

diagnostic purpose (exclusion of other psychiatric disorders or comorbid psychiatric disorders).

Presented patient is 20 year old female who addressed to Belgrade Team for Gender Identity for routine psychiatric exploration with suspicion of female-to-male transsexualism. As a contribution to mentioned diagnostic category the authors have noted long term persistence of gender dysphoria through puberty and adolescence, persistent wish for partial sex reassignment surgery, specific defense mechanisms and intake of testosterone without medical prescription.

Applied diagnostic procedures and complementary analysis (EEG, NMR) have imposed doubts in primarily suspected transsexualism and leads us toward differential diagnosis analysis for organic or psychotic mental disorder.

P0238

Enquiring about sexual function in the psychiatric outpatient clinic assessment

M. EL-Adl, H. Al-Robb. *Adult General Psychiatry, Northamptonshire Healthcare NHS Trust, Northampton, UK*

Background: Physical, psychiatric disorders & medication can cause sexual dysfunction. Baseline sexual functioning should be determined if possible.

Aim: to establish whether psychiatrists ask about sexual function or not?

Method:

2 confidential questionnaires:

1. Patient questionnaire: asking about patients' views regarding asking them about sexual function.
2. Psychiatrist Questionnaire: whether they ask their patients about sexual function or not? & Why?

Study Sample:

Patients: The first 100 adult psychiatry patients attended the clinic during the study period (July 2007).

Psychiatrists: 50 adult general psychiatrists (Consultant & sub-consultant) were targeted.

Results:

Patients:

- The overall return rate is 45% (45 out of 100 questionnaires): 60% (27 males) & 40% (18 females). 50% (23 patients) believed it is important to be asked about sexual function, 25% (11) were unsure, 15% (7) felt it would be embarrassing & 10% (4) did not answer. 75% (34) of patients were never asked about their sexual function, 20% were (19) were briefly asked and 5% (2) did not answer.

Psychiatrists:

- The overall return rate is 40% (20 psychiatrists: 10 consultants & 10 sub-consultant grades).
- All responders agreed that asking about sexual function is highly/important. 50% ask about sexual function regularly/frequently/sometimes. 50% do not ask. Likely causes for not asking include: to avoid embarrassment (60%), service gap (40%), Lack of training (40%) & limited time (20%).

Conclusion: Study results may indicate that assessing sexual function in adult psychiatric clinic is adversely affected by service & training gaps. Cultural factors may have an impact.

P0239

Psychiatric and psychosocial aspects of diabetes and the effective interventions: A review

A. Farhoudian¹, M. Sadeghi¹, S.J. Sadrossadat¹, S.H. Firouzabadi². ¹Research Department of Psychology and Special Needs, Research Faculty of Social Welfare and The Rehabilitation Sciences, University of Social Welfare and The Rehabilitation Sciences, Tehran, Iran ²University of Social Welfare and The Rehabilitation Sciences, Tehran, Iran

Nowadays, over two millions people are developing diabetes worldwide and its prevalence is increasing all over the world. Psychological factors have significant impacts on initiation, symptom presentation, and the trend of the disease. Physical treatments may result in non-compliance due to their bothersome effects like pain, especially in children. In addition, restricted diet, meticulous meal, and the amount of activity give rise to non-compliance and exhaustion.

Diabetes is a risk factor for psychiatric disorders such as depression, anxiety, eating disorders, and adjustment disorders in all ages and learning disorders and deficits in visuospatial ability in children and adolescents. Psychiatric disorders lead to more metabolic dysregulation, more adverse effects, and decreased quality of life. Psychosocial adverse effects of diabetes are the most important predictors of its mortality.

Psychosocial interventions including medical treatment as well as psychotherapies are effective to reduce morbidities and mortalities of diabetes; patients' qualities of lives are highly correlated to amounts of psychosocial supports. These supports result in better metabolic controls and improving relationship with family members, for children, and better metabolic control and decreased rates of admission in hospital, for adolescence. Psychiatric and psychological interventions lead to patients improving self-confidence, more self-support and better quality of life.

