

POSTER PRESENTATIONS

PP1 (WEDNESDAY AUGUST 21, 2013)

THEME: MEDICAL PSYCHIATRY

1. Prevalence and Clinical Profile of Delirium in General Hospital Setting

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Background: There is very limited research on the prevalence of delirium from multi-specialty settings in India. Aim: The present study aimed to examine the rates of psychiatric referrals, clinical profile and outcome of delirium in a multi-specialty hospital setting. Methods: The referral files in the department of psychiatry (containing all the referrals for the consultation-liaison psychiatry team) was used to collect data of all the referred patients who were diagnosed with delirium while being admitted to Chettinad Hospital and Research Institute, Chennai during the period January 2012 to March 2013. Results: Over 15 months, 360 referrals were received from different wards and included 63 of which were diagnosed as having delirium. The psychiatric referral rate ranged from 0.81%-1.74% (mean = 1.38%) per month; delirium formed the third largest diagnostic category (14.3% to 20.7% of all referred cases). The prevalence of delirium in all inpatients ranged from 0.19% to 0.28% (mean = 0.24%). In 67% of the cases, the referral was for abnormal/uncooperative behavior and the majority of the cases (76.2%) showed improvement with treatment. Conclusion: Delirium is fairly prevalent and forms a significant part of the psychiatry referrals and has a good outcome.

2. Prevalence of Suicidal Behaviour and Its Associated Factors among Tuberculosis Patients in Public Primary Care in South Africa

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Objectives: In spite of the high prevalence of tuberculosis worldwide, there are few studies on its psychiatric complications such as suicidal behaviour. The aim of this study was to assess the prevalence of suicidal behaviour and its associated factors among tuberculosis patients in public primary care in South Africa. Methods: In a cross-sectional survey new TB and new retreatment patients were assessed within one month of anti-tuberculosis treatment. The sample included 4900 (54.5% men and women 45.5%) consecutively selected tuberculosis patients from 42 public primary care clinics in three districts in South Africa. Results: 9.0% reported suicidal ideation and 3.1% had a history of a suicide attempt. In multivariate analysis female gender (Odds Ratio=OR 0.56, Confidence Interval=CI 0.43-0.74), psychological distress (OR=2.36, CI=1.04-2.29), posttraumatic stress (PTSD) symptoms (OR=4.98, CI=3.76-6.59), harmful alcohol use (OR=1.97, CI=1.25-3.09) and being a TB retreatment patient (OR=1.76, CI=1.32-2.34) were associated with suicidal ideation, and psychological distress (OR=3.27, CI=1.51-7.10), PTSD symptoms (OR=4.48, CI=3.04-6.61) and harmful alcohol use (OR=3.01, CI=1.83-4.95) were associated with a suicide attempt. Conclusions: Clinicians should be aware about suicidality in tuberculosis patients to reduce mortality.

3. Prevalence of Depression in Adult Patients with Epilepsy at Outpatient Epileptic Clinic in Srinagarind Hospital

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Objective: To study the prevalence and associated factors of depression in adult patients with epilepsy at Epileptic Outpatient Clinic in Srinagarind Hospital. Method: A descriptive cross-sectional study was conducted during June 2011 - November 2012. Participants were patients, older than 17 years, with epilepsy at Epileptic Outpatient Clinic. The participants were asked to answer 4 questionnaires: 1) Demographic data 2) Epileptic History 3) Mental health history 4) M.I.N.I. Thai version, section A-D. Percentage, prevalence, mean, univariate analysis (Odds ratios [Exp (B)], 95% CI, p-value) and multivariate analysis (Stepwise Backward logistic regression) were used for statistical analysis. Results: The study recruited 224 patients. The prevalence of depressive disorder was 19.6%. From univariate analysis, family history of depression and underlying physical illness were statistically significant associated with depressive disorder. Multivariate analysis revealed only family history of depression was associated with depressive disorder. Conclusion: The prevalence of depressive disorder in patient with epilepsy was higher than in general population. Family history of depression is associated with increased risk of depressive disorder.

4. Neuroradiology of Neuropsychiatric Complication after Stroke

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Background: Neuropsychiatric sequelae of strokes include emotional, behavioral, and cognitive disorders. They may have a negative effect on the recovery of motor and social functioning, life quality of stroke survivors. Establishing the radiological correlates of neuropsychiatry after stroke might be helpful to prevent it in early stages of disease. Objectives: The aim of the present study was the assessment of prevalence, clinical and MRI correlates of poststroke neuropsychiatric complication. Methods: 168 stroke patients were assessed according to NHSS. Type, side and site of stroke were evaluated by conventional MRI. In acute stage and 3 month later neuropsychiatric symptoms were evaluated with Hamilton Depression Rating Scale, Hamilton Anxiety Rating Scale, Catastrophic Reaction Scale, Pathological Crying and Laughing Scale. Risk factors, clinical, demographic and radiological variables were set to multiple linear regression and binary logistic regression analysis to find independent correlates of neuropsychiatric symptoms. Results/Conclusion: Depression and anxiety disorder (34.5% and 20.8%) are two of the most common poststroke neuropsychiatric disorders and they did not differ significantly between stroke side, type, size and location, but comorbidity of the depression/anxiety (10.7%) in acute stage and 3 month later correlated with anterior fronto-temporal and basal ganglia stroke in the right hemisphere. Catastrophic reactions, pathological affect (7.14%) correlated with subcortical and basal ganglia-ponto-medullary area circuit lesion. Psychosis (1.19%) is a rare and transient complication and has been related with right frontal lobe and ventricular hemorrhage. Multiple linear regression analysis revealed a significant share of hypertension in the development of depression and anxiety.

5. Generalized Poststroke Anxiety Disorders: Clinical and Radiological Correlation

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Background: Generalized poststroke anxiety disorders (GPAD) is one of the important and often unrecognized sequelae of stroke. Purpose: The purpose of the study was the assessment of anxiety disorders prevalence after stroke at acute stage neuroradiological correlation and association with poststroke depression. Patients/Methods: A prospective study of the 294 stroke patients was conducted. Stroke severity was assessed by NIHSS. CT/MRI were performed. Diagnosis of GPAD was performed according to DSM-IV criteria: presence of a sustained worrying state associated with at least three anxiety symptoms (including restlessness, decreased energy, difficulties in concentration, irritability, muscle tension, and sleep disturbances). Depression symptoms were assessed Hamilton Depression Scale. Patients were divided into the three groups: I-patients with GPAD, II-patients with poststroke depression (PD), III-patients with poststroke depression and GPAD. MMSE and ADL Index were recorded. Different statistical tests were performed by SPSS. Conclusion/Discussion: From 294 stroke patients 57(19.3%) patients had GPAD, 96 (32.6%) PD, and 34(11.5%) GPAD+PD. Group I patients more often had damage of the left hemisphere, prevalence of ischemic this cortical lesion. Group II patients had no found lateralized effect, but in the acute stage correlated with thalamic stroke, group III patients revealed prevalence of left cortical lesion. Multiple linear logistic regression analysis revealed a significant share of hypertension, age, previous history of stroke and female gender in the development of GPAD. Comparison of this three groups revealed that group II patients had a lower MMSE, higher NIHSS score, and worse ADL Index.

6. Personality Factors in Irritable Bowel Syndrome: A Cross-Sectional Study

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7. Does Neuroticism Affect Pain Severity of Tension Type Headache?

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Objective: To correlate personality traits and pain severity of patients with Tension Type Headache (TTH). Method: Cross-sectional study towards 67 respondents aged 18-58 years who were recruited into the study using consecutive sampling method. Subjects were registered as patients of TTH Clinic of Neurology Outpatient Unit of Dr. Soetomo General Hospital, Surabaya since September 2012 until February 2013. Instruments: Visual Analog Scale (VAS) and MMPI-2 for the personality traits according "the Big 5 Personality Traits Theory". Results: Response rate was 89.5%. Mean VAS Score was 5.608 ± 1.8765 . Among the Big-5 personality traits, mean score of Psychotism (69.1 ± 18.88) and Neuroticism (65.7 ± 12.5) was the highest among respondents. High score of neuroticism was significantly correlated with high VAS score ($p=0.040$). Surprisingly high

intraversion has significant correlation with pain severity ($p=0,013$). Conclusion: High neuroticism and high intraversion affect pain severity of patient with TTH.

8. Charles Bonnet Syndrome: Successful Treatment of Visual Hallucinations Due to Vision Loss with Trazodone in Four Cases

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Background: The clinical features of CBS have been described as complex visual hallucinations with insight due to the vision loss or a decrease in visual ability in patients who are mentally normal. Although visual hallucinations in the elderly are often associated with dementia with Lewy body (DLB), Alzheimer's disease and delirium, they are excluded from the diagnosis of typical CBS, as are cognitive or psychiatric disturbances, sleep disorders and focal neurological lesions. Here, we describe four typical CBS patients whose visual hallucinations developed after bilateral severe visual impairment due to diabetic retinopathy. They responded well to treatment with trazodone. The effectiveness of trazodone in four patients adds to evidence implicating serotonergic pathways in the pathogenesis of visual hallucinations. Case Report: Except for the visual hallucinations, all patients showed no psychiatric symptoms or cognitive or neurological focal signs. They had no previous or family history of psychiatric illness. They were frequently upset by the fact of hallucinating, fearing that they are losing their minds. The frequency of visual hallucinations stopped or decreased with trazodone 50–150 mg/day for 3–6 weeks. Discussion: The report indicates that trazodone is a safer option for the treatment of CBS, especially in the elderly, diabetic population. In addition to having fewer interactions with comedications, trazodone has fewer adverse effects and relative lower body weight gain risk compared to anticonvulsants and neuroleptic drugs such as olanzapine, quetiapine, valproate, venlafaxine. CBS is a condition that many clinicians are not very familiar with, yet it has a surprisingly high prevalence rate (10–30%) among the visually impaired.

THEME: PSYCHOSIS

9. Characteristics and Circumstances Related to Violence Risk in Thai Persons with Schizophrenia

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Objective: Characteristics and circumstances are risk factors of violence. The aim of this study was to investigate the relationship of violence risk with characteristics and circumstances in Thai persons with schizophrenia in the community. Methods: Data were collected from 300 persons living with schizophrenia and 300 persons with schizophrenia who has committed violence. Characteristics and circumstances of violence of each patient were recorded in a previously designed record. Violence risk was assessed with the Thai violence risk scale (TVRS). Chi-square test and Phi were used to determine the relationship between the characteristics and circumstances, and violence risk. Results: The results show that all characteristics and circumstances of the TVRS were significant correlated with violence risk in Thai persons with schizophrenia who has committed violence ($p < .05$), with association Phi ranges from .028 to .857. Conclusions: Characteristics and circumstances of Thai persons with schizophrenia who has committed violence are associated with violence risk. Therefore, preventing violence before it begins is needed. Accordingly, assesses to reduce the chance of a schizophrenic patient committing violence during a psychotic illness should not only attempt to optimize treatment, but include attention to those characteristics and circumstances associated with an increased risk of all violence.

10. The Psychotic Symptoms in Nasu-Hakola Syndrome: A Case Report

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Objectives: Nasu-Hakola Disease is characterized by pathologic bone fractures, accompanied by progressive dementia, multiple bone cysts. The frequency of disease is higher in Japanese and Finns. Methods: We present a 44 years old Turkish male patient with early onset dementia, bone fractures and also with significant psychotic symptoms. He admitted to our clinic with personality and behavioral changes such as forgetfulness, talking about the events that he never experienced, inappropriate behaviors and speech, harassing women, urinate in front of others, aggressivity, inability to account money, sleeping outside because of forgetting the way back home, making friendship and drinking alcohol with homeless people. He drank alcohol for twenty years. His SAPS(for positive symptoms) score was 47, SANS (for negative symptoms) score was 46. Mini-Mental State Examination patient had a score of 8. He had persecutive, erotomanic and reference delusions. Amisulpiride 200 mg/day, biperiden 2mg/day, quetiapine 25 mg/day were administered. Patient's sister died before the age of 50 by becoming bedridden within 4 years, due to a progressive dementia. Results: Brain imaging showed cerebral-cerebellar atrophy, bilateral basal ganglia calcification, in addition radiologic examination of both knees showed significant impairment in trabecular structures, irregular cortical thinning and cystic fields and ankle fracture for one week. Results of neuropsychological assessment showed a common cognitive impairment, which was characterized by visuospatial function loss and frontal axe related symptoms, accompanied by moderate-advance verbal memory loss and advance non-verbal memory loss. Conclusion: The case was interesting due to significant psychotic symptoms in autosomal recessive genetic disease.

11. Folic Deficiency Related Keratoderma in a Case of Schizophrenia

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Objective: Dietary pattern in schizophrenic patient is different as less fresh fruit and vegetable but more in fat cream and carbonated drinks. Specific diet management is suggested. Case: A 40-year-old man suffers from schizophrenia has been treated with antipsychotic as chlorpromazine and clozapine. He has been lived in our chronic ward for about 14 years. Keratosis over forehead followed by palms and soles consequently were noted. Psoriasis was impressed initially but keratoderma was diagnosed by a dermatologist. Body weight loss about 8 kg in 34 months was noted. Standardized evaluation as syphilis, autoimmune disease, thyroid function, tuberculosis and nutrition were applied. There were negative findings except macrocyclic anemia (Hb:10g/dL and MCV:102.4fL) and low serum folic acid level as 3.2 ng/ml (normal range: 7-31.4ng/ml) . The diet pattern of this patient was little green vegetable and no fresh fruit. Skin lesion was treated with topical steroid and keratolytics with limited response. Folic acid supplement, 800mg/day, was prescript and the skin lesion improved markedly so as anemia. Conclusion: Folic acid deficiency may be disclosure by skin lesion. Dietary pattern of schizophrenic patient should be monitored for early detection of malnutrition. Regular body weight checking and red blood cell test are suggested. We also recommended increasing folic acid-rich-food supplement in psychiatric hospital.

12. Community Based Management of Schizophrenia in Haman city of Korea.

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In Hanam community health center has its own unique program to provide social rehabilitation of schizophrenia in community. The subjects divided by 4 categories based on their functional ability. The 1st group is included poor insight or lack of impulse control cases. They are cared by regular visit and check their medical compliance and symptom severity by trained social workers or nurses. The 2nd group is motive to anticipate in social activity but still have disability due to their symptoms. They participates social activity program which held in community center or in public place by care of trained faculties. The 3rd group has limited disability and willing to participate in work rehabilitation program. They participate in work rehabilitation program for 5 days of week. That is usually simple assembly or not need complex skill tasks. They are also provided cost of medication and pay for their work. The 4th group has little disability and ready to formal work at social situation. Mental health center provide their job in community according to their interesting and suitable need skill by their When they keep their job, the city compensate by additional financial support to promote their efforts. This program is one of the examples of social intervention to rehabilitate schizophrenia in community. This program is provided by depend on their functional ability and focus on their encourage motivation to promote their ability by themselves

13. Health Care Resource Utilization and Direct Medical Costs among Patients with Schizophrenia in Tianjin, China

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Objectives: To estimate the health care resource utilization and direct medical costs of patients with schizophrenia in Tianjin, China. Methods: Data were obtained from the Tianjin Urban Employee Basic Medical Insurance database. Adult patients with at least 1 diagnosis of schizophrenia and 12-month continuous enrollment after the first schizophrenia diagnosis between 2008 and 2010 were included. Both all-cause and psychiatric-related resource utilization and direct medical costs were estimated. Two-sample t-test was used to assess cost difference. A multiple linear regression model was applied to identify factors associated with total cost. Results: A total of 2125 patients were included, with mean age of 52.3 years, 49.3% male and 55.7% retired. 60.8% of the patients experienced at least 1 psychiatric-related hospitalization during the study period. Median (min-max) length of stay was 88 (1-365) days per admission and 91 (1-365) days per patient-year. 58.9% of the patients experienced at least 1 psychiatric related outpatient visits. Median number of outpatient visits was 4 (1-82). Mean (\pm SD) total all-cause and psychiatric-related direct medical costs were \$2863.5 \pm 2638.4 and \$1774.5 \pm 2123.3 per patient-year respectively, with significant difference between hospitalized and non-hospitalized patients (\$3953.0 vs. \$1176.9; \$2771.9 vs. \$230.6). The regression model revealed that patients with more hospitalizations/outpatient visits and non-retired patients were more likely to incur higher psychiatric-related annual costs. Conclusion: Costs related to treatment with schizophrenia was considerable in Tianjin China, driven mainly by psychiatric hospitalizations. Patients with psychiatric-related hospitalizations used more medical resources and had higher direct medical cost than patients who were not hospitalized.

14. Differential Resource Use and Costs among Inpatients and Outpatients with Schizophrenia in Tianjin, China

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Objectives: To estimate the direct medical costs for inpatient and outpatient care for patients with schizophrenia in Tianjin, China. Methods: Data were extracted from the Tianjin Urban Employee Basic Medical Insurance database. Patients (N=2125) who had age \geq 18 years, at least 1 diagnosis of schizophrenia and 12-month continuous enrollment after the first schizophrenia diagnosis between 2008 and 2010 were included. Psychiatric-related inpatient and outpatient direct medical costs were calculated and compared. Results: During the study period, 60.8% of patients had at least one inpatient admission and 39.2% received only outpatient services. The mean (\pm SD) total annual cost for inpatients was \$2771.9 \pm 2175.6, with 88.9% (\$2465.4 \pm 2022.5) due to non-drug medical costs and 11.1% (\$306.6 \pm 461.7) for medications. Total annual cost for the outpatient only group was \$230.6 \pm 487.3 with 4.4% (\$10.1 \pm 40.8) for non-drug medical cost and 95.6% (\$220.5 \pm 470.3) for medications. On average, inpatients experienced 2.2 psychiatric hospitalizations and 2.2 outpatient visits. Outpatient only group had 5.9 outpatient visits. The highest costs per psychiatric-related inpatient admission were general inpatient care and non-drug treatment (49.8%), followed by examinations (21.6%), bed fee (14.6%), and medications (7.8%). The majority of costs per outpatient visit were due to medications (96.2%). Conclusion: Inpatients treated for schizophrenia incurred considerably more costs than outpatients in Tianjin

China, primarily driven by non-drug medical care. This suggests that the use of more effective treatments to minimize the risk of hospitalization could lead to reduced total health care costs.

