

represented. Most patients had a diagnosis of personality disorder (n=16; 39%) or psychotic illness (n=10; 24%). The majority of stalkers (n=24; 59%) were male, while 49% of victims were female. Sixty-one percent of stalkers were reported to have a previous history of harassment.

Duration of stalking ranged from several weeks to 16 years, with 51% occurring outside the work environment. On average, victims experienced two types of inappropriate contact, most commonly by telephone (n=22; 54%), letter (n=19; 46%) or face-to-face (n=15; 37%). Ten patients loitered while 3 carried out surveillance. Physical threats were made against 14 psychiatrists. None were assaulted.

Conclusions: Stalking by patients towards psychiatrists is common and represents an occupational risk. Healthcare organisations should introduce formal training programmes covering recognition of stalking behaviour and risk-management strategies.

P0135

Clinical pathways from childhood to adulthood: Current state of regional services and future direction

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Background and Aims: A long tradition of research has highlighted the continuity of mental health disorders between childhood and adulthood. Nevertheless, diagnostic systems have not kept pace with the lifespan concepts that underpin developmental psychopathology. While several important adult diagnoses have been identified in children (Anxiety, Depression) using Research Diagnostic Criteria, few disorders specific to childhood (e.g., ADHD) have equivalents in the adult diagnostic systems (e.g., DSM-IV-TR)

In this paper I describe the continuities and discontinuities of the DSM in terms of childhood disorders with and without adult equivalents. I also describe the current state of program development in our health region and the future steps in that reflect the translation into clinic practice of the body of knowledge related to developmental psychopathology.

Methods: A review of the DSM-IV-TR was completed

The demographic and clinical characteristics of the identified population (transitional youth aged 16 to 24) was explored by doing a cross reference of both the RAIS and MHIOS data bases.

Results: There are DSM-IV-TR differences between child and adult diagnoses: these differences give rise to clear implications for treatment path.

Conclusions: Much work needs to be accomplished to ensure that children have appropriate treatment across the transition to adulthood. The follow areas are recommended for development: Develop curricula for the residency training program and for existing professionals. Develop practice guidelines a mechanism for continuous social marketing within the health care community.

P0136

Failure of controlled substance laws in health policy

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Urgent Need for Public Health Policy Consistent and Complaint with Controlled Substance: Suggestions To Stem Morbidity and Mortality From Prescribing Opiate Medications

- 1) Revisit the intent and meaning of the controlled substances laws for purposes of developing viable public health policy to protect the public from risks of opiate prescribing by physicians
- 2) Incorporate concepts of dangerousness inherent in the intent and meaning of controlled substances laws in legislation for public health measures
- 3) Pursue a policy and course of vigorous litigation against drug manufactures who fail to warn and deceive the public on the dangers of controlled substances to enforce controlled substance laws
- 4) Enforce Controlled Substance Laws according to established legal theories of negligence, product liability, expressed and implied warranties, and fraud and failure to warn of risks
- 5) Review the extent of individual and class action litigation against physicians for negligently and illegally prescribing opiate medications
- 6) Develop a health policy that requires physicians to comply with controlled substance laws to protect patients from dangerous and adverse consequences from addicting medications, including opiate medications
- 7) Revise health policy for prescribing opiate medications for clinical conditions of pain, in either in acute or chronic management, to include an analysis of risks and benefits of prescribing addicting medications including opiate medications
- 8) Recommend and require undergraduate medical schools and graduate medical education programs to meet core requirements of addiction medicine for adequate knowledge and skill in prescribing controlled substances in compliance with controlled substances laws.

P0137

Characteristics of involuntary admission in a psychiatric clinic sample

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Objective: To analyze the relationship between sociodemographic and clinical data in a sample of involuntarily admitted patients to an acute psychiatric hospital.

Method: Retrospective sociodemographic and clinical data regarding patients involuntarily admitted in a psychiatric clinic were gathered and statistically analyzed.

Results: Of all the patients 33% were unemployed, 30,8% finished high school, 62,8% were single (unmarried, divorced or widow). 33% had no previous history of psychiatric admission. 64,6% had an aggressive behavior against a family member or another person previous to the admission. The most frequent diagnosis of involuntarily admission was psychomotor agitation (61,5%) and was significantly associated with the presence of delusions. Differences found between men and women: men were significantly more aggressive than women and had more frequent substance or alcohol abuse than women, women were involuntarily admitted for a longer period of time than men and had a more frequent diagnosis of psychotic disorder than men. Lack of compliance with the treatment previous to the admission was not significantly associated with the aggressive behavior or the presence of delusions.

Conclusions: The majority of involuntarily admitted patients were unemployed, single, with aggressive behavior, delusions and a history of previous psychiatric admission. Differences regarding the gender