P0240

Levels of psychopathology in adolescents attendees of a London sexual health clinic

V. Fernandez, T. Kramer, G. Fong, A. Doig, M.E. Garralda. *Academic Unit of Child and Adolescent Psychiatry, Imperial College, London, UK*

Introduction: Early onset and frequency of sexual experience are associated with problem behaviours such as delinquent acts, substance abuse and exposure to HIV. Sexual health services focus on young people may have a potential to identify those at risk.

Aim of the study: To assess whether the levels, nature and associations of emotional and behavioural problems in adolescents attending a sexual health clinic differ from those of adolescents in the community.

Methods: A cross sectional survey was carried out at a London walk-in sexual clinic and an inner city school. We gathered demographic information and psychiatric and behavioural assessment using the Beck Depression Inventory (BDI), the Strengths and Difficulties Questionnaire (SDQ), a sexual attitude and behaviour questionnaire and the Westminster Substance Use Questionnaire.

Results: We found significant differences between the groups in terms of their families (trouble with the police), sexual and health risks (sexual activity, pregnancy, number of sexual partners and Sexually Transmitted Diseases and more regular use of tobacco, alcohol and cannabis) and psychological risks (higher scores in BDI and SDQ emotional, conduct and hyperactivity subscales).

Conclusion: We conclude that urban sexual health clinics for adolescents appropriately attract young people, especially girls, with high sexual risk but also with high levels of substance use risk

behaviours. However it also attracts girls with high levels of depressive disorder, and thus provides an opportunity to intervene not just for sexual risks, but also to provide psychoeducation and guidance on adolescent depressive symptoms.

P0241

Schizophrenia and Familial Amyloid Polyneuropathy - A clinical case

M.J. Ferreira, C. Pissarra, C. Fernandes, J.C. Oliveira. *Serviço de Agudos, Hospital Psiquiátrico Do Lorrvão, Lorrvão, Portugal*

The objective of this paper is to make a reflection about how the comorbidity of psychiatric and organic disorders can create several difficulties for the diagnostic and therapeutic approach of the both situations. The portuguese type of paramiloidosis disease was for the first time observed in 1939 by Corino de Andrade. In Portugal, the major focus of the disease, it presents a geographic distribution that must be known by the clinician. A thirty five's patient clinical case is described, who was hospitalized in the psychiatry hospital with the diagnosis of paranoid schizophrenia. After two months of hospitalization and four years after the beginning of the neurological symptoms, a complete organic study was developed, including gastroenterology and neurology evaluations. A diagnosis of Familial Amyloid Polyneuropathy (transthyretin-methionine 30 positive) was established, co - morbid with the diagnosis of paranoid schizophrenia. The authors concluded that the comorbidity with a mental disorder, in which delirious interpretation of the organic clinical situation was predominant in the clinical feature, and that took some time to be pharmacologically stabilized, associated with the fact that the patient hide that his mother and relatives of the mother side died because PAF, contributed significantly to the delay of the diagnosis. Beyond this, the clinical diagnosis of paranoid schizophrenia and the poor family and social background do not make him a potential candidate for a hepatic transplant. Influencing negatively the patient's coping, they can compromise the success of the transplant.

P0242

Spanish validation of the Index of spouse abuse

L.L. Garcia-Esteve¹, A. Torres Gimenez¹, P. Navarro¹, M.J. Tarragona¹, E. Gelabert¹, Z. Herreras², T. Echeverria³, S. Subira⁴, C. Ascaso^{5,6}. ¹Unit of Perinatal Psychiatry and Gender Research (UPPIRG), Hospital Clínic Universitari de Barcelona, Barcelona, Spain ²Centro de Atencion Primaria de Rossello (CAPSE), Barcelona, Spain ³Urgencias Del Area Quirurgica Del Hospital Clinic Universitari de Barcelona, Barcelona, Spain ⁴Departament de Psicologia Clinica I de la Salut, Universitat Autonoma de Barcelona (UAB), Barcelona, Spain ⁵Department of Public Health of The University of Barcelona, Barcelona, Spain ⁶Institut Investigacions Biomediques August Pi I Sunyer (IDIBAPS), Barcelona, Spain

Background and Aim: To assess the psychometric properties of the Spanish version of the Index of Spouse Abuse (ISA), and validate it against external criteria of intimate partner violence (IPV).