15. Early Intervention for First Episode Psychosis and Developing the Community-Based Mental Health Services in Japan.

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Objectives: Deinstitutionalization and developing the community-based integrated approaches are the issues for Today's psychiatry in Japan. Methods: Revisiting the data on the DUP in Japan and investigate the treatment strategies for early psychosis in Japan. Results: Recent studies for the functional recovery after the episodes of schizophrenia show that the delay of treatment effects on it from various points. In Japan, there is still no category for early intervention in the national health reimbursement schedule and the mean duration of untreated psychosis (DUP) at seven university hospitals in Japan was 17.6 months. Discussions: For shortening it, early intervention initiatives in Japan has been started in several areas centered by mainly University Hospital Psychiatric services with respect to both research and clinical activities. The development of services for early intervention is expected to reduce stigmatization, prevent suicide among young persons, and promote general knowledge about mental health. The common mental health symptoms such as depressive symptoms or anxious should be reconsidered as key motives for help-seeking.

16. The Current Condition and Challenges of Assertive Community Treatment in Japan

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In comparison with the other country, the number of psychiatric beds in Japan is large, and the length of stay in the mental hospital is long. Many of Japanese mental disabled people are in the hospital. Japanese mental health system is hospital-based medical treatment. Nowadays, mental health system reform oriented toward realizing the transition from hospital-based medical treatment to community-based care is taking place in Japan. One of the tendencies, Assertive Community Treatment is attracted in Japan. Assertive Community Treatment is a community-based, out-reaching model that provides treatment, rehabilitation and support for people from severe and persistent mental disabled people. Recently, the organizations to practice Assertive Community Treatment are increasing. However, Assertive Community Treatment is not formally part of the Japanese mental health system. Therefore, it must combine part of existing systems in order to operate. (Such as Japanese home visit system) In this paper, based on the data and information of Assertive Community Treatment in Japan and observation of the practice of Japanese Assertive Community Treatment, the current condition and challenges of Japanese Assertive Community Treatment are described. As a result, the following two points are important. It is essential to build Assertive Community Treatment into the Japanese community mental health system with sufficient funding. Strengthening education of Assertive Community Treatment to mental health professions in Japan.

17. The Association of Psychiatric Proportion of Days Covered (PDC) and All-Cause Mortality in Patients with Schizophrenia

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Objective: To explore the association between the all-cause mortality and psychiatric proportion of days covered (PDC) among schizophrenia patients. Methods: Taiwan initiated a single-payer National Health Insurance program in 1995, and more than 98% of Taiwan's population was enrolled. This study used the National Health Insurance Research Database (NHIRD). By 1999-2000 NHIRD, 59,804 schizophrenia patients were identified, their physical illnesses and proportion of days covered (PDC) were recorded. The sum of weighted scores based on the relative mortality risk for 19 physical illnesses was calculated as a modified CCIS. The psychiatric PDC was measured by calculating the mean proportion of follow-up days covered with psychiatric medicine by dividing the quantity of psychiatric medicine dispensed by 730 days (1999-2000). All the schizophrenia patients were divided into two cohorts (20023 with PDC0.5). The follow-up period was from the date of Jan-1-2001 to the date of death or Dec-1-2007. And a Cox proportional-hazards model was used to compare the mortality rate across the 2 cohorts. Results: Over 10 years, 3,517 (17.56%) patients with psychiatric PDC0.5 died (P0.5 were less likely to die (adjusted hazard ratio: 0.933; 95% CI=0.892-0.975). Besides, patients were male (adjusted hazard ratio: 0.933), older age, lived in rural, had higher CCIS were more likely to die. Conclusions: Low psychiatric PDC was statistically associated with high mortality rate in schizophrenia patients.

18. Exploratory and Confirmatory Factor Analyses of the Subjective Well-Being under Neuroleptic Treatment (SWN) Malay Version by Using Structural Equation Model.

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Background: The Subjective Well-Being under Neuroleptic Treatment (SWN) has been translated and validated in various languages. This study aimed to analyze the exploratory factor analysis of Malay version of SWN by using principal component analysis and also to analyze the confirmatory factor analysis by advance statistical method of structural equation modeling (SEM). Methods; A total of 249 subjects with Schizophrenia were systematically selected at a tertiary out-patients clinic to represent Malaysian population for reliability and validity purposes. Results: The BM (SWN) had very good Cronbach's alpha value of 0.84. Conclusions: Malay SWM has good psychometric properties in both analyses of exploratory and confirmatory factor analysis.

19. Recommendations for Switching From Other Antipsychotics to Paliperidone ER: An Expert Consensus in Taiwan

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Objectives: Switching antipsychotics is common in daily clinical practice and occurs for several reasons. However, there is limited consensus on the optimal process of switching antipsychotics. This presentation focused on general considerations when switching from other antipsychotics to Paliperidone ER. Methods: In December 2012, twelve senior psychiatrists, most of whom are tenured faculty or directors in psychiatric departments at teaching hospitals in Taiwan, teamed up to provide recommendations for switching from antipsychotics to Paliperidone ER. Areas of discussion included reasons for switching, switching strategies, and dosing equivalence. Results: The following antipsychotics which were intended to be switched to Paliperidone ER were discussed: Risperidone, Sulpiride, Amisulpride, Aripiprazole, Ziprazidone, Olanzapine, Quetiapine, and Clozapine. The most common reasons for switching include lack of efficacy, intolerable side effects, desire to improve social function, change in diagnosis from schizophrenia to schizoaffective disorder, hepatic function impairment, and considerations related to changes in metabolic parameters. Methods for switching largely depend on the class and half-life of the currently used antipsychotic. Common dosing of Paliperidone ER ranges from 6mg to 12mg per day. Conclusion: Switching from other antipsychotics to Paliperidone ER may improve psychotic symptoms, provide better tolerability and enhance social functioning. Switching to and selecting the most appropriate dose of Paliperidone ER should be individualized to the specific condition of the patient, taking into consideration variables such as dose/type of previous antipsychotic, reasons for switching, response to previous antipsychotic, and propensity for side effects. Switching from other antipsychotics to Paliperidone ER is feasible in clinical practice.

20. Correlation between Changes in Quality of Life and Symptomatic Improvement in Chinese Patients Switched from Typical Antipsychotics to Olanzapine

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Objectives: To investigate the correlation between symptomatic improvement and changes in self-reported quality of life in patients with schizophrenia from China who were switched to olanzapine. Methods: A post hoc analysis was conducted using data from the China subgroup (n=475) of a multi-country, 12-month, prospective, non-interventional observational study of patients with schizophrenia lacking symptomatic control with conventional antipsychotics who were switched to olanzapine. Symptom severity and treatment effectiveness were assessed using the Brief Psychiatric Rating Scale (BPRS) and the Clinical Global Impressions-Severity scale (CGI-S). Self-reported quality of life was assessed using the WHOQOL-BREF. Correlations were evaluated using Pearson's correlation coefficient (r), and changes from baseline to endpoints were evaluated using paired t-tests. Results: Symptoms and quality of life improved significantly during 12 months of treatment with olanzapine (P less-than .001). Significant correlations were observed between changes from baseline to endpoint for CGI-S with the 2 WHOQOL-BREF overall quality of life questions; QoL (r= -0.37, P less-than .001) and Satisfaction with Health (r= -0.33, P less-than .001) and each of the 4 domain scores; (r= -0.36 for Physical, r= -0.39 for Psychological, r= -0.33 for Social Relationships, r= -0.40 for Environmental, all P less-than .001). The range of correlation coefficients (r) for BPRS total scores with WHOQOL-BREF overall QoL items and each domain was between -0.525 and -0.45 (all P less-than .001). Conclusion: This post hoc analysis suggests that for patients from mainland China with schizophrenia, symptomatic improvement is strongly correlated with improvements in self-rated quality of life across a range of domains.

21. Quetiapine versus Typical Antipsychotic Medications for Schizophrenia

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Objectives: To review the effects of quetiapine in comparison with typical antipsychotics in the treatment of schizophrenia. Methods: We included all randomised control trials comparing oral quetiapine with typical antipsychotic drugs in people with schizophrenia. For dichotomous data, we calculated risk ratio (RR) and 95% confidence intervals (CI) using a random-effects model. For continuous data, we calculated mean differences (MD) based on a random-effects model. Results: The review includes 43 randomised controlled trials (RCTs) with 7,217 participants. There was no significant difference in positive symptoms (PANSS positive subscore: 22 RCTs, n = 1,934, MD 0.02 CI -0.39 to 0.43). General psychopathology was equivocal (PANSS general psychopathology subscore: 18 RCTs, n = 1,569, MD -0.20 CI -0.83 to 0.42) between those allocated to quetiapine and typical antipsychotics. However, quetiapine was statistically significantly more efficacious for negative symptoms (PANSS negative subscore: 22 RCTs, n = 1,934, MD -0.82 CI -1.59 to -0.04). Compared with typical antipsychotics, quetiapine might cause fewer adverse effects, less abnormal ECG, fewer overall extrapyramidal effects and fewer specific extrapyramidal effects including akathisia, parkinsonism, dystonia and tremor. Moreover, it might cause lower prolactin level and less weight gain compared with some typical antipsychotics in the short term. Conclusion: Quetiapine may not differ from typical antipsychotics in the treatment of positive symptoms and general psychopathology. There are no clear differences in terms of the treatment of negative symptoms. However, it causes fewer adverse effects in terms of abnormal ECG, extrapyramidal effects, abnormal prolactin levels and weight gain.

22. Role of Valproate in Controlling Agitation in Schizophrenia-

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Objective: Agitation is a common problem in many patients with schizophrenia. Addressing agitation as a symptom would represent a great opportunity for therapeutic intervention and the alleviation of patient suffering, family burden, and societal costs. Many people with schizophrenia do not achieve a satisfactory treatment response with ordinary antipsychotic drug treatment. In them add-on medications such as valproate have been used. Though well-designed studies are few, when used as adjunct therapies to antipsychotics, some positive effects are described with mood stabilizers. The objective of the review was to define the role of Valproate in controlling agitation Schizophrenia. Methods: A Pubmed search was done looking for studies from 2000 till date using the words Valproate, Schizophrenia and agitation. Most were review articles including a Cochrane reviews, along with systematic reviews, double blind randomized controlled trials and open label studies. These were searched and reviewed. Results: Polypharmacy is a critical issue in the treatment of schizophrenia. 43.4% of the inpatients diagnosed as having schizophrenia received a mood stabilizer. Mood stabilizers can be considered as potential adjuncts to antipsychotics in patients with treatment-resistant schizophrenia. It is assumed that drugs enhancing the effect of gamma amino butyric acid enhancing such as valproate have a potential role in the treatment of schizophrenia because they downregulate dopamine, but the exact mechanism of their benefit in this condition is unclear. Conclusion: The review and conclusion will be discussed at the conference.

23. The Association of Psychiatric Medication Coverage and Stroke in Patients with Schizophrenia

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Objective: To compare the stroke risk between schizophrenia patients with high psychiatric proportion of days covered (PDC) and low PDC. Methods: Taiwan initiated a single-payer National Health Insurance (NHI) program in 1995. More than 98% of Taiwan's population was enrolled in this program in 2007. Using 1999-2000 NHI research database, 59,804 schizophrenia patients were identified. Their demographic data, physical co-morbidities (Diabetes, Hypertension, Hyperlipidemia, Coronary heart disease), and Psychiatric Medication coverage was also recorded. The psychiatric medication coverage was measured by calculating the mean proportion of follow-up days covered (PDC) with psychiatric medicine by dividing the quantity of psychiatric medicine dispensed by the total 730 days (1999-2000). All the schizophrenia patients were divided into two cohorts (20023 with PDC0.5). The follow-up period was from the date of Jan-1-2001 to the date of first stroke diagnosis, death, or Dec-1-2010, whichever occurred first. And a Cox proportional-hazards model was used to compare the stroke rate across the 2 cohorts. Results: Schizophrenia patients with psychiatric PDC0.5. Over 10 years, 713 (3.56%) patients with psychiatric PDC0.5 had strokes (Pr adjusting other confounders, the Cox proportional-hazards model showed that the Psychiatric PDC was not significantly associated with the development of stroke. Conclusions: High psychiatric PDC was not statistically associated with stroke rate in schizophrenia patients.

24. Chinese Medicine An Nao Wan Merger Risperidone for Schizophrenia Clinical Observation

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Objective: to evaluate the clinical curative effect of risperidone merger An Nao Wan for schizophrenia.

Methods: screening a mental health center in the first half of 2012 hospitalized patients with schizophrenia, which alone give risperidone or merger An Nao Wan give risperidone with 28 days treatment cycle, were as a clinical observation objects. Efficacy was assessed using symptoms scale (PANSS), evaluation of adverse reactions was with side effects scale (TESS). And through collecting the clinical data, related testing results, the daily detailed medical records to record adverse reactions. Results: 50 cases of screened 427 patients meet the conditions, including 11 cases with risperidone merger An Nao Wan, and 39 cases only used risperidone. All of 50 cases after two weeks treatment, the symptoms were down significantly. The adverse reactions rate of patients only with Risperdal was 53.8%, of patients with risperidone merger An Nao Wan was only 27.3%.

Conclusion: risperidone merger An Nao Wan can improve the therapeutic effect of risperidone, shorten the recovery time of Schizophrenia, prevent the adverse reaction of psychotic drug, also improve the safety and patient drug compliance.

25. Successful Clozapine Re-Challenge after Acute Myocarditis in a Treatment-Resistance Schizophrenia Patient- A Case Report

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Clozapine is an atypical antipsychotic which is used in patients with schizophrenia who fail to respond to treatment with other antipsychotics. It is the most effective medication for treatment-resistant schizophrenia. However, clozapine has a challenging adverse effect profile compared with other treatment options. Myocarditis is one of the life-threatening adverse effects. Incidence of myocarditis has been estimated to be around 1% and its occurrence does not appear to be dose-dependent. The mechanism of clozapine-induced myocarditis remains unclear. Re-challenging clozapine in this population is controversial, particularly shortly after the occurrence of the myocarditis and when there is clear and convincing evidence of cardiac damage. Rapid reintroduction of clozapine, however, may be beneficial for patients early in the course of their illness who respond well to clozapine but are otherwise extremely psychotic despite aggressive treatment with numerous other antipsychotic agents. Here we report a successful case of clozapine rechallenge under such circumstances.

26. Screening and Brief Intervention for Substance Abuse among Schizophrenic Patients in Hospital Settings in Southern Thailand

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Objectives: To assess the effectiveness of the WHO Brief-Alcohol, Smoking, Substance Involvement Screening Test linked Modified Brief Intervention (Brief-ASSIST linked MBI) on substances among schizophrenic patients in Southern Thailand. Methods: The randomized controlled, 3 and 6-month follow-up trial was conducted in Songkhla Rajanagarind Psychiatric Hospital (SKPH) and Satun hospital in Songkhla and Satun provinces, respectively. The schizophrenic out-patients were screened for history of substances use in past three months with the Brief-ASSIST. Those screened as having moderate-risk substances use were randomized into the BI, the BI + Family session and the treatment as usual groups. The sample sizes were expected to be 60 participants in each group. The primary outcomes were the Brief-ASSIST score. The secondary outcomes were the substance-related problems, psychotic symptoms, patient functions and family functions and process of change. Results: 663 participants were screened. 320 of them used at least one substance in past three months and 252 were in moderate-risk category. 48 refused to participate and 27 were excluded because of their severe psychotic symptoms. Therefore; 177 were randomized into three groups. The three months follow-up preliminary analysis shown that the Brief-ASSIST score, substance-related problems and psychotic symptoms were significant decrease in all groups but non-significant differences in the reduction between groups. The patient functions, family functions and process of change were significant increase in all groups but non-significant differences in the increment between groups. Conclusion: Screening for substances use and feedback processes might have some effects and already serve as an intervention for schizophrenic out-patients.

THEME: MOOD DISORDERS

27. The Development of a Depressive Self-Management Questionnaire

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Background: Depression is very common in mental health care. Successful self-management may be enable patients to achieve a balance between both the disease and daily life. Objectives: Development of self-management of depression, and test its reliability and validity. Methods: 1: establish the scale dimension: Department of researchers based on reference Kanfer (1970) theory: self-awareness, self-monitoring, self-evaluation construct intended to measure the face of the impact of the depression, arising from the unstable emotional self-management knowledge and attitude, behavior, efficiency. 2: Development Inventory title: the use of self-management for patients with depression to regulate depression awareness and attitudes. Invited psychiatry, psychology and nursing depression care experts to detection of the content validity of the questionnaire. 3: Scale reliability and validity testing: Content validity by five experts audit established, 37 patients with depression scale prediction, and later recruited 307 subjects for reliability and validity testing. Results: Scale contains: (1) Knowledge and attitude: factor analysis, three factors, motivation for continuous treatment of depression, self-reinforcing behavior of the treatment of depression, denied depression and no need to make changed. Cumulative explained variance was 53.07%, a total of 25 questions, Cronbach's α of 0.91 (2) Behavior: Question 16 expert validity CVI value of 0.99, Cronbach's α value of 0.80 (3) Self-efficacy: 6 questions, CVI value of 1.00, factor analysis sampling appropriate KMO value of 0.90, explained variance was 80.84. Conclusion: Suggestions for future research in the criterion validity and construct validity of the test, in order to further the efficiency of this scale.

