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**Background and aims:** Up to 45% of individuals who commit suicide contact their Primary Care physician (PCP) the month before. The objective is to study clinical characteristics of patients presenting death and/or suicidal ideation (SI) in Primary Care.

**Methods:** 195 patients attending their PCP were evaluated using systematic sampling in three Primary Care Centres. Patients completed the PHQ and a Life Changes Checklist. Demographic data, both psychiatric and medical conditions and treatments, visits to their PCP, and days out of work (last year) were also collected.

**Results:** 24 patients had death or suicidal ideation for the previous two weeks (12,4%; IC95% 8,3-18,8%). Most of them (87,5%) had a mental disease, major depressive disorder (62,5%) and general anxiety disorder (50%). Patients with SI had more somatic symptoms ( $p<0,001$ ), a greater number and score of recent life changes ( $p<0,001$ ) and days out of work (last year) ( $p=0,028$ ) than the rest of the sample.

Compared to patients with any psychiatric disorder, patients with SI had more depressive symptoms ( $p<0,001$ ) and a higher score in life changes in the 6-12 month period ( $p=0,044$ ).

14 (58,3%) patients with SI had no previous psychiatric diagnosis and only 8 (33%) were receiving treatment.

**Conclusions:** In spite of a greater severity in depressive and other clinical characteristics of patients with SI most of them are not correctly detected and treated. Improving the rate of detection and treatment by the PCP of such patients would probably play a key role in the prevention of suicide.

### P357

Psychological scales predict psychiatric hospitalizations - The Northern Finland 1966 birth cohort

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**Background and aims:** Several instruments have been developed to detect subjects who are at risk for mental disorders.

**Aims:** We aimed to address the predictive validity of several personality, schizotypal and mania scales for psychiatric hospitalisations.

**Methods:** As part of the 31-year follow-up survey of the Northern Finland 1966 Birth Cohort, Temperament and Character Inventory

(TCI, temperament part), Physical Anhedonia Scale, Social Anhedonia Scale (SAS), Perceptual Aberration Scale, Hypomanic Personality Scale (HPS), Bipolar II scale (BIP2) and Schizoidia scale were filled in by 4,857 subjects. We dichotomized scores in the scales (highest 10% by gender vs. others). Also subscales of TCI and BIP2 were used as predictors. In a longitudinal study setting using hospital discharge register we followed those without previous hospitalisation (N=4,727; 2,092 males and 2,635 females) from 31 years for eight years and recorded hospitalisations due to psychotic, substance use, anxiety, mood and personality disorders.

**Results:** In total 78 (1.7%) of subjects were hospitalized due to psychiatric disorder during the follow-up. Most of the instruments predicted several disorders. Mood lability subscale of BIP2 predicted ( $p<0.05$ ) all diagnostic groups. Most specific predictors were SAS (Odds Ratio 3.84; 95% CI 1.44-10.28) and HPS (4.01; 1.52-10.60) for psychosis and novelty seeking subscale of TCI (3.00; 1.41-6.36) and energy/activity (2.68; 1.26-5.68) and social anxiety (3.90; 1.84-8.28) subscales of BIP2 for substance use disorders.

**Conclusions:** Scales measuring schizotypal or manic symptoms were good predictors for different psychiatric hospitalisations. Many of the scales predicted several disorders, only few scales predicted only one specific disorder.

### P358

Prevalence of postnatal psychiatric morbidity: a preliminary analysis

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**Objective:** There is no empirical research on the occurrence of postnatal psychiatric morbidity in Spanish population. To determine the prevalence rate of DSM-IV psychiatric disorders in postpartum Spanish mothers.

**Method:** A two-phase cross-sectional epidemiological study. Women consecutively attending in the routine postnatal check-up (at six weeks after delivery) in the Department of Obstetric and Gynaecology of the Clinic Hospital during one year were included. In the first phase, 1453 women were screened with the EPDS. In the second phase, based upon EPDS outcomes, participants were stratified and randomly selected within each stratum for clinical evaluation with the Structured Clinical Interview (SCID) for DSM-IV to determine psychiatric status. Weighted prevalence and its 95% Confidence Intervals (95%CI) were obtained for DSM-IV diagnostic groups.

**Results:** The overall 6-weeks prevalence rate for postpartum psychiatric disorders was 18.1% (95% CI 15.0-21.8). The most prevalent DSM-IV diagnostic group was mood disorders (9.8%; 95% CI 7.9-12.1), follow-up by adjustment disorders group (4.3%; 95% CI 3.0-6.3), anxiety diagnostic group (3.9%; 95% CI 2.5-5.8) and "other" disorders group (1.1%; 95% CI: 0.3-3.8%).