Methods: A case control, transversal study was designed. Spanish version of the ISA was administered to 405 women (223 controls and 182 IPV cases). Spanish items weights were developed. Internal consistency was assessed through Cronbach's alfa, and factor structure by means of principal component analysis (PCA). Receiver operating

characteristic (ROC) analysis was used to validate the ISA against external criteria.

Results: PCA analysis yielded two factors that accounted the 69% of variance, and reproduced partially the original factors: physical (ISA-P) and non-physical (ISA-NP). Internal consistency coefficients oscillated between 0,88 and 0,98. For the ISA global score, the AUC value for detecting IPV was 0,99; and 0,89 for detecting physical IPV. The optimal cut-off scores were 13 for detecting IPV, and 15 for detecting physical IPV. For the ISA subscales, 6 was the optimal cut-off score for the ISA-P, and 13 was the optimal cut-off for the ISA-NP.

Conclusions: The Spanish version of the ISA is a valid and reliable instrument for detecting and measuring the intensity of the IPV in Spanish women population.

Keywords: domestic violence; intimate partner violence; ISA; validation

P0243

Block escape in intimate partner violence scale: Development and preliminar analysis of its psychometric properties

L.L. Garcia-Esteve¹, P. Navarro¹, A. Torres¹, M.J. Tarragona², A. Plaza¹, U. Farras³, C. Salanova⁴, F. Gutierrez⁵, R. Martin-Santos⁶. ¹Unit of Perinatal Psychiatry and Gender Research, Hospital Clinic Universitari de Barcelona, Barcelona, Spain ²Regiduria de Promocio de la Dona Ajuntament de Terrassa, Barcelona, Spain ³Urgencias Del Area Quirurgica Del Hospital Clinic Universitari de Barcelona, Barcelona, Spain ⁴Programa Intervencio Psiquiatrica Agressions Sexuals, Hospital Clinic Universitari de Barcelona, Barcelona, Spain ⁵Servei de Psicologia Clinica, Hospital Clinic Universitari de Barcelona, Barcelona, Spain ⁶Unitat de Recerca En Farmacologia, Institut Municipal Investigacio Medica (IMIM), Barcelona, Spain

Objective: To design a scale to measure perceived reasons to stay in violent partner relationships, and to carry out a preliminar analysis of its psychometric properties.

Method: A 44 dicotomic items (true/false) self-report scale was designed (more a last open response question), elaborated according to published studies and open interviews with battered women. The questionnaire was administered to a pilot sample of 10 women to test its viability and comprehensibility. The questionnaire was then administered to a sample of 132 battered women. Exploratory factorial analysis was used to establish the underlying empirical structure. Internal consistency was calculated by mean of Cronbach's alfa coefficient.

Results: The factor analysis identified two empirical factors: external factor (situational factor) and internal factor (psychological factors). Cronbach's alphas were 0.856 and 0.811, respectively.

Conclusions: The Block Escape in Intimate Partner Violence Scale is a reliable and easily comprehensible instrument mesuring percibed reasons of permanence with the aggressor. Its usefulness in both setting, clinical and social, will allow design with great effectiveness intervention strategies suitable for each case.

This study was supported in part by grant-58/05 from the Ministerio de Trabajo y Asuntos Sociales. Instituto de la Mujer.

Keywords: Domestic violence; intimate partner violence; block escape

P0244

Does compliance with postdischarge referral lengthen survival in the community?