28. Unemployment and the Risk for Recurrent Major Depression in Chinese Women

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Background: This study is aimed to determine whether the prevalence of major depressive disorder (MDD) is associated with unemployment. Method: Data came from Oxford and VCU Experimental Research on Genetic Epidemiology (CONVERGE) study of MDD (4974 cases, age between 30 and 60; 5450 controls, age between 30 and 60). DSM-IV depressive and anxiety disorders were assessed using the World Mental Health Composite International Diagnostic Interview. All subjects were interviewed using a computerized assessment system developed in house in Oxford and called SysQ. The interview includes assessment of psychopathology, demographic and personal characteristics, and psychosocial functioning. Results: Subjects with unemployment are more likely to have MDD, with an odds ratio of 0.69. Low educational status and social class is not associated with an increase in the number of episodes, nor with increased rates of co-morbidity with anxiety disorders. Employment, educational attainment and social class impact differentially on the class and factor of MDD. Conclusion: This study suggests that MDD are associated with unemployment. Lower occupation or unemployment increases the risk and severity of MDD. Educational attainment in Han Chinese women is inconsistent with the simple hypothesis from European and US reports.

29. Depression and Other Psychosocial Factors in Female Population Aged 25-64 in Russia Epidemiological Program WHO "MONICA-Psychosocial"

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Objectives: To study the relationship of depression (D) with job and family stress and other psychosocial factors in female population aged 25-64 years in Russia. **Methods:** Under the third screening of the WHO "MONICA-psychosocial" program (MOPSY) random representative sample of women aged 25-64 years (n=870) were surveyed in Novosibirsk in 1994. D was measured by means of test "MOPSY". The statistical significance was assessed by chi-square test. **Results:** The prevalence of depression (D) in the female population was 55.2%; major D (MD) was 12%. The rate of high personal anxiety, vital exhaustion and hostility were higher in women with MD and made up 97.8%, 76.5%, 80.4%, respectively, compared to those with lower level of D (p for all <0.05). Majority of women with MD (78%) had sleep disturbances (p<0.001). Close contacts and social networks were the lowest in those with MD (p<0.001). There were increased rate of conflicts in the family (up to 58.9%) and reports "anything disturb the rest at home" with growth of D (p for all <0.05). In relation to job stress women with MD more likely to change their specialty (p<0.05) and reduce their load at work and additional tasks (p<0.001); those women more likely to estimate their job's responsibilities as "low" and 5-fold higher showed a decline in working capacity during the year (p<0.001). **Conclusions:** The prevalence of D in female population 25-64 years in Russia is high. Women with MD more likely have higher levels of psychosocial factors, high job and family stress.

30. Occupation Related Depression in Japan

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In late years the depression who assumed, the workplace a cause is a growing tendency to increase. I think that the change of social conditions and the labor circumstances of the workplace in Japan influence the background. For example, unstable workers who worked by irregularity labor and dispatch from conventional seniority and lifetime employment increased. I became information technology and an evaluation was adopted in the workplace, and a meritocracy and the principle of result came to be respected. It is thought that connection with the depression is as for a mental suppression state continuing because of the coercive situation by bullying and the harassment in the workplace else. I pick up about social conditions in Japan and a change of the labor circumstances of the workplace becoming the background and introduce about association with the depression.

31. Quality of Life in Depressive Disorder: A Prospective Study.

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The aim of this multi-centered study was to examine the quality of life in newly diagnosed Thai patients suffering from pure unipolar depression, which includes major depressive disorder, dysthymic disorder and double depression, during a year of follow-up treatments. Methods: The authors conducted a prospective, longitudinal follow-up study of 370 outpatients diagnosed with MDD, dysthymic disorder and double depression and receiving standard treatment from psychiatrists at eleven hospitals, using the Mini International Neuropsychiatric Inventory (MINI). The follow-up assessments were conducted every three months, i.e. four times. The quality of life was evaluated using the short-form health related quality of life scale (SF-36). Results: 346 subjects from 11 multi-centered hospitals; 87 males and 259 females. Mean total SF-36 scores of baseline are 86.87. Mean total SF-36 scores of visit 1, 2, 3 and 4 are 105.87, 106.19, 101.37, and 100.15 respectively. After analysis the results show significantly improved scores between baseline and first visit ($p = .037$) in every subscale especially in Mental Health (-11.144 , $p < .001$) and Vitality subscale (-9.370 , $p < .001$). Mean total scores in other visits compared with baseline not significantly difference. Conclusion: Quality of life of depressed person must be improved in earlier especially in mental health and vitality aspects, which associated treatment responses. So that, treatment is mostly needed in the early stage and the rest of the year didn't make any difference. However, the quality of life didn't get normal level when they had remission which described by other factors.

32. Clinical Outcomes of Patients with Major Depressive Disorder Treated with Either Duloxetine or Selective Serotonin Reuptake Inhibitors in East Asia

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Objectives: To compare treatment outcomes in patients with major depressive disorder (MDD) treated with either duloxetine or a selective serotonin reuptake inhibitor (SSRI) for up to 6 months in East Asia. Data in this *post hoc* analysis were taken from a 6-month prospective, observational study that included 1,549 MDD patients without sexual dysfunction at baseline in twelve countries ($N=587$ in East Asia). Depression severity was measured using the Clinical Global Impression (CGI) and the 16-item Quick Inventory of Depressive Symptomatology Self-Report (QIDS-SR₁₆). Pain was measured using the pain-related items of the Somatic Symptom Inventory (SSI), and quality of life (QoL) was measured using the EQ-5D instrument with the UK population tariff and the EQ-VAS. Probabilities of initiating duloxetine (vs. SSRIs), expressed as propensity scores, were first constructed using logistic regression. Mixed effects modelling with repeated measures (MMRM) analysis was used to compare treatment effectiveness and QoL between the duloxetine ($N=278$) and SSRI ($N=264$) groups, controlling for the propensity scores and other patient characteristics. Results: Both descriptive and MMRM analyses showed that patients treated with duloxetine had better outcomes during follow-up, compared with patients treated with SSRIs. At 6 months, duloxetine-treated patients had lower levels of CGI (2.06 vs. 2.47, $p < 0.001$), QIDS-SR₁₆ (4.31 vs. 6.03, $p < 0.001$), and SSI-pain related (9.70 vs. 10.41, $p = 0.004$), and higher levels of EQ-5D (0.92 vs. 0.88, $p = 0.002$) and EQ-VAS (87.92 vs. 79.59, $p < 0.001$) (MMRM results). Duloxetine-treated patients had better 6-months outcomes in terms of depression severity, pain and QoL, compared with SSRI-treated patients.

33. Serotonin Syndrome after Electroconvulsive Therapy in Combination with Polypharmacy – A Case Report

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Objectives: Serotonin syndrome (SS) is a potentially fatal complication of the combined use of agents that enhance serotonin activity. There have hardly been reports of induction of SS after electroconvulsive therapy (ECT) in combination with pharmacotherapy. We present the case of a female patient with major depressive disorder (MDD) who developed transient SS soon after receiving the first session of ECT in combination with polypharmacy. **Methods:** A case report of a 70-year-old female with MDD. To our knowledge, this is the first case report of SS induced by ECT in combination with polypharmacy. **Results:** To our knowledge and research, there have been only two previous case reports: SS was induced by ECT in combination with monotherapy lithium or paroxetine. Similar to our case, transient SS happened in few hours, started to improve within 24 hours, and wholly disappeared in 2 to 4 days. Common features of these 3 cases are: elderly, female, and MDD as diagnosis. There was no previous report of SS induced by ECT alone (without combining pharmacotherapy). **Conclusion:** Add-on ECT combining pharmacotherapy may induce SS through serotonergic addition reaction and increased BBB permeability. Concurrent use of polypharmacy (especially serotonergic agents) and ECT still demands attention to prevent iatrogenic complication of SS.

34. Long –Term Ketamine Treatment for Depression in a Cancer Patient

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Objectives: Patients with terminal cancer have high rates of Major Depressive Disorder (MDD). Antidepressants have a delayed onset of action which is undesirable in patients with limited life expectancy. Ketamine was used as a fast-acting antidepressant in a patient with terminal cancer, with continuous treatment, and follow-up for 8 months after ketamine was stopped. **Methods:** A 36 year-old woman with Dysthymic Disorder, MDD, and metastatic ovarian cancer, received intramuscular ketamine 1 mg/kg. Depression was rated with the Montgomery Asberg Depression Scale (MADRS). Scores > 20 indicated eligibility for treatment. MADRS was applied before injections and 1, 2, 4, 24, 72 and 168 hours after, along with a numeric pain scale. **Results:** Substantial improvement in depression ratings (MADRS 24 to 6) occurred within 1 hour after first dose. This was sustained for 5-7 days. Repeat dosing at approximately weekly intervals showed identical antidepressant responses. Pain ratings were much more variable. For the first hour post-injection, dissociative side effects were moderate, with no changes in vital signs. Thus, continuous treatment was started on a weekly basis, with maintenance of remission of symptoms. After 9 months of continuous treatment, ketamine was stopped, and the patient remained euthymic for other 8 months, when she passed away. **Conclusion:** IM ketamine 1mg/kg showed rapid and sustained antidepressant effects. It remained effective upon repeated and continuous dosing, and its use was safe and well tolerated. Low dose ketamine may be a treatment option for patients with terminal cancer, and continuous treatment may be needed to reduce risk of depressive relapse.

35. Family Therapy Preventing the Recurrent Major Depression with Borderline Personality Patient against Recurrent Episode

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Major depressive disorder comorbid with borderline personality is a highly recurrent disorder, and its dysfunction has increased risk of relapse. The main purpose of the family therapy model is to prevent the recurrent major depression with borderline personality patient against recurrent episode. These three patients have had more than 10 relapses and hospitalizations during the past 5 years. Focuses of the therapy are on the apples drawn by the patient (DDAA), the patient, and the patient-parent relationship. Keywords are gathered from every participant during the therapy session and the after-meeting. Besides, the subjects to have verbalized meaningful ideas or successful experiences are immediately, intensely praised by applause. DAILY DRAW AN APPLE(DDAA) homework is that the patient has drawn an apple on a calendar everyday and shares with parents about the apple as well as the patient's feelings of the day. The participants of the therapy are the patient, parents, and the therapists (psychiatrist and social worker). The frequency of the model is twice monthly. Each session consists of the 10 minutes pre-session, the 40 minutes therapeutic session, and the 10 minutes post-session. All three patients have never been relapsed over the past 20 months after receiving family therapy under medications. Finally, with the aid of family therapy, they have been almost free from affective symptoms and their abandonment fear, hostile dependent tie with parents have been steadily gradually improved. To prevent the recurrent major depression with borderline personality patient against recurrent episode has been achieved in family therapy presented here.

36. Theory of Mind in Bipolar Disorder: Is It Normal during Remission?

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Introduction-Theory of mind (ToM), described by Premack and Woodruff (1978), is defined as the cognitive ability to infer mental states of oneself and others, in terms of thought, emotion and intention. Studies in bipolar disorder are relatively few and ToM impairments have been reported in symptomatic and euthymic patients. Method- It was a hospital-based, cross sectional study involving 30 patients and 30 age and sex matched healthy controls. Patients diagnosed with bipolar affective disorder, clinically in remission for at least 3 months were recruited. Theory of mind was assessed with Faux Pas Test, developed by Stone et al (1998) in which a subject was read 10 stories containing social faux pas and 10 control stories containing minor conflict, but in which no faux pas was committed. Results – There was significant difference in performance on faux pas stories in patient population as compared to controls ($p=0.001$) with patients showing consistent deficit in recognising faux pas. There was no significant difference in performance on control stories between the two groups. Patients with lesser duration of remission showed worse performance on faux pas stories. Socio demographic and clinical characteristics like age, education, age of onset of illness, duration of illness, positive family history revealed no correlation with poor performance on faux pas stories. Conclusion - There is deficit of theory of mind in bipolar population during phase of remission. The persistence of deficit even during apparent normal functioning and clinical remission may point towards ToM being an endophenotypic marker for bipolar disorder.

37. Effects of Childhood Trauma on Axis I Psychiatric Disorders in the Adult Offspring of Parents with Bipolar I Mood Disorder

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Introduction: The aim of this study was to determine rate of DSM-IV axis I psychiatric disorders in adult offsprings of parents with bipolar disorder and to examine the relationship between psychiatric disorders and childhood trauma. Method: The study included 80 children of 53 bipolar parents treated in Bakirkoy Research and Training Hospital for Psychiatry, Neurology and Neurosurgery and 80 controls. All children were evaluated with demographic forms prepared for them and their parents, Structured Clinical Interview for DSM-IV, Childhood Trauma Questionnaire and Dissociative Experiences Scale. Results: The rate of DSM-IV axis I diagnosis in offsprings of bipolar parents was 35%, 20% mood disorders, 13.8% anxiety disorders, 6.2% alcohol/substance use disorders. In control group, the rate of DSM-IV axis I diagnosis was 12.5%, 8.8% mood disorders, 3.8 % anxiety disorders and 2.5% alcohol/substance use disorders. Children of bipolar parents had more comorbid diagnoses and suicide attempts. Compared to the control group, children of bipolar parents had higher emotional abuse and neglect, physical neglect and total trauma scores. In the bipolar offspring group, children with at least one diagnosis had higher emotional and sexual abuse, physical and emotional neglect and total trauma scores compared to the children without any psychiatric diagnosis. Exposure to emotional abuse and physical neglect increased the risk of any psychiatric diagnosis. Conclusion: We suggest that children of bipolar parents have increased risk of psychiatric disorders, especially mood disorders and have more traumatic experiences in childhood. These traumatic experiences are also associated with increased rates of psychopathology.

38. Impact of Perimenopause and Menopause on the Course of Bipolar Disorder

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Objective: We aimed to investigate the impact of menopausal transition and menopause on the course of bipolar disorder and to assess sleep and life quality of women with bipolar disorder in menopausal transition period and after menopause. METHODS: Thirty premenopausal, 30 perimenopausal and 30 postmenopausal euthymic bipolar patients in 40-60 age range were included in the study. Menopausal Course in Bipolar Disorder Data Form, World Health Organization Quality of Life Scale. Pittsburgh Sleep Quality Index and Seasonal Pattern Assessment Questionnaire were applied. Episode and hospitalization frequencies were determined in premenopausal, perimenopausal and postmenopausal periods according to medical records. RESULTS: In our study we found statistically significant increase in total and manic episode frequencies in perimenopausal period, but no significant increase was found in depressive, mixed episodes and hospitalization frequencies. Premenstrual syndrome and increased perimenopausal depressive episode frequency was correlated but there was no correlation between postpartum episode and increase in perimenopausal episode frequencies. Statistically significant correlation between global seasonality scores and premenstrual syndrome was found. Quality of life and sleep was found better in the premenopausal group than the perimenopausal and postmenopausal groups. CONCLUSION: The results of our study shows that perimenopausal period, which is characterized by significant reproductive hormone fluctuations, can influence mood, sleep quality and quality of life in bipolar patients. It should be kept in mind that our results are preliminary. Thus, prospectively designed

studies with larger sample sizes are needed to better understand the impact of perimenopause on the course of bipolar disorder.

39. Thyroidism in Lithium-Treated Patients with Bipolar Disorder: One Year Follow Up Study

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Objective: In this follow up study, the hormonal changes were determined in bipolar euthyroid patients who had lithium treatment during one year. **Method:** For the study, 23 patients with bipolar I disorder were consecutively selected. All patients were compared with 25 age- and sex-matched healthy controls in terms of thyroid hormone levels and thyroid volumes. The Sociodemographic and Clinical Characteristics Data Form, Hamilton Depression Rating Scale (HAM-D), Young Mania Rating Scale (YMRS), Structured Clinical Interview for DSM-IV Axis I Disorders (SCID-I and SCID-I/NP) were administered. Initial fT4, fT3, TSH levels and thyroid volumes were measured in the patients and controls. Patient and control groups were compared at baseline for thyroid volumes. Patients' lithium levels were measured at baseline, re-examined at six months for fT4, fT3, TSH, and at the first year for fT4, fT3, TSH and lithium levels. **Results:** Thyroid levels in all patients did not change during the follow-up period. fT3, fT4 and TSH levels were measured within the normal range. No correlation was found between the last TSH levels and duration of illness, duration of lithium treatment, thyroid volumes, and the initial TSH levels. **Conclusions:** Lithium treatment did not affect thyroid hormone levels. However, thyroid functions and volume should be determined in lithium treated bipolar patients.

40. The Incidence and Relative Risk of Stroke among Patients with Bipolar Disorder in Taiwan

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Objective: This study aimed to estimate the incidence and relative risk of stroke and post-stroke all-cause mortality among patients with bipolar disorder. **Methods:** From data for 1999 to 2003, this study identified a study population from the National Health Insurance Research Database (NHIRD) that included 25,481 patients with bipolar disorder and 101,924 age- and sex-matched control participants without bipolar disorder. The participants were randomly selected from the NHIRD and had experienced a stroke between 1999 and 2003 were excluded. Using data from the NHIRD between 2004 and 2010, the incidence of stroke (ICD-9-CM code 430-438) and patient survival after stroke were calculated for both groups. After adjusting for confounding risk factors, a Cox proportional-hazards model was used to compare the seven-year stroke-free survival rate and all-cause mortality rate across the two cohorts. **Results:** Over seven years, 683 (2.68%) patients with bipolar disorder and 2,100 (2.06%) controls had strokes. After adjusting for demographic characteristics and comorbid medical conditions, patients with bipolar disorder were 1.23 times more likely to have a stroke (95% CI=1.12–1.34; $p<0.0001$). In addition, 771 patients who had a stroke (27.7%) died during the follow-up period. After adjusting for patient, physician and hospital variables, the all-cause mortality hazard ratio for patients with bipolar disorder was 1.47 (95% CI=1.06–1.45; $p=0.007$). **Conclusions:** During a seven-year follow-up period, the likelihood of developing a stroke was greater among patients with bipolar disorder than controls, and the all-cause mortality rate was higher among patients with bipolar disorder than controls.

