

were assessed a diagnostic of mood disorder, 8,3% (n=31) were assessed a diagnostic of personality disorder and 3,9% (n=13) a diagnosis of neurotic disorder.

Treatment: At discharge, psychotropic drugs were prescribed to 93,5% (n=315) of the patients.

In 71,7% of the cases, 1 or 2 molecules were prescribed ; in 26,3% of the cases, 3 or 4 molecules were prescribed.

Follow-up: At one year following discharge, 314 patients were regularly consulting either their psychiatrist or general practitioner and exhibited a satisfactory clinical status.

22 patients (6,5%) only had been rehospitalized within one year after discharge.

The clinical lecture of the patient in the natural environment is an ecological one summoning a transversal approach, with no exclusion criteria regarding the diagnosis.

P0305

Frequency of psychosis-like symptoms in a non-clinical population of 12 year olds: Results from the Alspac birth cohort

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Background: The utility of questionnaire based self-report measures for non-clinical psychotic symptoms is unclear and there are few reliable data about the nature and prevalence of these phenomena in children. The study aimed to investigate psychosis-like symptoms (PLIKS) in children utilizing both self-report measures and semi-structured observer rated assessments.

Methods: The study was cross-sectional; the setting being an assessment clinic for members of the ALSPAC birth cohort in Bristol, UK. 6455 respondents were assessed over 21 months, mean age 12.9 years. The main outcome measure was: 12 self-report screening questions for psychotic symptoms followed by semi-structured observer rated assessments by trained psychology graduates. The assessment instrument utilised stem questions, glossary definitions, and rating rules adapted from DISC-IV and SCAN items.

Results: The 6-month period prevalence for one or more PLIKS rated by self-report questions was 38.9% (95% CI = 37.7-40.1). Prevalence using observer rated assessments was 13.7% (95% CI = 12.8-14.5). Positive Predictive Values for the screen questions versus observer rated scores were low, except for auditory hallucinations (PPV=70%; 95% CI = 67.1-74.2). The most frequent observer rated symptom was auditory hallucinations (7.3%); in 18.8% of these cases symptoms occurred weekly or more. The prevalence of DSM-IV 'core' schizophrenia symptoms was 3.62%. Rates were significantly higher in children with low socio-economic status.

Conclusions: With the exception of auditory hallucinations, self-rated questionnaires are likely to substantially over-estimate the frequency of PLIKS in 12-year-old children. However, more reliable observer rated assessments reveal that PLIKS occur in a significant proportion of children.

P0306

The association between depression and tobacco use by race/ethnicity revisited

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Introduction: SES and neighborhood characteristics often confound the association between race/ethnicity and psychiatric problems. We investigate differences in depression among people from two adjacent census tracts that differed by race but had similar levels of poverty, income, and education. Restricting the sample to these two census tracts allows studying possible race disparities with a sharpened focus, because many potential confounders are held constant.

Methods: The Community Health Urban Project (CHUP) is a survey carried out with a sample of adults ages 18 and above, living in two SES adjacent census tracts in a mid-size metropolitan area in the mid-Atlantic region of the United States of America. A total of 1,425 adults were interviewed using standardized measures and provided information that was useful for the present analyses. GEE models were used to accommodate interdependence of observations by household.

Results: One in 10 participants had symptoms of depression. Compared to Blacks, whites had higher depression prevalence (7.5% vs. 13.3%). Participants who had smoked in the past year had a higher odds of depression (OR=3.0; 95% CI, 1.5, 5.8 for whites, and OR=2.1, 95% CI=1.1, 4,1 for Blacks) controlling for gender, age, education, working status, and seeking health care in the past two years. Comment. In spite of overall racial/ethnic differences in rates of depression, tobacco users had higher odds of depression, regardless of race. Acknowledgements: Grants 5P60MD000217 (National Center for Minority Health and Health Disparities), 5R24DA019805 (National Institute on Drug Abuse), and Pfizer, Inc.

P0307

Age & sex specific incidence of fractures in mentally ill people: A population-based cohort study

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Background and Aims: Little is know about fracture risks in mentally ill adults. We aimed to estimate risks of fracture at any site, and at sites linked with osteoporosis, in this group versus the general population.

Method: We created a population-based cohort using the UK General Practice Research Database (GPRD), with follow-up during 1987-2005. We investigated age and sex-specific fracture risks in psychotic illness (N=4283), non-psychotic affective disorder (N=95,228), and any other psychiatric conditions (N=49,439). Controls were all subjects with no psychiatric code (N=182,851) against which age-stratified relative risks were estimated: 18-44, 45-74, 75+ years. Outcomes were incident cases of fracture at any site, the hip and distal radius.

