

capability to cope (determined by one's existing personality) is exceeded by the challenges in life. Accordingly, stress symptoms manifests when boundaries of one's personality – the way one thinks, feels, and act – is exceeded for the better as well as for the worse. The author has found that 'Breakthrough Intimacy' - closeness between committed couples far greater than their previous maximum level, can eliminate stress symptoms such as anxiety, anger, physical-symptoms, depression, and symptoms of borderline personality disorder, by exhaustion without medications and often within 6 months.

Method: The patient and his/her partner perform daily subjective self-rating on 41 parameters to record daily changes in their psychological adjustment, according to a quantifiable model of personality and positive mental health. The couples' daily self-rating is tracked graphically via Internet, providing accurate and comprehensive data to guide the therapist and the patients. Working in three-way teamwork, the therapist actively help the couples to achieve closeness far greater than their previous maximum experience, overcoming waves of symptoms until they disappear by exhaustion, as the couple undergo personality transformation.

Results: 1,170 patients treated for various stress symptoms over the last 20 years will be presented.

Conclusion: Stress can be better understood and treated as the consequence of one's personality which can be transformed through 'Breakthrough Intimacy' - closeness between committed couples far greater than their previous maximum experience.

P0015

Absconding by patients from psychiatric hospital

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Absconding by patients from acute psychiatric wards is a high risk behavior profile in mental medical centers. Being admitted to an acute ward is a stressful event for the patient, accompanied by pathological psychiatric symptomatology, separation from family and familiar environment, adjustment to the environs of ward, the treatment process itself and the loss of autonomy over everyday life. Absconding by patients presents a legal, social and treatment challenge for caregivers. Absconding means abrupt stopping of medication and therapeutic processes, need for police and legal systems interference and worry for the family. Moreover, absconding disposes major safety issues for the patient and his surroundings.

This abstract summarizes prospective study in two mental health centers. Every absconding was mapped within 48 hours of occurrence. Mapping was carried out by a trained team member filling out a structured form.

Study goal: Collecting data and identifying absconders' characteristics, comparing absconders' data from the two centers, pointing out significant ward or hospital variables affecting absconding and comparing patient and staff apprehension of the event.

Results: The study collected data of 143 absconding patients, 33% of whom were in confined hospitalization. Most of them were young, single and of low socioeconomic status. Most escaped in the evening shift. There were no significant differences in patient variables between the 2 hospitals. Previous hospitalizations was higher in one of the hospitals ($t=2.568$, $p=.013$). There were more staff

members in one of the hospitals ($t=4.016$, $p<.0001$). There were no difference between the day and the absconding shift.

P0016

Adult life events increase the risk of Cardiovascular Disease and Depressiveness among those with childhood adversities

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Background: Childhood adversities are associated with depression as well as increased somatic morbidity.

Methods: The Health and Social Support (HeSSup) is a prospective survey of the Finnish working-aged population. Altogether 83 % of the participants of the 1998 survey responded to the second survey five years later ($n=19,629$). The BDI was used to measure depressiveness and physical illnesses were inquired by asking about physician diagnosed illnesses. Other variables include history of depression, social support, alcohol consumption, negative affectivity, adversities in childhood family, and a checklist of 19 life events.

Results: Among women with childhood adversities the risk of depressiveness was significantly increased after a recent life event (1.81-fold). After adjusting for socio-demographic factors, smoking, alcohol consumption, social support, negative affectivity, baseline cardiovascular morbidity and person dependent life events the risk was still significant (1.48-fold). Among men the respective associations were a bit stronger as risk of depressiveness was 2.11-fold and after adjustments 1.84-fold. Recent life events did not increase risk of cardiovascular disease after recent life events among women and men after adjustments were made. Interestingly, in an analysis by type of recent events violence greatly increased risk of depressiveness and cardiovascular disease among men even after adjustments were made (OR=26.2, 95%CI: 6.99-96.1 and 23.6, 4.61-120.6, respectively) if one had childhood adversities.

Conclusions: Especially experienced violence was associated both to depressiveness and onset of cardiovascular disease. Violence cannot be considered to be fully independent of the person, but according to the adjustments made, impulsiveness probably does not explain the findings.

P0017

Assessment of stress at work

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Background: Stress at work is estimated to be the biggest occupational health problem in the UK. This study assesses work-related stress in a local team of mental health workers.

Aim: To identify the work-related stress within multidisciplinary Assertive Outreach Team (AOT).

Methods: All sixteen AOT members were given a self-assessment questionnaire. This stress assessment tool consists of six domains and is made up of forty-six questions with a scoring system. Completed questionnaires were filled and anonymously returned back via team secretary.

Results: The overall response rate 80% ($n=12$). Among six domains of the questionnaire the highly scored item were –