THEME: ANXIETY, SOMATOFORM, AND PERSONALITY DISORDERS

41. Relation of Personal Anxiety with Other Psychosocial Factors in Female Population Aged 25-64 in Russia: Epidemiological Program WHO "MONICA-Psychosocial"

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Objectives: To study prevalence of personal anxiety and its association with job and family stress and other psychosocial factors in female population aged 25-64 years in Russia. **Methods:** Under the third screening of the WHO "MONICA-psychosocial" program random representative sample of women aged 25-64 years (n=870) were surveyed in Novosibirsk in 1994. Levels of personal anxiety were measured at the baseline examination by means of Spilberger's test. The statistical significance was assessed by chi-square test. **Results:** High level of personal anxiety (HLA) in female population of 25-64 years was 60.4 %. The rate of poor sleep increased in 3-times with growth of anxiety grade ($p<0.01$). Major depression also had a peak in women with HLA and made up 13.5% ($p<0.001$). High values of vital exhaustion and hostility were more frequent for HLA compared to lower anxiety levels ($p<0.01$). 80% of those women with HLA had low indices of close contacts ($p<0.001$). There was increasing of conflicts in family up to 58.9% and changes in marital status with growth of anxiety levels ($p<0.01$). In relation to job stress women with HLA were more likely to reduce performing of additional task ($p<0.05$); they more often didn't like their jobs ($p<0.005$) and were less likely able to relax after working day at home ($p<0.05$). **Conclusions:** The prevalence of HLA in female population 25-64 years in Russia is large. Women with HLA more likely have major depression, high hostility and vital exhaustion, poor sleep, low social support, high job and family stress.

42. Comparison of Impulsivity and Thought Suppression Traits between Patients with Anorexia Nervosa and Obsessive Compulsive Disorder

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Disorders of Anorexia Nervosa (AN) and Obsessive Compulsive Disorder (OCD) are grouped in obsessive compulsive spectrum disorders. Nevertheless, similarities and differences between these disorders are not clarified yet. The construct of impulsivity is important determinant of personality and effect on planning and decision making. This study compares the self-reported impulsivity and the suppression of neutral and obsession-like thoughts in patients with AN and OCD. The study was carried out in the Psychiatry Clinics of Sakarya University Training and Research Hospital. All consecutive patients gave written informed consent. The study participants who were all female, consisted of 51 patients with AN and 61 with OCD. Mean years of age of AN was 24.7 and 33.7 of OCD patients. Impulsivity was measured with the Barratt Impulsiveness Scale Version 11 (BIS11). The study subjects also completed The White Bear Suppression Inventory (WBSI). Compared to patients with AN, patients with OCD group reported higher levels of WBSI scores. AN and OCD patients were scored similarly and were not differentiated of the subscales of BIS11. Non-planning, cognitive impulsivity and motor impulsivity subscales of the BIS.11 scale were not significantly differed between AN and OCD patients. Impulsivity trait of AN and OCD patients were similar but thought suppression of OCD were higher than AN. These new finding were discussed in the light of the literature.

43. Altered Striatal Functional Specialization for Reward Prediction in non-medicated patients with Obsessive-Compulsive Disorder

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The prevalent pathophysiological model suggests that obsessive-compulsive disorder (OCD) is associated with a dysfunction of the ventral striatal circuitry which is important for motivational behavior (Sakai, 2011). In addition, bilateral deep brain stimulation of the ventral striatum is now being actively investigated for OCD with encouraging results. In spite of this accumulating evidence, the neural correlates implicated in repetitive behaviors in OCD remain unclear. In contrast, lesions in the ventral striatum or decreased serotonin levels are known to result in impulsively biased intertemporal decision making. Here, we modeled obsessive behavior as impulsive action selection in intertemporal choice problem; abnormally frequent choice of smaller-but-sooner rewards (immediate rewarding effects of compulsions) compared with larger-but-later rewards (comfortable life free from obsessive symptoms). Sixteen non-medicated and comorbidity-free patients with OCD and matched 22 healthy controls performed a multi-step delayed reward choice task in an fMRI scanner. We performed novel model-based fMRI data analyses considering both delays and amount of reward outcome. We found that the correlated activity in the ventral striatum with impulsive the short-term reward prediction is dominant and

significantly greater in OCD patients compared with healthy controls. In contrast, very limited brain regions showed significant correlation with long-term reward prediction in the dorsal caudate and putamen in OCD patients. This altered functional specialization in the striatum is similar with our previous findings in healthy subjects at low central serotonin levels (Tanaka, 2007), and shed light on the relationships among serotonergic dysfunction, abnormal activity of ventral striatum, and repetitive behaviors in OCD patients.

44. Sharing of Obsessive Compulsive Disorder: Case Report

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Shared psychotic disorder is a rare and underrecognised disorder. Shared obsessions and compulsions are much more rare and five different case reports are known in the literatures. We report a case of similar obsessions, compulsions and avoidances in the two sisters. Mrs A has a dominate and Mrs B has a dependent traits. Symptoms of Mrs B were starting about one year after the onset of illness in Mrs A. In both cases, they had obsessions in the objects with yellow-gray in color had a dirty and oiled, cleaning compulsions and avoidance. Mrs A had a reluctant and compliance of her treatment. Severe symptoms of Mrs A were recovered with the pharmacotherapy, cognitive behavioral therapy and avoid interaction. Later on, the symptoms of Mrs A were aggravated and treatment were incomplianced when they started to close interactions. These cases had similar clinical features with the shared psychotic disorder. Although the main differences of these similar symptoms were not the delusions and it had also obsessions and compulsions. Diagnoses of both cases were evaluated nonpsychotic OCD. Knowledge about clinical features, treatments and prognosis in shared OCD are limited in a few cases. The new cases must be reported because of providing for the new knowledge and experiences about shared disorders.

45. Do Herbal Mixtures a Panacea? Clavis panax-Induced Anxiety Disorder: A Case Report

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Herbal mixtures are frequently used a treatment option because of the beliefs that it has not any side effects by some of patients. Clavis Panax is consist of herbal combinations of tribulus terrestris, avena sativa and panax ginseng. Marketing of Clavis Panax is claimed that it has numerous benefits and also has any side effect. In this case the patient had used a Clavis Panax for one month in order to ameliorate of his Diabetes Mellitus disease. He had attended excessive, uncontrollable and often worries about everyday things, restlessness, difficulty breathing, fatigue and insomnia. Hamilton Anxiety Rating Scale (HAM-A) was pointed; 44 (severe, dominated the life of the patient). HAM-A was pointed; 20 (mild to moderate) when he discontinued and begun to antidepressant-anxiolytic therapy. This case has reported a Clavis Panax-induced anxiety disorder. Herbal preparations should be carefully evaluated in terms of side effects, as well as the possible benefits. Product information should be consisted of these side effects reports.

46. Quality of Life of Somatization Disorder Patients in Srinagarind Hospital

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Objectives: To study the quality of life (QoL) of somatization disorder patients in Srinagarind Hospital and factors that affected quality of life. **Methods:** This was a descriptive cross-sectional study using questionnaire which consisted of 3 parts; 1) Patient's demographic data. 2) Information data on somatization disorder symptoms and 3) WHOQOL-BREF questionnaire Thai version. The patients were asked to answer the part 1 and part 3 but the part 2's answers were found out by the researchers from the patients' medical record. The inclusion criteria were ICD-10 met somatization disorder patients who were attending psychiatric outpatient unit anytime during 1 January 2011-31 December 2012. The statistics used for analysis were general descriptive statistics, 1- way ANOVA, Independent T-test and Pearson's Correlation of SPSS for Window Version 20.0. **Results:** Twenty-seven patients with somatization disorder were included in the study. They were 18 females (66.7%) and 9 males (33.3%). The mean age of the patients was 54.92 years old, with minimum age 34 and maximum 82 years old. Twenty (74.1%) of them were married. Seventeen (63%) patients had only 6 educational years. Twenty- two (81.5%) patients owned their houses. Nine (33.3%) patients were unemployed. Seventeen (63%) patients' income was less than 10,000 Baht/month. The mean duration of somatization disorder was 6.89 years (range 1-27 years). Number of pharmacotherapeutic drugs prescribed to the patients was 2-7 drugs, of which the most highly prescribed was benzodiazepines (26 patients (96.3%)). The QoL of somatization patients were mostly in 'average' in every aspect (physical domain, psychological domain, social relationship, environmental) and overall QoL aswell. The factors contributing to poor QoL with statistical

significance was less educational year (≤ 6 years) and low income ($\leq 10,000$ Baht/month). Conclusion: Every aspects and overall of WHOQOL-BREF of somatization disorder patients were mostly in 'average'. The factors contributing to poor quality of life with statistical significance was less educational years and low income

47. Dissociative Convulsion in a Case of Moyamoya Disease- A Case Report

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Introduction: Moyamoya disease (MD), a rare cerebro-vascular disease, often produces decline in cognitive functioning. However, there is limited information on the associated cognitive and emotional sequelae, particularly presenting in a psychiatric setting. To our best knowledge, dissociative disorder has never been reported in association with MD. Case History: A 12 year old boy, born out of non-consanguineous marriage, by full term vaginal delivery without any developmental delay, with easy going pre-morbid temperament, presented with multiple episodes of generalised tonic-clonic convulsion and episodes of right sided incomplete hemiparesis and transient ischemic attacks for 7 years with worsening over last 6 months, in spite of adequate treatment. MR-angiography revealed severe stenosis of B/L Cavernous and supraclinoid Internal Carotid Artery, B/L proximal Middle, Anterior and Posterior Cranial Arteries, suggestive of Moyamoya disease. After remaining asymptomatic for 1 year on multiple anti-epileptics and supportive treatment, sudden onset flinging movement of all four limbs one after another lasting for 10-15 minutes without loss of consciousness or loss of memory for the episode, tongue bite, incontinence, started occurring only in presence of family members and immediately after stressor. Predominant mood would be irritable with normal biological functioning. All haematological investigations were normal and Video EEG did not reveal any EEG abnormality during abnormal movements. Hence a co-morbid diagnosis of Dissociative convulsion (F.44.5) was made. Discussion This case indicates the possibility of under diagnosis dissociative convulsion in MD because of similarity with true convulsion, hence highlights the need for detail psychiatric evaluation in Moyamoya disease.

48. Dissociative Identity Disorder Presenting As Suicide Attempt or Drug Overdose: A Case Report

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Objective: Dissociative identity disorder is known a rare disorder due to underdiagnosed and misdiagnosed. In this case we determined a dissociative identity and high dose drug intake emerged during the fluoxetine in treatment of depression. Case: 18 years-old student is found by her friends at student dormitory as unconscious and next to the drugs. She said that before intensive case at hospital she remembered in a very confused way and like a dream, she felt she was like a child, she played with candies with various colors (probably drugs), and then, she ate all of the candies. She stated that she did not know why she was in the hospital when cooperation was built. In her interview it is understood that she responded to the treatment of fluoxetine 20 mg / day, which has begun a month ago with major depression symptoms in the third week of treatment, and the treatment of fluoxetine 20 mg / day has been continued. It is stated in history of the past that there had been several months long abuse by a person in her 5-6 years of age. Discussion: The patient had sexual abuse, existence of different identity (child identity was eaten the candies), drug overdose due to child identity (appears to be a suicide) and the proper diagnosis was though DID. With the regard of this complex case, the issues of high dose drug intake, suicide attempt, depression, antidepressants associated suicide or side effects and their relations will be discussed.

49. Prevalence and Associated Factors of Borderline Personality Disorder in Suicidal Attempters: A Case-Control Study.

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Objectives: To study the prevalence and clinical correlates of borderline personality disorder (BPD) in suicidal attempters. Methods: A cross-sectional, case-controlled study in 20 patients with a history of recent (≤ 1 year) suicidal attempts and 20 age and gender matched control without a history of suicidal attempt in the last year. Structured Clinical Interview for DSM-IV Axis II personality disorders (SCID II) and Mini International Neuropsychiatric Interview- MINI Thai version were utilized for axis I & II diagnoses. Psychosocial variables including the Revised Multidimensional Scale of Perceived Social Support (rMSPSS), the 32-Item Inventory of Interpersonal Problem (IIP-32), and the 10-Items Perceived Stress Scale (PSS-10) were collected. Data was analyzed to evaluate the risk and clinical correlations of BPD in suicidal attempters. Results: Thirteen out of 20 (65%) suicidal attempters and 3 out of 20 (15%) participants control group met criteria for BPD. BPD participants were 10.5 times higher risk for suicidal attempts (Odds ratio 10.52, 95% CI 2.271 - 48.757) than non-BPD participants. No psychosocial variables were found to be associated with suicidal attempting BPD group;

however, suicidal attempters had lower IIP score than those in non-suicidal attempters. Conclusions: BPD was found in 65% among suicidal attempters. Participants with BPD were 10.5 times higher risk for suicidal attempts than non-BPD participants. Larger sample is warranted to demonstrate the relationship between BPD and suicidal behavior.

MENTAL HEALTH AND QUALITY OF LIFE

50. Quality of Life of Mentally Ill patients

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Background: Quality of life has gained importance as a global measure of social and clinical outcome in mentally ill patients. Aim: To find out the QOL of mentally ill patients and its association with selected variables. Setting: Psychiatry OPD of BP Koirala Institute of Health Sciences. Methods: A descriptive cross sectional research design was adopted. A total of 75 patients were chosen by purposive sampling technique. WHO QOL BREF - 26 was used to collect the data. Statistical analysis: Analysis was done by descriptive (mean & percentage) and inferential statistics (z-test & chi-square). Results: Result of the study showed that QOL of patients with schizophrenia and affective disorder in different domains varied i.e. the mean QOL score for schizophrenic patients in physical domain (12.5294), psychological domain (12.1765), social domain (11.8823) and environmental domain (11.2353). Regarding affective disorder mean QOL score in physical domain (13.6379), psychological domain (13.1207), social domain (12.931) and environmental domain (13.6552) was found. It was also found that there was association between overall QOL with gender and marital status, physical domain of QOL between overall QOL with gender and marital status, physical domain of QOL with occupation, psychological domain and type of family, social domain of QOL with variable like gender, age, marital status and occupation and environmental domain of QOL with that of income. Conclusion: The concerned authority and mental health care providers can plan and implement the intervention to improve the QOL of mentally ill patients.

51. Assessment of Stress and Coping Mechanisms among Nursing and Medical Students at BPKIHS, Nepal

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Background and aims: Stress can have a significant effect on an adolescent's long-term physical and mental well-being. This study aimed at exploring the associated factors related to stress like causes, symptoms and coping strategies among nursing and medical students at BPKIHS, Nepal. Methods: Cross sectional descriptive study was used for the study. Verbal consent was obtained from all participants. Samples were selected by using systematic random sampling. Total 100 nursing and MBBS students completed questionnaires prepared to assess their stress and their coping strategies. Results: Research report revealed that students experienced a variety of stressful events during their study period. Among those who experienced stress frequently the most common causes of stress reported by students were difficulty in understanding classes, relationship torture from teachers, and home sickness, financial, family and relationship problems, torture from colleagues and from teachers. Various ways to cope with stress as stated by students were managing some time for rest and relax and preferring music, finding positive way in every situation, looking at the problem as challenge and using sense of humor, etc. Conclusion: Students require attending sessions to assist in improving their life and coping with stress.

52. Mental Health Environments Surrounding Japanese Business Persons in Asian Countries

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Objectives: Recently the number of Japanese business persons residing in foreign countries is sharply increasing in Asia. Traditionally lots of Japanese companies settle their factories in P.R. China and the number of Japanese reached 140931 in 2012. However, with recent change of economic conditions, many Japanese companies are now seeking new posts in other Asian nations such as Indonesia, Thailand, Myanmar (Burma), Vietnam, Cambodia, Bangladesh, etc. with the movement called "China plus one". Hence, it's important to know the current status of mental health environments surrounding Japanese business persons to support them. Methods: To study the current status of mental health environments surrounding Japanese business persons, semi-structured interviews were performed in Beijing, Yangon, and Jakarta. Difficulties in business, daily life, social factors, etc. were investigated. Results: Lots of stresses were derived from discrepancy with headquarters in Japan in all three places. In many headquarters they cannot catch up with rapid changing of Asian countries. Cultural differences and difficulties in human relationship are stressed in China. Shortage of infrastructure is pointed in Yangon. Traffic problems are often pointed in Beijing and Jakarta. As for mental disorder, Depression and Alcohol problem are seen in all three cities, however bipolar disorder, PDD, Dementia are especially seen in Beijing. With the increase of Japanese residents, the range of disorders is widened. Conclusion: With the new trends of Japanese business communities, and economic development of Asian

countries, wider variety of mental disorders can be seen in the near future. Information of psychiatrists willing to consult foreigners in Asia is welcomed.

53. Improving Functioning and Quality of Life, and Reducing Caregiver Burden through G-Race Community Programme (GCP)

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Objectives: The GCP was developed in 2011 to support elderly with mental health conditions so that they continue to stay well in the community. Through home-based interventions, GCP aims to improve the quality of life of elderly patients and alleviate the stress of caregiving through training, psychosocial support, and education. **Methods:** Preliminary data was collected from 48 patients at point of acceptance to the programme, at 3 months, 6 months, and at discharge from GCP. Outcome measures included days of psychiatric admissions, Montgomery–Asberg Depression Rating Scale (MADRS), ZARIT Burden Interview, Lawton Instrumental Activities of Daily Living Scale (IADL), EuroQoL 5 Domains (EQ5D), Global Assessment of Functioning (GAF), and the Client Satisfaction Questionnaire (CSQ8). **Results:** There was a 40.0% reduction in psychiatric-related admissions and 64.4% reduction in days of psychiatric admission 6 months after acceptance to GCP; a reduction in depressive symptomatology of $M = -7.37$ ($SD = 8.45$); improved self-rating of health status of 28.43%; reduction in caregiver burden of $M = -7.06$ ($SD = 11.30$); improvement in IADL scores of $M = 0.78$ ($SD = 1.60$), and improvement in GAF scores of $M = 8.95$ ($SD = 8.76$). CSQ scores were high $M = 28.8$ ($SD = 2.95$), and 90% reported satisfaction with GCP at point of discharge. **Conclusion:** Through GCP, patients and their caregivers are helped and kept well at home, leading to improved quality of lives and better management of their mental health needs. This highlights the value of community-based mental health services for the elderly.

