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Psychiatric intervention in the Community has been one of the most relevant activities developed by our Department.

It seems, in fact, of major interest this approach that leads to an earlier evaluation, and therefore, diagnosis and therapeutic procedures.

The authors collected data from clinical records of patients, followed in Águas Santas Health Centre (Primary Health Care Centre), which were referred to Psychiatric consultation from 1 January to 31 December 2006. This data was used in order to fulfil an investigation protocol, concerning: socio-demographic features, psychiatric diagnoses, therapeutic interventions, past psychiatric history and final orientation, either to the general practitioner or to a specialized psychiatric ambulatory clinic, in St Jonh's hospital. Preliminary results show that most of the patients were medicated before psychiatric consultation, time to answer the request was at least 30 days, the main diagnosis were Depressive Disorders and Personality Disorders and the majority of the patients still be followed by their General Practitioner in the Health Centre outpatient clinic.

The main propose of this investigation is to evaluate the importance and efficacy of this kind of psychiatric intervention and conclude about ways of improving these same items.

## P406

To a question of optimization of the medical and psychological help to patients with GID

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Patients with Gender identity disorder (GID) - not numerous groups of patients, however which require the well-timed, highly skilled help of experts. In Russia the statistics is not conducted. Carried out clinical researches in the given area have taped an insufficient level of the organization and financing of the medical and psychological help to patients with GID. Key questions here are: 1) programs of the medical and psychological help to patients with GID; 2) diagnostics of the conditions, shown disturbance GID; 3) aspects of treatment of patients with GID; 4) programs of the psychological help to relatives of patients with GID.

1. For today GID-serious mental disease with a probable lethal outcome. Carried out clinical researches have taped 30% of patients with GID with presence in the anamnesis of attempts of a suicide either suicidal tendency that demanded an urgent active intervention of the doctor.
2. The patients with symptoms of the-GID –non-uniform group of patients with various clinical forms from the transsexuals at schizophrenia.
3. 95% surveyed with disturbance of sexual identification) believed in surgical methods of treatment. From them only at 39.6% from among all surveyed Transsexual-men and women, and they accepted surgical correction with accompanying hormone treatment.
4. Programs for parents where them it is possible to train to analyze and correct behavior of children if it is a question of children's and teenage age, and also to give knowledge of a gender dysphoria and an opportunity of participation in a family psychotherapy.

## P407

Mother of courage

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**Background:** Parents of mentally ill patients are stigmatized by the disease of their ill family members, emotionally, socially and physically burdened. Authors are presenting a case report of a mother of 23 year old schizophrenic daughter, who started to attend support groups for families of mentally ill persons almost two years ago.

**Aim:** To investigate whether the joining to the association for families of mentally ill persons and regular attending to its programs (psycho educative lectures, support groups), would enable the mother of a patient with schizophrenia to re-establish her psychic balance by reducing high expressed emotion.

**Methods:** psychological test PIE (The profile index of emotions) three times during 18 months

**Results:** PIE tests showed reduced high expressed emotions (fear, sorrow and anger). Mother turned from the depressive position in life and started to work positively with her daughter's illness, started to motivate other parents, and started to help them with her advice. She became one of the founders of the Society for Improvement of Mental Health and Quality of Life of Mentally Ill Persons and Their Families "Happy Family", Croatia, where she is now a member of the Organizational board and is an accountant.

**Conclusion:** An active role in association for mentally ill persons re-established the psychic balance in this mother, changing her to a powerful, strong and competent person who not only can cope positively with her daughter's disease but also is able to help other parents in the same situation.

## P408

Since I have my case manager, I am back to life

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**Introduction:** The authors are presenting the case report of a patient who was taken care for the Community Mental Health Team in Croatia, following the recommendations of WHO 2004 as well as IRIS guidelines, considering Basic standards for management of patients with serious mental illness in the community developed by GAMIAN-Europe.

**Results:** Authors are presenting work of a case manager on the case of the patient who himself takes the responsibility to ensure that the needs of patient and his family are met, by acting in a more pro-active fashion (Assertive case management (ACT)). A care-plan for the patient is presented, which details all the care which the patient was receiving, and who is providing the care. This plan is agreed at the meeting of the patient, the family, the case -manager, the psychiatrist, and other team members who are providing some of the care (Social worker, Psychologist, Occupational worker). The plan is agreed collaboratively with the patient and the family and signed by all parties concerned, including the psychiatrist. The plan is reviewed at a formal meeting of those concerned at the end of the treatment.

**Conclusion:** We recommend developing Community Mental Health Teams in Croatia which are based on the ACT principle. They are more expensive and more demanding in terms of face to face patient contact, but it is evidence based that they give better long term results.