Results: Among all mentally ill women, the highest relative risks of fracture at any site were in the youngest age group, whereas the strongest effects in men were with older age. The highest raised risk of any fracture occurred in younger women with psychotic disorders (RR 2.5, CI 1.5-4.3). Hip fracture rates were raised in elderly women and men with psychiatric illness, and were especially high in women (RR 5.1, CI 2.7-9.6) and men (RR 6.4, CI 2.6-16.1) with psychotic disorders at 45-74 years. Data were sparse for estimating relative risk of distal radius fracture, although risk was modestly (but significantly) higher among women with any mental illness in each age group.

Conclusions: These elevated risks are likely to be explained by a range of mechanisms. Further research is needed to elucidate these and to inform the development of targeted interventions.

P0308

Parental mental illness and fatal birth defects in a national birth cohort

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Background and Aims: Population-based evidence is lacking for risk of major birth defect with parental psychopathology, and how effects vary by maternal and paternal diagnosis. We aimed to investigate this risk in offspring of parents admitted for psychiatric treatment in a 26-year national birth cohort.

Methods: The study cohort was created using several linked Danish national registers. We identified all singleton live births during 1973-98 (N=1.45m), all parental psychiatric admissions from 1969 onwards, and all fatal birth defects until 1st Jan. 1999. Linkage and case ascertainment were virtually complete. Relative risks were estimated by Poisson regression.

Results: Fatal birth defect risk was elevated with any maternal admission and also with affective disorders specifically, although the strongest effect found was with maternal schizophrenia. The rate was more than doubled in this group compared to the general population (RR 2.34, 95% CI 1.45-3.77); this also represented a significant excess risk versus all other admitted maternal disorders (P=0.018). Risk of death from causes other than birth defect was no higher with schizophrenia than with other maternal conditions. There was no elevation in risk of fatal birth defect if the father was admitted with schizophrenia or any other psychiatric diagnosis.

Conclusion: There are many possible explanations for a higher risk of fatal birth defect with maternal schizophrenia and affective disorder. These include genetic effects directly linked with maternal illness, lifestyle factors (diet, smoking, alcohol and drugs), poor antenatal care, psychotropic medication, and gene-environment interactions. Further research is needed to elucidate the causal mechanisms.

P0309

Shared mental health care. One-year outcome for patients after a French consultation-liaison intervention

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Objective: Shared Mental Health care between Psychiatry and Primary care has been developed to improve the care of common mental health problems. Following a consultation-liaison intervention, this study evaluated one-year outcome for patients following the intervention to obtain objective data reflecting the "real-world" of shared mental health care.

Method: 95 patients from September 2006 to September 2007 (follow-up rate: 66%) were invited one year after the intervention to complete a paper questionnaire and a telephone short questionnaire about their mental health status, their care during the last year and their satisfaction with care.

Results: 89% of patients evaluated their current mental health as better than in the previous year. 44.5% were still managed by their GP as the psychiatric care provider (13.8% with a psychologist), 27.8% by a private psychiatrist, 11.1% by public psychiatry and 16.7% had no care anymore. 78.3% of patients evaluated the intervention as helpful for them.

Conclusions: The intervention was helpful for primary care patients with common mental health problems, supporting primary care without GPs' de-motivation or disqualification. This study conducted among patients confirmed a previous study conducted among GPs.

P0310

Changes in utilization of emergency department

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Objective: The primary objective of this study was to determine who are the psychiatric patients that utilize the Emergency Departments for their care. The secondary purpose was to identify reasons for the change in utilization.

Methods: A convenience study was conducted in an urban, Level I pediatric and adult trauma center 45,000 annual visits. The National Health Access survey was administered to all consenting psychiatric patients who presented to the Emergency Department between May of 2006 to April of 2007. The study was IRB approved.

Results: Out of 310 patients 294 agreed to answer the survey. There was a difference between two types of psychiatric patients that utilize the ED for care. One that gets its care from a PCP or clinic, the other group that presents to the ED being primarily self- family-or police referred. The significant difference found between within the variables of those with a regular having a regular physician and regular health source, delay in getting mental health-care, used emergency department services in the last twelve months, type of payment for services, and has condition gotten better or worse.

Conclusions: There appears to be two different types of psychiatric patients using the ED for care. One group who primarily gets its care from a PCP or clinic and presents to the ED with a higher level of prior hospitalization. The second group did not have a PCP had a lesser number of prior hospitalizations.