

Conclusions: The characteristic patient admitted at the Brief Hospitalization Psychiatry Unit from the University Hospital of Valladolid, Spain in 2005 is either a male between 31 and 40 years suffering from adaptive disorders and substance use, or schizophrenia, or a woman between 51 and 60 years diagnosed of affective disorders.

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Study on the Greek demographic chart of psychic disorders

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The aims of the present study are: a) to examine the extent of psychiatric network in provinces and in smaller urban centers, b) to provide motivation to experts in order to expand and support the network and c) to provide information for therapeutic interventions. We investigated 60 cases (from 1998 until 2005), both from urban centers and provinces, randomly selected from those who contacted Association of Psychology and Psychiatry for Adults and children (A.P.P.A.C.) for diagnostic and therapeutic reasons. Patients were grouped by age (0-18, 19-35, over 36), sex and according to the ICD-9 diagnostic criteria. We hypothesized that the greater percentage of people who addressed to A.P.P.A.C.: a) would stem from large urban centers b) would most commonly be diagnosed as psychotic, depressive and neurotic, and c) would be aged over 36. The data collected also showed that a major problem is the stigmatization of the psychiatric patient. This rigidity leads them to see psychiatric help as a failure for the family. Moreover information Greek people have about psychiatric and clinical work and therapy is distorted and very poor. Research results indicated that the first two hypotheses were verified, while our third hypothesis was not confirmed, since the greatest percentage of incoming patients belongs to the age cohort 19-35 (43.3%).

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The impact of sparse data at the household level in the multilevel modelling of neighbourhoods and mental health

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Background and Aims: Multilevel models are invaluable in area-level research for investigating the impact of context on health outcomes. Frequently datasets are collected which include sparse levels of data and published studies of household-level effects on mental health often contain many single response households. This results in the household level being sparse. The effect of this sparsity on the validity of results from a multilevel model investigating mental health has not been investigated to date. The aim of the work is to determine the impacts of including and excluding a sparse household level in a multilevel analysis.

Methods: Three-level datasets were simulated with known variance structure in order to imitate individuals nested within households nested within areas. The relative importance of the household level, sample size and level of sparseness were all varied in order to assess their impact on multilevel modelling. An outcome measure was simulated based on the variance structure, as well as an individual-level predictor of this outcome. Hierarchical models were fitted to these data using the R programming language.

Results: Variance component estimates for three-level null models were unbiased for most levels of sparseness. Under extreme sparseness conditions (average number of respondents per household < 1.5) the variability of the household and individual level variance components increased. Excluding the household level resulted in most of that level's variation being attributed to the individual level.

Conclusion: Sparseness can reduce variance component estimation precision and so caution should be exercised when interpreting these models.

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Domestic violence against women in Bushehr province

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Backgrounds and Aims: Domestic violence towards women is frequently hidden and prolonged. Domestic violence is both a direct and an indirect risk factor for physical and mental health problems, and is associated with increased health care utilization. Intimate partner violence affects the person, his/her family, and society as a whole.

Methods: In a cross sectional case series study, 100 women with the experience of domestic violence, who were inhabitants of Bushehr Province, were evaluated in 1999. The sampling method was snow ball method. A questionnaire was filled out by interview. Physical, emotional (verbal abuse, criticism, threats, intimidation) and ethical violence (inhibiting birth control, and referring to physicians) were assessed.

Results: 49.4% of the women's spouses had lower than high school diploma educations. All the victims had experienced the three aspects of violence. The duration of violence was more than two years in more than half of them. 50.6 % of the women had experienced severe violence. All the women had symptoms of physical, behavioral, personal, social, and psychological problems. Social isolation (38%), headache (50%), nightmares (25%), misbehavior with children (39%), and irritability (32%) were the most common manifestations. Fearful of losing their children (23%), shamed by what is happening to them (19%) and loss of knowledge (17%) were the most common reasons that they kept it to themselves.

Conclusion: The women in our survey experienced high rates of severe lifetime violence. International, national, and municipal commitments are necessary to combat domestic violence.

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Factors associated with multiple admissions in a psychiatric unit during the period 1998-2006

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Background: The high prevalence of those called "revolving-door patients" continue supposing a high sanitary cost. The aim of this study was to identify factors associated with multiple admissions in a psychiatric unit.

Method: The sample included all patients hospitalized in a psychiatric unit at the hospital "Virgen de las Nieves" in the city of Granada (southern Spain), during the time period between 1998 and 2006