

## Poster Session II: Epidemiology

### P0259

Evaluation of student's emotional state: Assess the role of social and psychological factors in manifestation of depression and anxiety symptoms

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**Objective:** to assess the role of social and psychological factors in manifestation of depression and anxiety, to estimate the prevalence of depression and anxiety symptoms among students.

**Method:** students of Universities in Lithuania participate in survey: they are assessed with HADS, Beck Depression Inventory and the Symptoms of Anxiety-Depression index containing four symptoms of anxiety (tension, restlessness) and depression (feeling blue, hopelessness). The population includes students aged 20 – 22 years. We are assessing students in the first and four years from the various universities. Demographic, environmental data, psychological and social factors are associated with manifestation of depression and anxiety symptoms.

**Results:** results show, that the prevalence of depressive and anxiety symptoms is rather high. The HADS scale performed better in detecting depressive and anxiety disorders. Patients with anxiety and depressive disorders had adverse social and psychological factors, as financial problems, lack of support from parents, workload, personality features. Personal psychiatric history is related to depression.

**Conclusion:** These findings underline the importance of screening of depressive and anxiety disorders in young people – students of Universities. Preventive mental health programs should be developed and implemented.

### P0260

The epidemiology of psychosis in Luton, an English 'inner city'

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**Background and Aims:** There is a dearth of epidemiological research on psychosis. Most of the published literature is either at a national scale, or compares urban and rural areas. Little is known about how psychosis rates vary within urban areas. Variation in rates would have implications for the aetiology of psychosis

**Methods:** We conducted a retrospective audit of the caseloads of the four Community Mental Health Teams (CMHTs) in Luton, UK. Caseloads were categorised by diagnoses recorded in the medical notes, and by patient age. We performed a descriptive analysis of the levels of psychosis in each CMHT, considered against multiple population parameters including deprivation and ethnicity as recorded in the 2001 UK census.

**Results:** Areas with high indices of deprivation, and a large ethnic minority and migrant population, were found to have higher rates of psychosis. There was considerable overlap between areas with large

ethnic minority and migrant populations, and areas of high deprivation. We were unable to disentangle this confounder in our audit.

**Conclusion:** Our findings are consistent with, and build on, the MRC Aetiology & Ethnicity of Schizophrenia & Other Psychoses (AESOP) study which showed variation in psychosis between three urban centers. The increased rates of psychosis observed in areas with large migrant and ethnic minority populations, and in areas of high deprivation, has implications for the planning of local services, and in further understanding the role of environmental factors in the aetiology of psychosis. There is a need for further prospective epidemiological studies at this geographical scale.

### P0261

Prevalence of anxiety and depression in cancer patients

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**Background:** As depression and anxiety can have profound negative effects on the functional status, quality of life, duration of hospitalization and even medical outcome of cancer patients, therefore evaluation and treatment of these disorders are important.

**Methods:** This was a descriptive study to assess the prevalence of anxiety and depression in cancer patients hospitalized at Isfahan Sayyed-o-shohada hospital. A total of 173 hospitalized patients were enrolled. The Beck Depression Inventory (BDI) and Zung Self-rating Anxiety Scale (ZSAS) were applied to measure depression and anxiety respectively. Data were analyzed using chi-square test running SPSS-II software.

**Results:** Prevalence of anxiety and depression was found to be 18.5% and 32.9% respectively. Anxiety had a higher Prevalence among women ( $P < 0.05$ ). Patients in the age group of 50 – 65 years old had the highest rate of anxiety ( $P < 0.05$ ). Age or gender had no correlation with depression. Type of malignancy, duration of treatment and treatment method were not correlated with prevalence of depression and anxiety.

**Conclusion:** Considering the relatively high prevalence of anxiety and depression among cancer patients, careful attention must be paid toward diagnosis and treatment of these morbidities.

### P0262

Mental health problems prevalence and the associated effective demographic factors in Afghan refugees resettled in Dalakee refugee camp in 2005

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**Background and Aims:** Psychiatric morbidity among Afghan refugees in Iran, especially those who are resettled in camps has been poorly studied. This study was done to determine the prevalence of mental health problems and the associated effective demographic factors.

**Methods:** Cross-sectional survey of 321 resettled Afghan refugees who were at least 15 years old. A version of the General Health Questionnaire (GHQ-28) in Persian was administered. Data were analyzed using univariate analysis and logistic regression.

