The aim of this study was to measure the reliability, validity, and classification accuracy of a Spanish translation of a measure of DSM-IV diagnostic criteria for Pathological Gambling. Participants were 263 male and 23 female patients seeking treatment for pathological gambling and a matched non-psychiatric control sample of 259 men and 24 women. A Spanish translation of a 19-item measure of DSM-IV diagnostic criteria for Pathological Gambling was administered along with other validity measures. The DSM-IV diagnostic criteria were found to be reliable with an internal consistency coefficient alpha of .95 in the combined sample. Evidence of satisfactory convergent validity included moderate to high correlations with other measures of problem gambling. Using the standard DSM-IV cut-score of five, the ten criteria were found to yield satisfactory classification accuracy results with a high hit rate (.95), high sensitivity (.92), high specificity (.99), low false positive (.01), and low false negative rate (.08). Lowering the cut score to four resulted in modest improvements in classification accuracy and reduced the false negative rate from .08 to .05. The Spanish translation of a measure of DSM-IV diagnostic criteria for Pathological Gambling demonstrated satisfactory psychometric properties and a cut score of four improved diagnostic precision.

P0087

Pain from psychosomatic point of view-interdisciplinary diagnostic and multifactorial approach in an outpatient clinic

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Pain is a psychosomatic occurrence, primarily considering its neurobiological aspects. Chronic pain patients suffer from psychic comorbidities or even psychic diseases as somatoform disorders which often remain mis- and respectively underdiagnosed and consecutive untreated. Psychic comorbidities influence the pain in a neurobiological sense by lowering the pain threshold. Wrong treatments, somatic fixation, operations, chronification, iatrogenic impairment and psychosocial problems are possible consequences. It is fundamental to integrate the trias of pain, stress and affect into the diagnostics and treatments. The neurobiological stress axis, HPA- and LC-NE, is known to be activated by nociceptive- neuropathic input via cytokinins and influence pain. Chronic negative strain of the stress system may have neurobiological consequences as damage of the pain depressant systems, inter alia degeneration of hippocampus.

An interdisciplinary approach is inevitable and broad clinical diagnostics of high importance. Therefore we established a broad network of interdisciplinary liaisons with rheumatology, internal medicine, orthopaedics and dentistry. In our outpatient clinic we analyzed female and male chronic pain patients from different medical departments. They all had a complex and long lasting history of pain.

We applied clinical interviews and different test-parametric methods and figured out that undiscovered psychic comorbidities, wrong medication and specific biographic aspects in a biopsychosocial kind are inter alia the key factors of chronic pain suffering.

Our data demonstrate that an interdisciplinary approach considering pain as multifactor genesis and integrating neurobiological, biographic and psychosocial components is necessary to treat chronic pain patients and prevent further chronification.

P0088

Sex differences in asking for counselling and psychological support from a scientific medical association - therapeutic center (A.P.P.A.C.)

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In the present study, the reasons why people ask for psychological support according to their sex is being investigated. Data was obtained from the Association of Psychology & Psychiatry for Adults & Children (A.P.P.A.C.) from January 2002 until December 2006. The sample size was N=100, aged from 22 years to 65 years. Results indicated that there were population differences (62 women and 38 men) and statistically significant differences were found in the primary therapeutic goal of clients as well as their therapeutic course, according to their sex. More specifically, results indicated that women tend to seek counselling mostly for themselves and secondary for a family member: women aged 25-35 want to deal with personal problems, women aged 35-45 seek for counselling (mostly relationship-based), while women aged 45-65 mainly wish to resolve problems with their children. On the other hand, men aged 30-50 years usually require counselling when their symptoms seem to disable them to successfully function in their workplace. Men over 50 years old ask for counselling in order to resolve a problem concerning their children. These men usually end their sessions when symptoms become less severe, while women are found to be more consistent towards therapy. Finally, as far as their socioeconomic status is concerned research results indicated that men of high socioeconomic status do not easily accept that they need counselling, while women of high socioeconomic status are more receptive towards counselling.

P0089

Recurrnet catatonia: Fluctuating between psychotic and catatonic dimensions

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Background: Catatonia is a disorder that is still under nosological controversy. There are several approaches to characterize this diagnostic entity. Of those, the dimensional approach makes it possible to address catatonia as a phenomenological aspect of schizophrenia, similar to psychosis.

Objective: to describe a subtype of schizophrenia patients who manifest both psychosis and recurrent catatonia and to assess their management.

Methods: a retrospective analysis of the records of 25 recurrent catatonia patients who were admitted at Geha Mental Health Center between 1995-2005, using demographic, clinical, laboratory and management data regarding their admissions through the years that was extracted from the records.

Results: a total of 141 admissions, of which 96 (68%) were retrospectively diagnosed as presenting catatonia using Bush-Frances diagnostic criteria. Most frequent catatonic signs were: immobility/stupor, mutism, negativism, withdrawal and rigidity. There was no difference between catatonic and non-catatonic admissions with regard to serum Creatine Kinase (CK) peak levels and length of hospitalization. Seventy three percent of catatonic admissions were treated with antipsychotic monotherapy. Catatonic admissions treated by adding benzodiazepines to antipsychotics were shorter in length of hospitalization than ECT and antipsychotic monotherapy.

https://doi.org/10.1016/j.eurpsy.2008.01.1130 Published online by Cambridge University Press