54. Facebook Effects in University Students

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Objectives: To report the data of Facebook use among university students including the prevalence, demographic data, usage behaviors, effects and general health status. **Methods:** This is a cross-sectional study that randomized 420 participants in Prince of Songkla University, Thailand. The questionnaire included demographic data, self-evaluation of addiction, self-awareness of effects from their behaviors and 12 items of the Thai version of the General Health Questionnaire (GHQ). The author used Chi-square and Fisher's exact tests to assess the correlations of these items. A p-value of less than 0.05 was considered significant. **Results:** All participants completed the questionnaires. Of the 420 participants, 99% of these participants used Facebook with a mean duration of 3 hours per day and 45.1% of the users recognized themselves as Facebook addicts. This group had a higher proportion of abnormal GHQ scores than those who did not consider themselves as addicts. There were no differences in grade point average between these two groups. **Conclusions:** There was a high prevalence of Facebook use among the Prince of Songkla University students. Almost half of them put themselves in the addict group and had a worse general health status than those not in the addict group. This could develop into a major problem for university students in the social networking society. The data collected can be used for further studies and planning.

55. Somatic Symptoms in Medical Students during Examination

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Medical education is perceived as being stressful. Examination is one of the events in medical student's life that is most related to stress. There are no data before about the somatic symptoms during stress in medical students. This survey was conducted to know about the specific of somatic symptoms in medical students related to stress facing examination and how they cope with that. Two hundred and ninety six undergraduate medical students follow this online survey. There were 166 females (55.9%) and 130 males (44.1%). There were 39.5% of respondents ($n=117$) who were at age 20-21 years old, followed 35.5% ($n=105$) at age 18-19 years old and 16.6% ($n=49$) at age 22-23 years old. Most of the students (89.1%, $n=262$) experienced somatic symptoms related to stress facing the examination. We were asking the respondents of their somatic symptoms based on the somatic symptoms related to the autonomic nervous system frequently seen in anxiety patients. The respondents could choose more than one somatic symptoms. Somatic symptoms reported by the respondents; palpitation/pounding heart (67.3% $n=187$), frequency in urinating and feeling want to defecate (44.6%, $n=124$), sweating (30.6%, $n=85$), lightheaded/confuse/unsteady (27.7%, $n=77$), bloating and gut discomfort (26.3%, $n=73$), fear of losing control (24.1%, $n=67$) and trembling and shaking (23.4%, $n=65$). Surprisingly, the students (67.9%, $n=199$) also often have somatic symptoms there were not related to examination and 27.6% ($n=81$) of them had experienced anxiety attack. Students coped with the somatic complaints arose during examination and most of them chose praying (77.5%), having positive thinking (73%) and relaxation (52.2%).

56. Psychological Reactions of People in Fukushima during the Ongoing Radioactive Danger

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The Great Eastern Japan Earthquake was a magnitude 9 event, the largest in Japanese history, occurring on March 11th, 2011. The earthquake and resulting tsunami in the North-East part of Japan, including the Fukushima prefecture, took about 19,000 lives and caused three nuclear reactors' meltdowns out of six, followed by several explosions in the Fukushima Daiichi Power plant. There continues to be radioactive danger due to leakage from the nuclear power plant and this danger includes contamination of air, soil, food and water, particularly in the Fukushima prefecture. Some research has been conducted immediately following the 2011 earthquake; for example, investigating employees' mental health issues in the Fukushima nuclear plants (Shigemura et al, 2012). However, little research has focused on the role of value and attitude change in restructuring shattered assumptions (Janoff-Bulman, 1992), and evaluating the stigmatization process (Hagnihat, 2001) within and without Fukushima prefecture during this ongoing radioactive danger. To this end we conducted semi-structured in-depth qualitative interviews with 30 people between the ages of 18-65, who have been living or working in Fukushima prefecture in August and September 2012. A content analysis was used to categorize the themes from the interview data. Several value and attitude change, including positive change, was addressed. In addition, the theme of self-blaming, of being a stigmatiser, and the stigmatization toward Fukushima, were observed to be associated with a loss of self-confidence.

57. Repetitive Flood Experience as an Independent Factor for Deteriorating Health Condition

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Objectives: Many previous studies report the association between psychological trauma, PTSD and poor health condition. The current study tried to verify this association among disaster survivors in Japan with the intention of providing psychosocial support more efficiently. Methods: We conducted surveys posting a questionnaire to flood survivors one year after serious floods in three areas in Hyogo prefecture. Among the three areas, one was severely stricken by the Great Hanshin-Awaji Earthquake in 1995, and another had been repeatedly hit by the river floods in about every decade. Results: Binomial logistic regression analysis for each area (n=114, 183, 290) found no statistically significant associations between PTSD (IES-R>24) and poor health condition indicated as newly-started medical consultation after the flood. But in the area where the river floods often, newly-started medical consultation after the flood was associated with "former disaster experience" (adjusted odds ratio=3.864). Interestingly, this association was found neither in the Earthquake stricken area nor in the other flooded area. Conclusion: The association between PTSD and poor health condition was not seen in this study. However, repeated flood experience could be an independent factor for deteriorating survivors' health condition. The result of this study would suggest the importance of taking a plural same-kind disaster experience into account for more efficient support provision.

58. A Study of Mental Health of People of four Violence Affected Groups

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Objective: This study intended to examine Mental Health among victims of different kinds of violence. Violence of any type has its negative impact on affected persons because of its horrible and disastrous after effect. Methodology: 200 males and females between 18 and 28 years of age from places having witnessed four types of violence due to communal, castes, terror and political reasons served as sample of the study. Incidence of such violence is very common in India today. First two categories of violence are outbursts of clash of interest, hatred and lack of tolerance and unwillingness to accommodate others. The remaining two have deep rooted socio-economic and psychosocial reasons. Only half of the subjects were violence affected and remaining was unaffected. All the subjects were administered Mental Health Scale by Husain. Results: Data of this multiple designed study were treated with the help of Analysis of Variance and t-test. The four violence affected groups differed significantly from one another on mental health scores. Mental health scores of affected and non-affected subjects too differed significantly. Significant difference was also found among subjects coming from different kinds of violence. As regard to gender it was found that females had an edge over males in both the conditions. Conclusion: It was concluded that nature and magnitude of violence affect mental health scores and gender bears significant impact on mental health scores.

59. Bipolarity in youths: a cross-sectional investigation using a structured interview and a brief self-rating questionnaire in a Japanese university.

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Aims: To clarify a continuum of bipolar mood liability in youth, the authors reported the history of bipolar disorders in childhood, presence of mood swings, and subclinical bipolarity using a checklist at a Japanese university for two years. **Methods:** In the first study, the authors conducted a structured interview to high-risk students of depression. In 5,522 under and postgraduate students undergoing a mental health screening, the MINI was administered to 144 participants. Subsequently, a brief self-rating questionnaire including elevated mood and irritability item was conducted as a regular examination for 5,425 students. The authors analyzed relationships between bipolarity and the other psychiatric features. This annual examination is conducted by the Gunma University to improve and maintain students' health, and approved by the university committee every fiscal. **Results:** It was found a history of some bipolarity including mania (0.7%), hypomania (6.3%), or some subclinical liability in 22% of 144 students. Students with psychiatric diagnosis were more common among females (37.0%) than males (20.0%). In the next study, it was demonstrated 1.1% positive for elevated mood, 1.5-2.5% for irritability, and 0.3-0.5% for both items in 5401 responders. The multiple regression analysis indicated that these items were correlated with depressive symptoms, referential idea, eating problems, and disability of daily life significantly. **Conclusions:** It was revealed 22% with history or current symptoms of bipolar mood liability from childhood in depressive students. A subthreshold bipolarity was conjectured about 1-2% frequency in a general sample. Higher than expected bipolarity can contribute to depression or psychopathological distress.

PP1 (THURSDAY AUGUST 22, 2013)

CHILD/ADOLESCENT PSYCHIATRY

1. Result of Using Art Therapy on Matricidal Patients with Pervasive Developmental Disorder

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Preface: Crime commitment may create a very strong impact on patients who are children. Those experiences cannot be expressed verbally which after the crime commitment effects adversely in term of the child's physical and emotional health. Child patients usually become unconfident and possess low self-esteem. Hence, art therapy is an appropriate means in which we can communicate with the children as well as letting them express their feelings and emotions through their pieces of art works. Objectives: To study the result of using art therapy on matricidal patients with Pervasive Developmental Disorder. Methods: Usage of art to treat patients individually 12 times each within the duration of December 2012 – February 2013. Results: Patients gain more social skills, confidence and hope as well as acceptance in themselves.

2. Investigation of Factors Affecting Inclusion of Autistic Children in the Mainstream School Network of Yuwaprasart Waithayopatum Hospital

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Objectives: To investigate the factors affecting the inclusion of autistic children in the mainstream school network of Yuwaprasart Waithayopatum Child Psychiatric Hospital. Methods: This is a qualitative study. By using specific sampling, forty teacher representatives from the school network participated in the focus group discussion. All information was analyzed by Analytic Induction and Typological Analysis. Results: It was found autistic children with the following characters are accepted by schools: 1) self-care, elementary autistic children must be able to use toilet successfully, 2) communication, kindergarten autistic children can use gestures to communication, but the elementary autistic children must be able to communicate via conversation, 3) academy, elementary autistic children must be able read and write, 4) behaviors, autistic children must not show aggressive, self-harm nor assaultive behaviors and do not extremely preoccupy nor withdraw. Whereas the problems/obstacles/limitation for inclusion of autistic children in the mainstream education are 1) school administrators do not support the inclusion process and 2) teachers are afraid of being unable to be care taker of the autistic children. Conclusion: Results of this study can be extrapolated to analyze and plan for better and more appropriate transferring autistic children from hospital to schools. Four issues that needed by the school network are 1) intelligence evaluation results, 2) identification books, 3) continuous follow up 4) referral system and school visit and for elementary level, teachers want to be informed drug prescriptions and drug-information.

3. Neurodevelopmental Comorbidities in Children with Autism Spectrum Disorder at Srinagarind Hospital. Khon Kean University, Thailand

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Objective: To studies incidence of the other Neurodevelopmental comorbidities in Children with autism spectrum disorders (ASDs) age between 6-14 year old, who were diagnosis of ASDs when they were young and have been continuous to treat at Psychiatric department of Srinagarind hospital ,KhonKean University Thailand. METHODS: The Retrospective study of the medical record of the Children received a clinical diagnosis of ASD , age 6-14 years old and have record of visit during 2012 period. Data collected are IQ level, comorbidities such as Attention problems, Language problems, Learning problems Results: The incidence of other neurodevelopmental co morbidities will be present at the congress. CONCLUSION: Autistic individuals should be monitored regarding their co morbid profiles, and clinician should continue to helping them to get the best outcome in treatment and school achievement.

4. Long-Term Follow-Up in Childhood Attention Deficit/Hyperactivity Disorder in Songklanagarind Hospital

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Objective: To perform a follow-up on the current clinical conditions of patients with attention deficit/hyperactivity disorder (ADHD) in five outcomes: academic achievement, occupational performance, behavioral problems related to family and society, conduct disorders and current clinical and behavioral symptoms of ADHD patients. Methods: This was a retrospective cohort study. We collected data in patients who were diagnosed as ADHD since 2001 by interviewing the parents by telephone, direct interview and a

request to respond to a questionnaire letter. Participants were randomized and data were collected from 200 subjects. The questionnaire followed our objective, applied IOWA Conner Rating Scales to evaluate the current ADHD symptoms and used diagnostic criteria of conduct disorder following DSM-IV-TR. Data were calculated using descriptive data and presented as percentages. Results: Most of the participants were still studying (83.4%) and nearly half (45.7%) had a grade point average in the range of 2.01-3.00. From the academic achievement criteria, 94 subjects passed. The participants who were working did not have any problems in their occupation (93.33%). All of the participants were single. Ten subjects (5.0%) had conduct disorder and 42 subjects (21.1%) had behavioral symptoms. Conclusion: The ADHD patients are still studying and tend to have high scores in academics. Conduct disorder patients are fewer than in previous studies reviewed. The lifestyle and culture may affect the results. Further study should be done in a larger population.

5. Adult Attention Deficit Hyperactivity Disorder Comorbidity of Panic Disorder Patients

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Aim: High attention deficit hyperactivity disorder (ADHD) comorbidity in pediatric patients with panic disorder (PD) has been studied. Reports of ADHD and PD comorbidity have primarily focused on children and adolescents. The aim of this study is to analyze ADHD comorbidity in adult PD patients, and to compare with healthy controls, and to compare PD patients with and without ADHD.

Method: Sixty patients diagnosed as PD (according to DSM IV) from outpatient unit of Psychiatry Department., and sixty controls were included in the study. The Turkish version of the Structural Clinical Interview for DSM-IV, Wender Utah Rating Scale, Turgay's Adult ADD/ADHD DSM-IV based Diagnostic and Rating Scale were administered to participants. **Result:** Adult ADHD comorbidity of PD patients was identified to be 6,7%.

Participants with adult ADHD in the PD group had higher rates of alcohol and substance abuse and all of the PD patients with adult ADHD had generalized anxiety disorder (GAD), compared to those without adult ADHD.

Discussion: ADHD comorbidity should be an important clinical consideration in all panic patients. All patients with panic disorder, especially with comorbid other anxiety disorders and alcohol/substance abuse or dependence should be evaluated for adult ADHD.

6. Factors Related to Adolescent Depression Screening among International School Students in Bangkok, Thailand

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Background: Depression is a significant contributor to burden of disease and is the major cause of disability among age group of 15-24 years. **Research objectives:** To assess the prevalence and to analyze the factors related to adolescent depressive symptoms in international school in Bangkok. **Methods:** The study is cross sectional study. The data collection was collected in February 2013 in two international schools in inner Bangkok among 125 school students aged between 15 to 19 years. Informed consent was signed by the parents was be taken and consent was taken from all the respondents. The research instrument was self-administered questionnaires. The questionnaires were tested with 40 adolescents at international school for the reliability using Cronbach Alpha Coefficient in SPSS. **Results:** Findings showed that 44.0% of the respondents had no depressive symptoms, 14.4% of the respondents had mild to moderate depressive symptoms and 41.6% of the respondents had moderate to severe depressive symptoms. Chi square testing found significant associations between adolescent's depressive symptoms and academic achievement, family history of depressive symptoms stress and self-esteem. **Conclusion:** The findings of the study suggest that the health related personnel in school should be concerned on early screening and primary preventive interventions. The school curriculum should include programs such as adolescents stress management, relaxation techniques, conflict resolving skills, social, positive coping skill, and strong self-image that uplift their self-esteem as well as productive academic skills.

7. The Prevalence and Associated Factors of Depression in Teenage Pregnancy at Siriraj Hospital

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OBJECTIVE: To find the prevalence and associated factors of depression in teenage pregnancy in ANC clinic of Siriraj Hospital. **METHODS:** Data collected from 308 pregnant teenagers, aged between 13-20 years old, visited ANC clinic of Siriraj Hospital since July - December 2012. The Center for Epidemiologic Studies-Depression Scale(CES-D) was used to find out the prevalence of depression and divided subjects into depressed and not-depressed groups for comparative analysis to find associated factors. **RESULT:** From 308 pregnant teenagers, mean age 17.32 ± 1.46 years old. There were 27 pregnant teenagers (8.8%) with depression (CES-D>22). Six factors are found associated to teenage pregnancy depression with statistical significance ($p < 0.05$): Unplanned

pregnancy (OR 3.76, $p < 0.01$, 95%CI 1.29-10.93), Unhappy at home (OR 5.06, $p < 0.01$, 95%CI 1.11-23.10), Stress during pregnancy (OR 3.29, $p < 0.01$, 95%CI 1.19-9.10), History of abortion (OR 14.45, $p < 0.01$, 95%CI 4.19-49.83), History of major depressive disorder (OR 15.28, $p < 0.01$, 95%CI 1.49-157.15) and Family history of schizophrenia (OR 22.52, $p = 0.04$, 95%CI 1.94-261.39). Though the last factor must be considered for the significance difference. **CONCLUSION:** The prevalence of depression in teenage pregnancy was 8.8%. There were 6 factors associated with depression in teenage pregnancy: Unplanned pregnancy, Unhappy at home, Stress during pregnancy, History of abortion, History of major depressive disorder and Family history of schizophrenia. The results could be benefit to develop prevention program for reducing depression in pregnant teenagers.

8. Prevalence and Predictive Factors Influence Depression among Secondary School Students in Khon Kaen Province

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This research aimed to estimate the prevalence and examine factors associated with depression in among secondary school students in Khon Kaen province. 1,230 students were included in the analysis, using a Two-stages Cluster random sampling method. Depression was assessed using the Center for Epidemiologic Studies-Depression scale (CES-D), Thai version. Data were analyzed using multiple logistic regressions. Results: A total of 297 (24.1%) students met the criteria for depression. Among these, 36.02 percent were males and 63.97 percent were females. The factors that significantly associated depression in the students were sex (OR = 1.97, 95%CI = 1.42-2.73), self-esteem (OR = 0.91, 95%CI = 0.87-0.93), and negative thought (OR = 1.05, 95%CI = 1.04-1.06). Regarding to sex difference, there was not different predictive factors between male and female students. Conclusion: The study findings congruent with previous studies. Therefore, interventions that changing negative thoughts and enhancing self-esteem are significant for prevention and decreasing depression in adolescent group for both sexes.