**Results:** Social dysfunction with 80.1% and depression with 22.1% had the highest and lowest prevalence. 48.9% had psychosomatic problem, and 39.3% of them had anxiety. Regarding each person that had at least one mental health disorder as unhealthy, 88.5% of the studied population had mental health problem. Being a man, living with more than eight persons in the same home, and being ten or under ten years at the migration time were statistically significantly associated with higher levels of social dysfunction. Having psychosomatic problem was associated with unemployment, being born in Iran, being ten or less than ten years at the migration time, and having no entertaining programs. Having 1-3 children, living with more than eight persons in the same home, and positive history of chronic disease were statistically significantly associated with higher levels of anxiety. Moreover, having no entertaining programs, and family members' death during migration were associated with higher levels of depression.

**Conclusion:** Mental health problems related to immigration and living in camps, were common among Afghan refugees resettled in Bushehr refugee camp.

## P0263

Prevalence of anorectic and bulimic symptoms in adolescences and their correlation with psychological distress

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**Background and Aims:** Eating Disorders are strongly associated with psychological distress. We examined this association for anorectic and bulimic symptoms and obesity.

**Method:** Cross sectional study of 2263 adolescents aged 15-18 years-old from 10 schools in Northwestern Greece. Subjects were screened using the 12-item general health questionnaire (GHQ-12). 873 subjects were selected for the second stage interview with the revised Clinical Interview Schedule (CIS-R) and asked for eating and dieting practices. Odds ratios adjusted for age and sex were computed for the association between eating disorder symptoms and scores on the CIS-R.

**Results:** Eating disorder symptoms are prevalent among adolescents (Anorectic symptoms=15.8%  $\chi^2/df=30/1$ , Bulimic symptoms=9.3%  $\chi^2/df=2/1$ , Binge Eating symptoms=10.2%  $\chi^2/df=1/1$ ) and they are strongly associated with high psychological distress (CIS-R score $\geq$ 18). The Odds Ratio (OR) of having a high score on the CIS-R for subjects with anorectic symptoms compared to healthy subjects was 3.7 (95% Confidence Intervals 2.1 – 6.5). For bulimia the OR was 12.9 (4.7 – 35.4) and for binge eating the OR was 7.2 (2.4 – 21.4). Obesity was not associated with higher psychological distress but it was found to influence satisfaction with body image and self reported physical health.

**Conclusions:** The prevalence of eating-related symptoms defines a risk-population, much larger than the clinical significant cases of eating disorders. The "eating related disorders" should be considered in a continuum in the one side of which lie obesity and on the other anorexia/bulimia nervosa, connected with the pre-morbid situations of Anorectic/bulimic symptomatology.

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## P0264

Nutrition habits, physical exercise, smoking, alcohol and Cannabis use among anorectic and bulimic adolescents

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**Objective:** To test the hypothesis that Anorectic and Bulimic symptoms in adolescence are associated with smoking, substance use, unhealthy nutrition and increased physical exercise.

**Method:** Cross sectional study of 2263 adolescents aged 15-18 years-old from 10 schools in Northwestern Greece. Subjects were screened using the 12-item general health questionnaire (GHQ-12). 873 subjects were selected for the second stage interview with the revised Clinical Interview Schedule (CIS-R) and asked for eating and dieting practices. Odds ratios adjusted for age and sex were computed for the association between eating disorder symptoms and scores on the CIS-R.

**Results:** Bulimic but not anorectic symptoms were positively associated with weekly consumption of Sweets, Hams and Crisps (Odds ratios [OR] from 1.57 to 2.02,  $p<0.05$ ) and increased alcohol consumption (OR=1.81, 95% Confidence Intervals: 1.23 - 2.67). Moderate to vigorous physical activity was negatively associated with symptoms (OR=0.31, 95% CI: 0.13-0.72). Both Anorectic and Bulimic Symptoms were not associated with weekly consumption of fruits-vegetables and nicotine or cannabis use.

**Conclusions:** These findings support the hypotheses that bulimic symptoms are correlated more than anorectic symptoms with bad nutrition habits and sedentary behavior. Neither the anorectics nor the bulimics used smoking as a weight-restriction strategy. Alcohol use but not other substances seem to be more prevalent among bulimic adolescents.

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## P0265

Outcome of autism spectrum disorders

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**Background and Aims:** Few studies have looked at the very long-term outcome of individuals with autism who were diagnosed in childhood. A longitudinal, prospective, community-based follow-up study of adults who had received the diagnosis of autism (classic and atypical) in childhood was conducted with the purpose of investigating diagnostic categories, outcome, symptoms, and symptom patterns. The present study is a follow-up study of 120 individuals with autism diagnosed in childhood 13-22 years after original diagnosis.

**Methods:** Diagnostic Interview for Social and Communicative Disorders (DISCO-10), Vineland Adaptive Behaviour Scales (VABS), Global Assessment of Functioning scale (GAF), outcome criteria and neuropsychiatric examination.

**Results:** Eighty-five percent of both the classic and atypical autism groups now received the diagnosis of classical autism when re-examined. Overall outcome was poor in 78% of cases. Only four