**Conclusions:** This results shows the heterogeneity of postnatal psychiatric morbidity. We found that DSM-IV diagnosis of mood disorders in postpartum women were more prevalent than anxiety disorders, in contrast with recent studies in postnatal community women. Clinical and research evaluation of mental health in postpartum women should include a full range of mental disorders.

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### P359

Profile of males who have committed suicide in the capital of Serbia in period 1997-2005

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The last few years have been a period of great changes and significant social turmoil in Serbia. People have lived, and still so, under a state of prolonged stress. There are very few investigations about suicide in last 15 years.

The aim of this study was to investigate profile of males who have committed suicide in Belgrade during eight year period.

Data were taken from the index records of suicide in the city of Belgrade, held at the Institute for Informatics and Statistics. Nine availed variables were analyzed. Statistical analysis was done by using the crude specific rate.

The results of our study gave main characteristic of male who have committed suicide in analyzed period considering age of suicide, education and profession structure, area of living and area of suicide, month, time and method of suicide and annual suicide rate.

### P360

EPIA-epidemiology of Gad and Sad in Slovakia

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**Background and aims:** Anxiety disorders are one of the most frequent disorders. The main goal is the estimate the half-year prevalence of Generalized Anxiety Disorder (GAD) and Social Anxiety Disorder (SAD) in Slovak population.

**Methods:** The design of EPIA study is cross-sectional. The subjects in common population were identified by age,sex,education, region, nationality.We used anxiety section of MINI(Mini-International Neuropsychiatric Interview), part for GAD and SAD. Data were collected by trained interviewers (students of Comenius University in Bratislava). Different statistical methods were used for data analyses.

**Results:** 1251 subjects (a representative sample) were involved into the study, 48,2% men and 51,8% women. Mean age of whole sample was 42,82+-17,1 years. The 6-months prevalence of GAD was 4,0%, of SAD 1,7%. The prevalence of GAD and SAD was slightly higher in women than in men. Most participants with GAD were in age between 40 and 49 years. Participants with SAD were equally distributed in age group 18-39 years as in the age group 40-59 years. We compared our results with some similar findings in EU and USA.

**Conclusion:** The prevalence of GAD is slightly higher than in ESEMED study(GAD=2,8%). Prevalence of SAD is slightly lower. (ESEMED SAD=2,4%).

### P361

Internalising and externalising problems in adolescence - general and dimension-specific effects of familial loadings and preadolescent temperament traits

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**Background and aims:** We investigated the links between familial loading, preadolescent temperament, and internalizing and externalizing problems in adolescence, hereby distinguishing effects on maladjustment in general versus dimension-specific effects on either internalising or externalising problems.

**Method:** In a population-based sample of 2230 preadolescents (10-11yrs) familial loading (parental lifetime psychopathology) and offspring temperament were assessed at baseline by parent report, and offspring psychopathology at 2.5-year follow-up by self-report, teacher and parent report.

**Results:** Familial loading of internalising psychopathology predicted offspring internalising but not externalising problems whereas familial loading of externalising psychopathology predicted offspring externalising but not internalising problems. Both familial loadings were associated with Frustration, low Effortful Control, and Fear. Frustration acted as a general risk factor predicting severity of maladjustment; low Effortful Control and Fear acted as dimension-specific risk factors that predicted a particular type of psychopathology; whereas shyness, high-intensity pleasure, and affiliation acted as direction markers that steered the conditional probability of internalising versus externalising problems, in the event of maladjustment. Temperament traits mediated a third of the association between familial loading and psychopathology. Findings were robust across different composite measures of psychopathology, and applied to girls as well as boys.

**Conclusions:** It is important to distinguish general risk factors (Frustration) from dimension-specific risk factors (familial loadings, effortful control, fear), and direction markers that act as pathologic factors (shyness, high-intensity pleasure, affiliation) from both types of risk factors. About a third of familial loading effects on psychopathology in early adolescence are mediated by temperament.

### P362

Prevalence of agitation-hostility during acute episodes in patients with schizophrenia

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**Background:** Prevalence data of aggressive behavior and its management in schizophrenia during acute episodes is scarce in Europe. The available data comes from studies conducted in small samples from single centers and do focus on pharmacological interventions.

**Objective:** To document the prevalence of agitation-hostility among patients and management strategies in Spain.

**Methods:** Cross-sectional survey during an hospital admission at specialized acute units. Selection criteria included patients with a diagnosis of Schizophrenia according to DSM-IV-TR criteria, attending the hospital for admission. Information regarding