9. Depression in Pediatric Inpatients Psychiatric Consultation at Siriraj hospital between 2007- 2011

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Objective: the aim of this study is to gather fundamental information on sociodemographic data, prevalence of depressive psychiatric diagnoses in hospitalized child and adolescent patients consulted to psychiatric and pediatric department, reasons for consultation, pattern of management and follow up at Siriraj hospital between 2007- 2011. Methods: the retrospective study has been done in hospitalized patients consulted to child and adolescent psychiatric units of psychiatric and pediatric departments. The data has been collected though data collection format along with request-form paper for consultation used in psychiatric and pediatric units including to consultation documents. Results: 1,300 patients were referred to child and adolescent psychiatric units between 2007- 2011 among these, 106 patients (7.72%) were diagnosed with depressive disorder. They comprised 42 males and 64 females. The majority age group was between 13-14 years and most patients have been consulted from the department of pediatrics. The most common reason from consultee was to evaluate psychiatric disorder and most consultee just described their patient's symptoms without specific psychiatric diagnoses. Adjustment disorder with depressed mood is the most diagnosis. Most patients usually received non-pharmacological treatment but there were not adequate follow up data. Conclusion: Depression is one of the most important psychiatric conditions that affected hospitalized child and adolescent patients. Depression can manifest in varied patterns. Early recognition and intervention can improve physical treatment outcome.

10. Phenomenology of Children and Adolescents with Bipolar Spectrum Disorders in Japan

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Objective: In this study, we investigated clinical presentations, comorbidities and outcome of bipolar spectrum disorders in childhood and adolescence in Japan. Methods: Subjects were a total of 30 children and adolescents (8 boys, 22 girls) who met the diagnostic criteria for bipolar disorders among patients who visited the outpatient psychiatric unit of the Nirenokai Pediatric Clinic. Results: The 30 patients had the following diagnoses: bipolar I disorder (n=1), bipolar II disorder (n=12), and bipolar disorder NOS (n=17). Patients were classified into the child (n=7) and adolescent (n=23) groups. Six patients (85.7%) in the child group and four patients in the adolescent group (17.4%) had a family history of mood disorders. Comorbidities included ASD (100%), ADHD (42.9%), and anxiety disorder (28.6%) in the child group and ASD (43.5%), ADHD (4.3%), and anxiety disorder (43.5%) in the adolescent group. Clinical presentations were mixed episodes (62.5%), ultradian type (14.3%), and rapid cycling (28.6%) in the child group, while these presentations were seen in 0%, 13.0%, and

52.2% in the adolescent group, respectively. A total of 34.8% of patients in the adolescent group exhibited the features of adult-onset bipolar disorder. Conclusions: Common clinical characteristics of the child group were a family history of mood disorders, presentation of mixed episodes, and comorbid developmental disorders, but those of the adolescent group were found to be similar to adult group. The rates of comorbidity with PDD in the children and adolescents with bipolar spectrum disorders were higher than those reported in other countries.

11. Clinical Characteristics of School Refusal Children at Yuwaprasart Waithayopatum Hospital CHAIWAT PARNTONG, Rinsook Ongarjsakulman, Nattawat Ngamsamut (Yuwaprasart Waithayopatum Hospital, Thailand)
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OBJECTIVE: To study clinical characteristics of school refusal children at Yuwaprasart Waithayopatum child psychiatric hospital. **METHOD :** This is a retrospective descriptive study. Forty-four school refusal children were admitted during 2007 to 2012, their information on demographic data, clinical features interventions and treatment were collected and analyzed. **RESULTS:** It was found that most the school refusal children were in 8-12 years of age (70.4%). The mean age was 10.1 ± 2.6 years. Male and female ratio was 1.75:1. It was more common in subnormal IQ groups (54.6%), primary school children (77.2%), overindulgent (75%), easy child temperament (68.2%), moderate income family (54.5%), the first child (50%), small family size (50%), high parent education (47.8%) and the employee (34.1%). The onset of symptoms is gradual (63.6%). Most children developed symptoms after a stressful life-event or long vacation (56.8%). Presenting symptoms included violence (52.3%), anxiety (52.3%) and somatic symptoms (40.9%). School refusal usually present with separation anxiety disorder (28.6%), anxiety disorder (26.2%) and adjustment disorder (26.2%). 13 of 44 school refusal children discontinued treatment, while the others can return to go to school. The psychosocial interventions were parent management training, try to go to school, behavioral modification and school consultation. Pharmacological treatment was used as adjunctive treatment for associated psychiatric disorders in many children (81.8%). **CONCLUSION:** School refusal is multifactorial factors. Children can be present by various symptoms. The treatment should address psychosocial intervention with children, teacher, parents, try to go to school and conjunction with pharmacological treatment of underlying disorders.

12. Fluoxetine Treatment in a Dysthymia Patient with Game Addiction: a Case Report WIREON JOOMPRAUTRA (Prasrimahabhodi Psychiatric Hospital, Thailand)

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Objective: To report the result of fluoxetine treatment in an adolescent with dysthymia and game addiction. **Methods:** to describe the case of a male adolescent with dysthymia and severely game addiction and treatment strategies **Results:** A 17-year-old boy who met the DSM-IV-TR criteria for dysthymic disorder came to the child psychiatric clinic with history of school refusal for more than one year. He had irritable mood, aggressive behavior towards his parents, nicotine dependence and alcohol abuse. He had occupied in playing game online for more than 4 years. At baseline his depression score in Center for Epidemiologic Studies-Depression Scale (CES-D) was 31 and his Game Addiction Screening Test (GAST) was 45. He was given 20 mg of fluoxetine once daily with behavioral therapy, parent education and counseling. At the end of 8th week, his depression and game addiction symptoms were much improved: CES-D score was 22 and GAST was 18. At the end of 16th week, his CES-D was 20 and his game addiction score was reduced into non game addict (GAST=9). **Conclusion:** fluoxetine combined with behavioral therapy, parent education and counseling may help adolescent with dysthymic disorder and severely game addiction.

13. Comparison of Personality Disorder Traits between Asian Adolescent Suicide Attempters and Matched Controls

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Objectives: We compare the prevalence of personality disorder traits between Asian adolescent suicide attempters and matched controls. **Methods:** Our sample consists of 30 adolescents aged 13-19 who have attempted suicide, and 30 controls matched by age, gender and ethnicity. Participants were identified and recruited from National University Hospital (NUH). We used the Personality Diagnostic Questionnaire (PDQ-4) to screen for adolescents' personality disorder traits. Chi-square test and Mann-Whitney U-test were used. ****PDQ-4 is only used as a screening tool for personality disorders, and is insufficient to conclude diagnoses.** **Results:** There is a higher prevalence of all 12 personality disorder traits among case group participants than that among control group participants. Significant differences were found in prevalence of most personality disorder traits, in particular borderline personality disorder trait ($p=0.000$) and avoidant personality disorder trait ($p=0.000$). Among adolescents who have attempted suicide, borderline personality disorder trait (87%), avoidant personality disorder trait (83%) and obsessive compulsive disorder trait (70%) were the most common traits

found. There is also a significant difference in the total number of personality disorder traits screened as positive between the two groups of adolescents ($p=0.000$). Conclusion: We found significant differences in prevalence of personality disorder traits between adolescent suicide attempters and matched controls, in particular borderline personality disorder trait and avoidant personality disorder trait. Possible mechanisms to explain the relationship between these personality disorder traits and suicidal behaviour are impulsivity and poor social problem-solving skills.

14. Life Stressors among Adolescent Suicide Attempters in Singapore

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OBJECTIVES: Despite various mental health initiatives targeting youth in Singapore, the suicide rate remains stable over the last decade. We hypothesise that adolescent suicide attempters in Singapore will report a higher load of life stressors as compared to controls, and that the pattern of these stressors will differ between cases and controls, as well as in comparison with other countries. **METHODS:** In a case-control study conducted at a tertiary hospital, the Adolescent Stress Questionnaire (ASQ) which measures stress across 10 dimensions was administered to 30 cases and 30 controls. Significance testing of the means for both groups was carried out using the Mann-Whitney-U test. **RESULTS:** The thirty cases and thirty matched controls shared similar demographic characteristics. The most endorsed life stressors for suicide attempters were future uncertainty, peer pressure and school performance. However, the dimension in which life stress differed most between the groups was romantic relationships ($P < 0.01$). Emerging life responsibility was the least endorsed source of stress for both groups. **CONCLUSION:** These findings, which differ slightly from data from other countries, help us to identify life stressors associated with adolescent suicide attempters. Subsequent screening and interventions for these stressors may help efforts to prevent adolescent suicide.

15. Help-Seeking Behavior among Asian Adolescents Who Have Attempted Suicide Compared to a Matched Control Group

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INTRODUCTION: Suicide is a leading cause of death for adolescents worldwide, and understanding adolescents' help-seeking behaviour is important in preventing suicide. We examined help-seeking behaviour among Asian adolescent suicide attempters and matched controls. **METHODS:** 30 adolescent suicide attempters followed-up at the National University of Hospital (NUH), and 30 controls known to NUH for non-chronic medical conditions, matched for age, gender and ethnicity, were recruited. Help-seeking behaviour was measured by asking whether participants sought help for psychological distress/wish to be dead and who they sought help from. **RESULTS:** There is no significant difference between attempters and controls regarding whether they sought help (66.7% of attempters and 46.2% of controls sought help). Attempters sought help from friends (60.0%), counsellor/psychologist (45.0%), teachers (25.0%), mothers (15.0%), and none from fathers. Controls sought help from friends (83.3%), mothers (66.7%), siblings (41.0%), teachers (33.3%), and from fathers (25%). **CONCLUSION:** Attempters and controls do not differ in whether they sought help. However, the choice of sources of help between attempters and controls differed to a certain extent. Attempters sought help mostly from non-family members. Controls sought help from family members more frequently compared to attempters.

16. Psychiatric Consultation to Pediatric Inpatient Services in Thailand

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Objective: To understand the current practice pattern in pediatric consultation–liaison psychiatry in Thailand. **Methods:** A retrospective study was conducted at Queen Sirikit National Institute Of Child Health, Bangkok. The medical records of the patients who were referred for child psychiatric consultation during a 24 month period (1 January 2006–31 December 2007) were reviewed. Data collected included the referral services as well as the nature of the request for consultation. **Results:** Only 0.59% of all pediatric admissions were referred for psychiatric consultation. The majority of the consultation requests (97%) were from pediatric medical units, and accounted for 0.8% of all admissions to the medical setting. The referral from pediatric surgical unit and trauma setting were only 0.06% of the admissions despite the traumatic nature of the illness and treatment. The major referral problem for psychiatric consultation in this study was management of psychiatric emergencies which included: (i) evaluation of child abuse and providing child protection service; (ii) management of delirium and psychotic symptoms. These issues accounted for more than 30% of all consultation requests. **Conclusion:** The high rate of psychiatric morbidity in physically ill children has been widely reported. The low rate of referral in

the present study may require novel solutions given the shortage of staff and resources. The presence of a psychiatric consultation–liaison service consisting of multidisciplinary mental health personnel is essential to facilitate comprehensive care in the pediatric medical setting.

17. Case study: Barriers to Access the Essential Health Services and Mental Rehabilitation Services among Disabled Children in the Special Schools

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Objectives: To understand the situation and barriers to access essential health care and mental rehabilitation care among disabled children who are studying in school for intellectual disability special schools.

Methods: The qualitative research design was used. All stakeholders which are parents, teachers, school nurse, primary and secondary health care professionals, social workers, NGOs, community workers, and community-health policy regulators and purchasers were deeply interviewed and focus-group discussed. The sample was selected from survey questionnaire from 20 special schools in 19 provinces reported any collaborations between sectors. **Results:** Chiang Mai was purposive selected. There are some intersectoral-collaborations, however it is cover few communities, which not including special schools. The different perspectives and level of understanding the disabilities and the rehabilitation needs among caretakers and professionals in every sectors are obviously affect the barriers to health and rehabilitation services. Social Determinant of Health especially poverty and low education play important barriers to continuously care. Poorer parents have less understanding the right of child's disability and more difficulties such as transportation, cost of living to bring their children to train more skill with professionals. The attitude that schools providing all training and services among parents and other sectors was similarly understood. While teachers have yet truly understand and ability to provide good health care and rehabilitation services in school. **Conclusion:** There are barriers in all aspects affect the poor children in special school to receive good quality services regularly. The collaboration across sectors is needed. Resources training interdisciplinary would increase the accessibility to care.

18. An evaluative Study on the Effects of the Incredible Years (IYs) Program on Parenting Skills: A Singaporean Perspective

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Introduction: REACH is a community-based service in Singapore that caters to the mental health needs of school-going children (7-18 years old). REACH offers the Incredible Years (IYs) parenting training program as a group intervention for parents of children (6- 12 years) with disruptive behaviours at home or in the classroom. It aims to improve child behaviour through positive parenting. It is conducted over 12 weekly sessions and utilized videos, hand-outs and homework to impart strategies for managing their child's emotional regulation, management of disruptive behaviours and social skills. The IYs program has been found to be effective in the USA, Europe and in minority cultures. **Methods:** This evaluative study examined the effects of the IYs program on parenting skill competency, using a self-report parenting scale (measuring laxness, overreactivity and verbosity) to yield an overall parenting profile identified by each parent's predominant subscore. **Results:** Baseline data revealed that 87.5% of parents were overreactive and 13.5% lax. Post-intervention results showed a shift in parenting profile: 57.1% were lax, 14.3% were overreactive and 28.6% were a combination. **Discussion:** Post-intervention results showed a positive shift in parenting profiles. Parents also reported increased confidence in their response to misbehaviour, while practicing praising and giving appropriate rewards. Overall feedback was positive (94.4%); parents felt that the IYs program was useful, and indicated higher confidence in managing disruptive behaviours in their child.

GERIATRIC PSYCHIATRY

19. Assessment of Health Care Decision-Making Capacity in Patients with Cognitive Impairment

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Objectives: There is an increasing need to assess health care decision-making capacity among older people with cognitive impairments in Japan because of the recent trend of aging society. However, an approach to specific assessment of the capacity has been undeveloped in Japan. We report two case studies of older patients who needed to be assessed their capacity to consent to medical treatment. **Methods:** Neuropsychiatric inventory scale, cognitive testing, and MacArthur competence assessment tool-treatment were performed to assess consent capacity. **Results:** Case 1; An 80-year-old woman with dementia who suffered from recurrence of cancer in the right breast was hospitalized to undergo mastectomy and axillary lymph node dissection. Anxiety and sleep disturbance were observed. Her cognitive functions were severely disturbed in memory and executive functions. She did not report any pain and her decision fluctuated with time. Eventually, her sister persuaded her to undergo the operation. Case 2; A 56-year-old man with progressive gait disturbance and incontinence. He was diagnosed with normal pressure hydrocephalus and was recommended to undergo ventriculoperitoneal shunt. He showed delusions, agitation, irritability, and sleep disturbance. Mild disturbance of memory and executive functions were observed. By giving simple and easy to understand explanations, he was able to understand benefits of the operation and gave consent consistently. **Conclusion:** When evaluating capacity among older people with cognitive impairments, we need to consider their cognitive function, neuropsychiatric symptoms, complexity of the choices of the treatment, and degree of subjective symptoms of pain. Also, it is important to evaluate their capacity repeatedly considering the fluctuation of psychiatric symptoms and cognition.

20. Correlation Study between Perceived Health Status and Brief Symptom Rating Scale in Elderly Inpatient --- in East Taiwan

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Objective: Suicide often occur in depressed patient, so early screening for suicide risk for elderly residents, combined with discharge planning, case management, and provide the necessary assistance can be reduced the elderly suicide and death. **Methods:** Since February 7, 2012 to December 24, 2012, were recruited as a Regional Teaching Hospital in Hualien and Using the BSRS-5, assessment tools for screening about depressive status for more than 65-year-old at general and psychiatric inpatient. As defined by BSRS-5 screening score ≥ 6 or suicidal ideation > 1 , the consent of the cases and referral to psychiatric outpatient for further treatment. **Results:** This research consisted of 2201 elderly residents. The average score of 3.6 (SD: 2.97). BSRS-56 points to 25.3%, score range from 0 to 17. Statistics questions: 1. Feeling of depression and mood swings accounted for 54.5%, the highest rate. 2. 43.2% felt "nervous" mild to severe mood swings. 3. 34.2% have more than moderate "sleep difficulties". Part of suicidal ideations, a slight 1.5% of the suicide ideations and moderate to severe degree of 21 (0.1%). Comparison as defined by BSRS-5ce of suicide among the elderly.

21. The Impact of Hearing Aids on the Quality of Life, Cognitive Functions, and Depression in Elderly People

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22. Common Psychiatric and Physical Morbidities among Old People of a City of Eastern Nepal

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Introduction: The data on the prevalence of common health problems of elderly people will raise concern for their well-being. **Objective:** We conducted this study to measure prevalence of common mental and physical problems among old people. **Method:** A total of 115 people of age ≥ 60 years attended a health-camp organized in a city of eastern Nepal, who were members of an old-age group. Before the camp, response to 'General health questionnaire 12' (GHQ-12) and questionnaire about demographic and clinical information (diabetes mellitus, hypertension, thyroid and other common diseases) plus blood sample for thyroid function test, creatinine, sugar were collected after informed written consent and authority approval. **Results:** Majority 94 (81.74%) of the subjects were female and 91 (80.5%) in age groups of (60-70) and (70-80) years. Eighty five subjects (74%) had one or other physical diseases. Among them, the most common physical morbidity were: Cardiovascular diseases (35%), Gastro-intestinal (17%), Respiratory and Diabetes mellitus (10% each), Orthopedic (9%), CNS and Eye/ ENT related (3% each) and others (13%). About half of the subjects had score of ≥ 2 i.e. 'psychiatric caseness' and upon assessment, 46 (40%) had mental illness, main being mood and anxiety disorders. **Conclusion:** High proportion of old people had current psychiatric morbidity. Physical morbidities were also common among elderly people, common being cardiovascular diseases, gastrointestinal, thyroid abnormalities and diabetes.

23. Characteristics and Severity of Behavioral and Psychological Symptoms of Dementia (BPSD) in Thai Patients

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Objective: To describe the characteristics of BPSD and its severity among patients with dementia and their caregivers' stress. **Methods:** A cross-sectional descriptive study was done in 158 patients with Alzheimer's disease, mixed vascular and degenerative dementia, unspecified dementia in Songklarajanakarindra Psychiatric Hospital. BPSD were assessed with the Neuropsychiatric Inventory Questionnaire Thai version (NPI-Q thai) by a trained psychiatric nurse. **Results:** Of all, 41.8% were males. The average age was 71 years. Most (81.6%) had mild dementia. Overall, 90.5% had at least one BPSD symptom. Most common symptoms were irritability (60.8%), sleep problem (57%), depression (54.5%), anxiety (52%) and agitation/aggression (44.9%). The least common symptom was eating problem (23.5%). The caregivers rated the patient's physical symptoms as more severe than psychological symptoms. The symptom which caused highest burden to caregivers was agitation/aggression, followed by disinhibition, aberrant motor behavior, and sleep problem whereas less burdening symptoms included irritability, depression and anxiety. **Discussion and Conclusion:** The prevalence of BPSD in this study is similar to the general hospital based studies by Phanasathit M, et al. and Chareernboon T. But different characteristics of BPSD due to hospital setting. BPSD in general hospital consisted of eating problem and apathy more than other symptoms. BPSD were commonly found among dementia patients and was the important reason for caregivers to bring patients into treatment. Not only assessment of BPSD symptoms but also feeling and suffering of the caregivers should be interviewed by using NPI-Q to help clinician plan appropriate treatment.

24. Comparison of the Usefulness of Brain Perfusion SPECT and MIBG Myocardial Scintigraphy for the Diagnosis of Dementia with Lewy Bodies.

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Background: Supportive features in the diagnostic criteria for dementia with Lewy bodies (DLB) include occipital hypoperfusion and decreased cardiac uptake of ^{123}I -metaiodobenzylguanidine (MIBG). In this study, we performed both brain perfusion single photon emission computed tomography (SPECT) and MIBG myocardial scintigraphy in the same subjects and evaluated their sensitivity to detect the characteristic features of DLB. **Methods:** Twenty-five patients with probable DLB (76.8 ± 5.1 years old, 10 male) underwent $^{99\text{m}}\text{Tc}$ -ethylcysteinate dimer brain perfusion SPECT and ^{123}I MIBG myocardial scintigraphy. The results of SPECT were analyzed using a qualitative analysis program, easy Z score imaging system (eZIS), and an automated quantitative analysis program, 3DSRT. **Results:** Qualitative analysis using eZIS demonstrated occipital hypoperfusion in 17 subjects (68%). The quantified mean blood perfusion in the occipital segment on the 3DSRT template was 40.7 ± 5.03 ml/100 g/min (right) and 40.5 ± 5.38 ml/100 g/min (left), and in 19 DLB patients these values were below the normal limit. Twenty four of 25 subjects (96%) had decreased cardiac MIBG uptake in the delayed image. **Conclusion:** MIBG myocardial scintigraphy was superior to brain perfusion

SPECT in detecting a characteristic feature of DLB. Our results suggest that combining SPECT and MIBG scintigraphy could increase the accuracy of clinical diagnosis of DLB.

25. A Survey of Medical Care for Patients with Dementia in Psychiatric Hospitals in Japan

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Objectives: Psychiatric hospitals in Japan have played a crucial role in dementia care. We surveyed the care for dementia in psychiatric hospitals to contribute to the better medical care for dementia. **Methods:** The questionnaires were sent by mail to 405 psychiatric hospitals with special psychiatric wards for patients with severe BPSD (Behavioral and Psychological Symptoms of Dementia), and were collected by mail. **Results:** The questionnaires were recovered from 105 hospitals (recovery rate: 25.9%). The average period of stay on the wards was 722.9 (Standard deviation: 677.9) days. The reasons why the patients have to stay longer on the wards were as follows: severe BPSD (40%), limited number of care facilities for patients to stay at after discharge from the wards (23%), and patients' families do not accept them in their homes (17%). Over 60% of the patients needed some assistance for movement (for eating: over 40%, for toileting: over 80%). There was a correlation between the period of stay on the wards and their disabilities of activities of daily living. Over 70% of the hospitals did not hold a conference with the local facilities only about 20% or less patients. There was a correlation between the period of stay on the wards and the frequency of the conference. The treatments of physical complications were insufficient in over 70% of the hospitals. We discuss why the stay of the patients in the psychiatric hospitals is long and the way how we reduce their stay in the hospitals.

26. Development of Support System for Patients with Dementia through Teleconference System

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Objectives: In Japan, the number of older people with dementia and depression living in rural area is increasing rapidly because of the recent growing trend of aging. Due to mismatch between the number of patients and health care professionals in those areas, it is difficult to provide psychological support locally. Then, we sought to develop a support system using teleconference system that connects them with volunteer staffs. **Methods:** Patients are connected with volunteer staffs through teleconference system (Skype) for 20 minutes in each session. To facilitate the conversation, we showed the video that included old photographs of the patients. To assess the emotional facial expression during the talk, we analyzed the movement of each component of face using automatic identification software. **Results:** Five patients with dementia participated in the study and total number of the talk was 27. Patients with mild dementia could enjoy talking but those with moderate dementia had the difficulty in keeping attention to the talk. Each item of face can be successfully detected by the software and the movement was calculated through the coordinate of each item. **Conclusion:** Teleconference system can be used even for patients with mild dementia without significant side effects. It is suggested that emotional state can be assessed automatically through the analyses of video during the talk. Further research should be done to reveal the relationship between automatically assessed data and psychological assessment.

GENDER AND WOMEN MENTAL HEALTH

27. Gender Differences in Infertility in Terms of Anxiety, Depression, Trait Anger, Anger Expression and Coping with Stress

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OBJECTIVE: The purpose of this study is to assess gender differences in anxiety, depression, trait anger, anger expression and coping mechanisms in infertile women and men that apply for infertility treatment. **METHOD:** The study included 80 infertile women and 50 infertile men that were admitted to the infertility and andrology outpatient clinics of Dr. Sadi Konuk Teaching and Training Hospital, for whom noninvasive treatment methods had been planned. **Subjects:** All participants were administered a sociodemographic data form, the Beck Depression Inventory, the Spielberger State-Trait Anxiety Inventory, Spielberger State-Trait Anger Expression Inventory and the COPE scale. **RESULTS:** Depressive symptoms were not severe enough make clinical diagnosis of depression, the state anxiety levels were normal, whereas the trait anxiety levels were significantly higher. The trait anxiety levels were significantly higher in women. Positive correlation between BDI and STAI-S scores was detected in both genders. According to the COPE scale, subjects mostly showed functional coping mechanisms. There was no statistically significant gender difference regarding trait anger and anger expression. In women; there was a positive correlation between nonfunctional coping mechanisms and trait anger and anger expression, functional coping mechanisms and anger control. In men; using functional coping mechanisms was positively correlated with trait anger and anger expression. Also, both functional and nonfunctional coping strategies positively correlated with trait anxiety. **CONCLUSION:** Infertile women tended to express their emotions but were less successful in using functional coping mechanisms when compared to the opposite sex.

28. Evaluation of Sexual Function and Relationship Dimension in Second and Third Trimester Pregnancy

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OBJECTIVE: The aim of this study was to evaluate sexual beliefs and sexual functions of low-risk pregnant women, and to identify potential variables associated with sexuality such as relationships. **METHOD:** One hundred low-risk second and third trimester sexually active pregnant women admitted to Bakirkoy Research and Training Hospital for Gynecological and Pediatric Diseases and 50 controls were enrolled. Sociodemographic and Clinical Interview Form, Golombok Rust Inventory of Sexual Satisfaction, Beck Depression Inventory, Spielberger's State and Trait Anxiety Inventory and Multidimensional Relationship Questionnaire were applied. **RESULTS:** In the comparison of GRISS scores between nonpregnant women, second and third trimester, significantly higher scores of total sexual dysfunction, anorgasmia and infrequency were found in the pregnancy group, but were insignificant between second and third trimester. Relational monitoring scores of pregnant women were significantly higher than controls, but not different in second and third trimester. Fear of relationship/relational anxiety scores were higher than controls in second trimester pregnant women. Pregnant women whose husbands attended antenatal visits and who tried to enrich their knowledge about sexuality in pregnancy had less sexual dysfunction. High scores of external relational control, relational monitoring, fear of relationship/relational anxiety and low scores of relational assertiveness were observed in pregnant women who had sexual dysfunction. As pregnancy proceeded correlations between GRISS and MRQ became less significant and were in different aspects. **CONCLUSION:** Sexual functions change in pregnancy but are not different significantly in second and third trimesters. Partners' attendance to antenatal visits can have positive influence on sexual life in pregnancy.

29. Indicators for Supporting the Rites of Passage Encompassing Pregnancy, Childbirth, and Child Rearing among Immigrant Women

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Introduction: In this study, we first conducted interviews with 42 Vietnamese women who live in Vietnam and those who immigrated to Japan and Canada. Then, we conducted an ethnography of pregnancy, childbirth, and child rearing, which constitute typical rites of passage in each culture. Through a comparative analysis, we created indicators for supporting these rites of passage among immigrant women. **Results and discussion:** The results of the present study showed that the subjects embraced institutional memories (memories of narratives passed on by their mothers and deeply inscribed in the body) even after they immigrated to a foreign country. This is notable in the women's pregnancy, childbirth and child rearing and is located at the core of various phenomena. The memory is inscribed like a mosaic in human existence itself, and it is not easy for immigrants

and refugees to experience changes in their institutional memories. Proposal: There are no indicators for supporting the pregnancy, childbirth, and child rearing of immigrant women in Japan. Based on the results of this study and in reference to "The Indicators of Integration Framework" (Immigration and Asylum Social Cohesion and Civil Renewal, 2004), we report the indicators that were created based on the following four domains: (1) foundations, (2) facilitation standards, (3) social standards, and (4) living standards. These indicators are highly useful in evaluating the progress made by immigrants and refugees in adapting to a different culture during pregnancy, childbirth, and child rearing, and in planning and evaluating services offered to them.

30. Conceptions of “Pregnancy, Childbearing, and Child-raising” in Victims of Childhood Abuse with Present Infertility: A Report of Two Cases

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Introduction: In Japan, the social pressure for “pregnancy, childbearing, and child-raising” (PCC) on married women with no children has been decreasing; however, it is still a deterrent to their self-esteem. Here, I report the psychological influences of PCC on an individual with pervasive developmental disorder (PDD) and one with bipolar I disorder (bipolar I); both were victims of childhood abuse by parents and presently suffer from infertility. **Case presentation:** Both cases dreamed of having a warm family with children. **Case A:** A 38-year-old female with PDD. She had undergone treatment for infertility, but it had failed. She also displayed behavioral problems such as extravagance, which made her husband uncooperative. Finally, she found that she did not actually desire PCC. **Case B:** A 42-year-old female with bipolar I. She expected to recover from malignant family memories, low self-esteem, and jealousy toward others with children through PCC. However, her husband was found to have untreatable aspermia. Since then, her symptoms worsened remarkably. **Discussion:** Probably because of her superficial emotional processing, once case A decided to stop adhering to her sense of duty toward PCC, she started to make behavioral changes more easily than I expected. However, because case B suffered from not only bipolar I but also jealousy, she experienced prolonged instability. **Conclusion:** Both cases were victims of childhood abuse and had similar dreams; however, after they realized that PCC was not possible, the reaction of the patient with PDD was in contrast to that of the patient with bipolar I.

FORENSIC PSYCHIATRY

31. The Type of Offence and Criminal Responsibility in Borderline and Mild Intellectual Disabilities: Is There Any Difference?

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Objective: In the present study we aimed to compare the type of offences and the level of criminal responsibilities in individuals with borderline intellectual functioning and mild intellectual disabilities.
Methods: Thirty nine individuals with borderline and forty three individuals with mild disabilities were detected a retrospective manner between January-December 2010. The type of the offences and the levels of criminal responsibilities of the individuals with borderline and mild intellectual disabilities were detected in the Mental Hospital. **Results:** There was more injury offence in the mild intellectual disability as compared to the borderline disabilities. There were no significant differences with respect to the other types of offences between the two groups. The most common offences were injury and theft in the both groups. Criminal responsibility rates were; 82 % full and 18 % diminished responsibility in borderline, and 40 % full, 30 % diminished and 30 % none responsibility in mild intellectual disability. **Conclusions:** The injury offence was significantly higher in individuals with mild ID than borderline intellectual functioning. The levels of criminal responsibilities were also significantly different between the individuals with mild and borderline intellectual disabilities. The diagnosis of borderline and mild intellectual disabilities is important for a type of offence and the levels of criminal responsibilities in forensic practice.

32. Evaluation of Mental, Forensic and Social Aspects of Maternal Filicide

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Aim: This aim of this article is to evaluate the mental, social and forensic aspects and criminal responsibility of mothers accused of maternal filicide. **Methods:** Thirty-two mothers accused of maternal filicide who were sent to Psychiatric Observation Department of the Ministry of Justice Council of Forensic Medicine by court were included in the study. The forensic data of the mothers were analysed and psychiatric examination, organicity tests, IQ and Rorschach tests and mental state assessments were performed. **RESULTS:** The mean age of cases was 29.6 ± 6.4 (16-63) years. The mean educational level was 6.4 years. All patients were house-wives. Seventy-one percent of cases were married. Eight cases were diagnosed as schizophrenia, 6 cases as mood disorder, 2 cases as personality disorder and 3 cases as anxiety disorder. The majority was women without any family support and had to care her sibling alone. The fully criminal responsibility was reported in 19 (59.4%) of 32 cases. **Conclusion:** As a result, the cause of maternal filicide couldn't be explained solely by presence of psychiatric illness. It must be taken into account that the underlying reasons seem to be a complex situation.

33. Compensation for Victims and Defendants in Criminal Cases Act

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Preface: After crime commitment, these psychiatric patients would have to undergo treatments arranged by psychiatric institutes; however, the victims of those cases are usually ignored and neglected. Given poor mental and physical stability, some victims may even begin to develop mental problem after such crimes. **Objectives:** 1. Healing process for victims of crime cases that are conducted by psychiatric patients. This will help decrease anxiety and give them the sense of safety once again. 2. To create awareness for the victims as to where and who they can look for aid in cases of such crimes occurrences and their rights. **Methods:** Qualitative research and Collect information data by in-depth interview, participant observation and psychological counseling. Acknowledgement of their rights as well as ways to access and follow up on the progress of their treatments. All of this is in accordance with Compensation for Victims and Defendants in Criminal Cases Act 2001. **Results:** Victims are given proper mental treatments, financial aid (compensation) as well as made aware of their rights so that they feel that they were not neglected by the government and laws. Moreover, they may receive same treatment as psychiatric patients. **Conclusion:** Victims will be given necessary information about the application for the Compensation for Victims and Defendants in Criminal Cases Act 2001. This is done in order make them not feel neglected and finally gain confidence in psychiatric treatments provides by psychiatric institutes.

34. Group Art Therapy for Forensic Psychiatric Patients

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Preface: Forensic Psychiatric patients are those which have legal and behavioral problems. Any action that corresponded to mental psychiatric condition of those patients are supposed to be cured and treated for prior to

being deinstitutionalized to the society. Moreover, important factors that hinder normal lifestyles of these patients after deinstitutionalized are their thoughts, social understanding, pessimism and low self-esteem. These cause lack of life skills and inappropriate emotional responses which may later create problems for those around them. Objectives: To make patients aware of their own values and decrease chances of behavioral problems, inability to control their emotional and perceptive responses which are one of the main factor to interrupt normal lifestyles. Methods: The clients attend a set therapy program two sessions per week. Results: Usage of art in treatment of forensic psychiatric patients can encourage patients to understand themselves better. Additionally, they may be encouraged to express their thoughts and feelings through art which can be developed into the ability to acknowledge their own thoughts and emotion, appropriate emotional expression. Art therapy can also help reduce conflict of patients' feelings towards others and contribute in creating necessary skills; making patients are ready to be released to their families and society. Conclusion: Art therapy helps patients relate the feelings and thoughts through various tools, activities and group therapy which will stimulate realization of their own values, emotions and thoughts. This will further help them in the preparation of being released to the society.

35. Quality of Life and Social Network among Forensic Psychiatric Patients in Community

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The purpose of this research was to study quality of life and influence of social network to quality of life of forensic psychiatric patients in community. A total sample of 127 patients after discharge from Galyarajanagarindra Institute to community during October, 2006 to September, 2011. The research instrument was interviewed by the social network interview and The WHOQOL-BREF-THAI-26 items. Data were statistically analyzed calculation of frequency, t-test and simple regression analysis. The results showed that the subjects had a good level of quality of life. (Mean=98.10, SD=14.45). The QOL consist of 4 domains they were showed that physical (Mean =27.96, SD=4.89) and environment domains (Mean 30.82 SD=5.26) were good level. The mentally (Mean 21.57, SD=3.74) and social relationship domains (Mean=10.65 SD=2.21) were moderate level. The variable of social network could explain quality of life 44.5% ($p < 0.001$). The finding of this study could be a follow-up of forensic psychiatric patients in community had a good level of quality of life. The supporting system form social network can improve a quality of life of the psychiatric patients in community.

36. Result of Using Art Therapy on Matricidal Patients with Pervasive Developmental Disorder

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Preface: Crime commitment may create a very strong impact on patients who are children. Those experiences cannot be expressed verbally which after the crime commitment affects adversely in term of the child's physical and emotional health. Child patients usually become unconfident and possess low self-esteem. Hence, art therapy is an appropriate means in which we can communicate with the children as well as letting them express their feelings and emotions through their pieces of art works. Objectives: To study the result of using art therapy on matricidal patients with Pervasive Developmental Disorder. Methods: Usage of art to treat patients individually 12 times each within the duration of December 2012 – February 2013. Results: Patients gain more social skills, confidence and hope as well as acceptance.

37. The Alcohol, Smoking, and Substance Involvement Screening Test among Inmates at Madiun Correctional Facility

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Objective: There is no prior data about alcohol, smoking and substance involvement screening test (ASSIST) among inmates in Indonesian correctional facility, thus authors lead a research to established data about substance involvement among inmates in Madiun Correctional Facility and to determine a proper intervention regarding the result. Methods: A cross sectional study during December 2010-October 2012 period, involving 735 new reception inmates at Madiun Correctional Facility. The instrument used was WHO-ASSIST v.3.0 and conducted by medical officer and other correctional personnel previously trained to use ASSIST. This process was supervised by psychiatrist. From this instrument, inmates can be assessed with more than one substance involvement. Results: From 735 inmates screened, 95% had substance involvement (698 inmates). Subjects had mean of 3 substances involvement. Highest involvement was found on tobacco with 661 inmates and no involvement of inhalants and hallucinogen to be found. Nearly all of inmates with substance involvement need brief intervention (average of 94.92%). Conclusion: There are high number of substances involvement and the need of brief intervention among inmates in Madiun Correctional Facility. These suggested for special program arrangement to overcome this matter.

38. The History of Narcotic, Psychotropic and Other Addictive Substance Abuse among Inmates at Narcotic Correctional Facility of Yogyakarta

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Objective: To obtain data about history of Narcotic, Psychotropic and Other Addictive Substance Abuse among inmates at Narcotic Correctional facility of Yogyakarta. Data obtained will be used to assess drug abuse problem among inmates. Methods: Cross Sectional Study from all new inmates at Narcotic Correctional facility of Yogyakarta from August 2011 until December 2012. Data were collected from 454 new inmates, age between 16 until 59 years old (Mean: 28.55; SD: 8.294), using checklist interview conducted by medical officer. Results: The higher used substance was Tobacco (96.69%), followed by Alcohol (90.07%), Cannabinoid (71.74%), Amphetamine (52.1%), Sedative (40.84%), Hallucinogen (26.71%), Opioid (13.02%), Cocaine (4.64%), and Inhalant (3.53%). There are difference drugs abuse pattern between male and female. There are no difference of drugs abuse pattern between age and educational background. About 97.36% subject used more than one substance during a lifetime. About 7.3% inmates used drug by injection. Conclusion: A high number of drugs abuse history was found. Further research has to be done to assess the drugs addiction among inmates. It is suggested for each correctional facility especially Narcotic correctional facility to have drug addiction screening programme and rehabilitation services for drugs addicted inmates.

39. Mental Disorder among Inmates at Narcotic Correctional Facility of Yogyakarta

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Objective: Screening test to obtain data about mental disorder among Inmates at Narcotic Correctional facility of Yogyakarta to assess the mental health problem among Inmates with drugs abuse history. Methods: Cross Sectional Study from all of new Inmates admitted to Narcotic Correctional facility of Yogyakarta from August 2012 until December 2012. Data collected from 213 new Inmates, age between 16 until 59 years old (mean: 30.27; SD: 8.602), using Mini International Neuropsychiatry Interview (MINI) instrument conducted by medical officer. The assessment was performed during the first month until 58 month after arrested (mean: 9.24; SD: 10.478). Results: From 213 subject assessed by MINI instrument, 118 subject (55.4%) were have mental health disorder. About 36.44% from Subject who had mental health disorder have one mental disorder, and about 63.56% have more than one mental disorder (mean: 3.05; SD: 2.497). The biggest problem is Drugs dependence (38.98%). There are no significant difference pattern of mental disorder according to time between arrested and interview. Conclusion: A high number of mental health problems in correctional facility was found and it is suggested for each correctional facility to have mental health services for inmates.

SUBSTANCE USE DISORDERS

40. Substance Misuse in Doctors

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The 'impaired' physician is one with the inability or an impending inability to practice according to accepted standards as a result of substance use, abuse or dependency (addiction). Data from many studies suggest that the prevalence of substance misuse in doctors is the same as the general population, but there exists a difference in the type of substance abused. Doctors tend to abuse pharmaceutical preparations rather than street drugs, explained by the ease of accessibility to such drugs. Amongst doctors, the Anaesthetists and Emergency Physicians are more likely to succumb to drug addiction for said reason of accessibility. The risk factors for physician impairment may be attributable to the competitive edge required to excel in medicine. This is seen with the rise of 'academic doping'. However the contribution of multiple factors cannot be ruled out (anxiety/depression, family stress, bereavement).

Unfortunately physicians present late due to a number of reasons, the most important of which seems to be the ability to cover up and perform well whilst abusing drugs/alcohol.

However with the right personalised approach by a specialist addiction team, success rates of up to 90% have been reported. Prevention is the best form of pre-treatment and hence medical schools should accommodate drug and alcohol abuse in their curriculum.

41. Role of Breastfeeding on the Development of Heroin Addiction

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The aim of the present study was to examine the breastfeeding that may or may not affect the development of heroin addiction later in life. For this purpose, we compared the breastfeeding rates at first four months of life and the duration of breastfeeding in patients with heroin addiction and the control group. We also compared the timing of the introduction of complementary foods between the two groups. The addicted group was 88 patients (27 females/61 males; mean age 22 ± 4 years) with the heroin addiction and the control group composed of a group of 57 healthy individuals (22 females/35 males; mean age 23 ± 5 years). Their breastfeeding history was obtained with face-to-face interview from the mothers of patients with heroin addiction and the control group. The rates of breastfeeding between 0-4 months was 73 % (n: 64) in patients with heroin addiction and 88 % (n: 47) in the control group. The weaning within the first 4 months of life (OR; 0.33; CI, 0.13-0.85; $p=0.02$) was associated with the elevated risk of heroin addiction in later life. Duration of breastfeeding, the timing of the introduction of complementary foods were found similar between the two groups ($p > 0.05$). This study suggesting that early (first 4 months) weaning may be associated with increased risk of offspring of heroin addiction in adult life. Duration of breast-feeding and the timing of the introduction of complementary foods might not affect the development of heroin addiction.

42. Platelet Indices in Patients with Heroin Addiction

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Objective: Heroin abuse have been associated with an increased cardiovascular risk. Increased platelet aggregation and morphological changes have been reported in heroin addicts in some studies. Mean platelet volume (MPV) is an indicator of platelet reactivity and has an important role in the pathophysiology of cardiovascular diseases. The aim of this study was to assess the mean platelet volume (MPV), an indicator of platelet reactivity in heroin addicts. Methods: The study group consisted of 100 heroin addicts. An age, gender, body mass index matched control group was composed of 60 healthy volunteers. We measured serum MPV values in heroin addicts and control subject. Results: MPV was significantly higher among heroin addicts when compared with control group (8.6 ± 1.1 vs. 7.8 ± 0.7 fL respectively; $p < 0.001$). In correlation analysis, there was no correlation between heroin using time and MPV ($r: -0,09$ $p: 0.32$). Conclusions: In this study, we found that MPV was elevated in heroin addicts. This increase is not dependent on the heroin addiction time. Further data from well defined prospective clinical studies are needed to clarify the role of MPV in heroin addicts.

43. Neurocognitive Function in Cannabis Users

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Objective: The prevalence of drug abusers in Indonesia is 2.21% of the population and 40% from them are students. Cannabis is one of the most prevalent substance abuse. Cannabis also often makes disorder in cognitive function. This research is going to know about the neurocognitive function in cannabis users. **Methods:** The population was 68 prisoners in Cipinang prison. They are cannabis lifetime and current cannabis users. They did not use cannabis in last 24 hours. We did Ray Auditory Verbal Learning Test (RAVLT) to examine the neurocognitive function to assess attention, verbal memory and verbal learning. **Results:** We have 72.1 % men and 27.9% are women. The mean age is 33.8 years old. 69.1% of them have used the cannabis for more than 2 years. The subjects who still use cannabis have higher neurocognitive disorder. They have poorer attention, verbal memory and verbal learning. Education influences the neurocognitive disorder significantly ($p=0,002$). Seventy five percent of the subjects who use cannabis more than 2 years have higher neurocognitive disorder ($p= 0.001$). **Conclusion:** Cannabis users have neurocognitive disorder in attention, verbal memory and learning. The length of using influences the neurocognitive disorder. The neurocognitive disorder will affect the method of rehabilitation for the subjects.

44. Prevalence of Substance Use Disorder in Psychiatric Outpatients at Srinagarind Hospital

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Objectives: To estimate prevalence of substance use disorder in psychiatric outpatients. **Method:** A descriptive cross-sectional study was conducted. Consecutive sampling from outpatients been diagnosed with major psychiatric disorders at Srinagarind hospital during September 1, 2012 to March 31, 2013. Investigator interviewed volunteer participants with Alcohol, Smoking, Substance Involvement Screening Test (ASSIST) individually in a private sectional room. Data analysis used descriptive statistics. **Results:** A total of 202 patients aged 18 years and above, male (54.5%), married (46.5%), and unemployment (14.4%). They had been diagnosed as schizophrenia, major depression, bipolar disorder and anxiety disorder an. Lifetime prevalence of substance use in psychiatric outpatients was 81.2% but only 38.6% was substance use disorders. The prevalence of tobacco, alcohol, cannabis, hypnotic drugs, and caffeine use disorders among psychiatric outpatients was 27.7, 16.8, 0.5, 0.5, and 6.4% respectively. Tobacco use disorder among schizophrenia (35.3%) was higher than bipolar disorders (4.2%), while alcohol use disorder among schizophrenia (13.7%) was slightly higher than bipolar (12.5%). Cocaine, hallucinogen and injecting drug user had not been found. **Conclusion:** Prevalence of SUDS in major psychiatric patients was 38.6%. The most common type was tobacco use disorder (27.7%). ASSIST could be a screening test for substance use among psychiatric outpatients.

45. Prevalence of Alcohol, Smoking, and Other Substance Use among Personnel of Faculty of Medicine

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Objective: To measure the prevalence of alcohol, tobacco and other substances use among personnel of Faculty of medicine. **Methods:** A descriptive cross-sectional survey was conducted during November 21012 to March 2013. Stratified random sampling and intended sample would be 1012 persons. The Alcohol, Smoking and Substance Involvement Screening test (ASSIST) interview had been carried out using paper and pencil data collection. Data analysis use descriptive statistic and calculated prevalence. **Results:** A total of 662 respondents with mean age of 39.9 years (SD 10.7), predominately female (74.3%). Lifetime prevalence of substance use was 86.6% but only 16.8% was the substance use problem. Prevalence of alcohol, tobacco, amphetamine, cannabis, hypnotic drugs, kratom, inhalants, hallucinogen and opioid use was 86.3, 22.4, 6.2, 5.7, 1.5, 0.9, 0.8, 0.5, and 0.3 respectively). The prevalence of alcohol, tobacco, and amphetamine use disorders among personnel was 12.4, 9.2, and 0.5% respectively. Highest prevalence of alcohol and tobacco use disorder was found in workers (17.2% and 15.1%, respectively). Academic personnel had no any substance use problems. Cocaine and injecting drug user had not been found. **Conclusion:** Nearly one-fifth (16.8%) of personnel aged 21 or older reported being current drinker of alcohol and smoking cigarette.

46. Suicidality and depression in patient with co-occurring alcohol use disorder at Somdet Chaopraya Institute of Psychiatry

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Objectives: To study suicidality and depression in patient with co-occurring alcohol use disorder admitted at Somdet Chaopraya Institute of Psychiatry. **Methods:** A descriptive study using data collected from 100 patients admitted at Somdet Choapraya Institute of Psychiatry during November 1, 2011 to January 31, 2012 with the main or additional diagnosis of alcohol use disorders (ICD-10's category F.1xx.xx) to analyze descriptively to

determine general demographic data, suicidality and level of depression in patient with co-occurring psychiatric disorder. Results: Total numbers of Alcohol use disorder patients are 100, the 96 co-occurring patients included into the study- 42 reported suicidality (42.8 %), 69 (71.9%) were diagnosed with co-occurring psychotic disorder, 13 (13.5%) were diagnosed with co-occurring major depressive disorder, reported severe degree of depression and more mostly female while 45.7% of the alcohol use disorders with major depressive disorder and other substances use reported suicidality and are all male. Only 33.3% of alcohol use disorder patients with co-occurring psychiatric disorders have mild degree of depression and no depression in 47.6% which is statistically significant from other degrees. Conclusion: Most of patients with co-occurring major depressive disorder are female with severe level of depression. Alcohol used disorders patients with co-occurring psychotic disorders exhibit higher suicidality even without or with mild level of depression. It is therefore advantageous to screen all alcohol use disorder patients with co-occurring psychiatric disorders for depression and suicide.

SERVICES

47. Japanese National Character and Suicide Prevention in the Great East Japan Earthquake

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Stress care wards which have already started to provide treatment in Japan are aimed at in-patient care mainly of depression. Japan depression ward conference was founded in 2000 and is currently joined by 20 hospitals and administrating a study group. We have been researched the in-patient suicide from the establishment of the wards. Suicide number is 50 / 32,000 patients (0.15%) and it is significantly low. Recently, the occurrence of the Great East Japan Earthquake on March 11, 2011 has created anticipation of the onset of mental disorders including depression and PTSD and people assumed facilities designed for in-patient care would become necessary. Against such a background, our staffs discussed the acceptance of in-patients accompanying the Earthquake by considering the Asaka Hospital in Koriyama City, Fukushima, or the only stress care ward in the afflicted areas as the foundation hospital. In order to enable acceptance of in-patients by stress care wards nationwide once the Asaka Hospital in the afflicted district has no vacancy, our conference staffs grasped vacancies of other wards on a daily basis while transmitting information from their bureau. As of March 2013, or two years after the Earthquake, almost no PTSD or depression patient whose illness was triggered by the Earthquake has been hospitalized and the anticipation of the onset of a large number of mental disorders was reversed. At the meeting, we would like to deepen our discussion on the reasons for the little number of in-patients of depression until now by the Earthquake.

48. Community Attitude towards Mentally and Their Treatment among Nursing Professionals in a Tertiary Care General Hospital

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Objectives: The objective of the study was to assess the community attitude various treatment setting and modality for mentally ill and associated factors. **Methods:** Total of 64 nursing professionals who are neither currently working nor have ever worked in the psychiatric unit of a tertiary care general hospital were enrolled in the study. Detailed socio-demographic and professional profile, level of exposure to mentally ill and opinion regarding various treatment setting and modality for mentally ill was recorded in a semi-structured proforma, after taking an informed consent. The stereotyped attitude towards mentally ill was assessed using 'Community Attitudes Towards the Mentally Ill' scale. Descriptive, comparative, correlation statistics were used. **Result:** None of the socio-demographic variables other than age found to have significant correlation with different domains of community attitude. Significant positive correlation was found between personal exposure and social restrictiveness. Forty percent participants favored restrictive settings of treatment for mentally ill. Majority were against using pharmacological treatment. Results will be discussed further in detail during the presentation. **Conclusion:** This study provides insight into the attitude of healthcare professionals towards mentally ill and their approval for restrictive treatment setting and disapproval for pharmacological treatment. This holds significance as these professionals are entrusted with the responsibility to care for patients. It highlights the need periodic sensitization regarding mental illness and current treatment methods.

49. Improving Quality of Mental Health Services in a Tertiary General Hospital in Indonesia Based on Patient Profile

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It is estimated around 2 million people in Indonesia suffer from severe mental disorders and 10% of them need hospitalization. Number of mental hospital beds only covers 3.5% of them. Therefore, we need to expand and integrated our services to general hospital. Service utilization in general hospital has not been optimized, bed occupation rate (BOR) was less than 70% per year. The purpose of this study is to develop recommendation to increase the quality of in-patient service in general hospital. We collected data on patient's characteristics, most prevalent diagnoses, financing system, and origin of referral from an In-patient Unit of Cipto Mangunkusumo General Hospital, Jakarta 2010-2012. Most of the hospitalized patients were male with average age of 35 years old. Most prevalent diagnosis was paranoid schizophrenia. The Majority source of financing was health security system. Most of them came from Jakarta, but outside from the general hospital's area. Most of the patient came without referral letter with acute symptoms to the emergency room. The ratio of old and new patient was 1:1. From the data we can tell that an active measure to reach patients from different areas is needed, especially for those with acute symptoms. This effort can be achieved through collaboration between hospital, primary care, government officer, consumer and families. Without a clear catchment area there is risk that the monitoring of

patient condition and the continuity of treatment will be difficult. Increased coverage of health insurance will improve access to service.

50. The Impact of Medical Treatment on Missed Appointments among Psychiatric Patients

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Objectives: To study the impact of medical treatment on missed appointments among psychiatric patients that exhibited psychiatric symptom exacerbation and adverse drug reactions. **Methods:** Medical records of patients from April 2009 to September 2009 at the outpatient clinic at Galya Rajanagarindra Institute were reviewed retrospectively. Data analysis was performed by using descriptive statistics and Chi-square test. **Results:** Of the 250 missed appointments patients due to psychiatric symptom exacerbation, 135 showed warning signs but they did not receive treatment. The types of management during the phase before they missed their appointment did not affect their admissions but affected the types of follow up during the missed appointment phase. The patients that received appropriate treatment and appointments after they missed their appointment were not admitted and had a higher rate of follow-up appointments than other types of management. Of the 75 missed appointment patients that had adverse drug reactions, 35 had movement disorders and 19 patients exhibited over sedation/fatigue. Most of the movement disorders were caused by first generation antipsychotics and most of the instances of over sedation/fatigue were caused by polypharmacy. Most patients had to go back to hospital within 2 weeks after medical treatment due to these adverse drug effects. **Conclusion:** The medical treatment affected psychiatric symptom exacerbation and adverse drug reactions among patients studied. Monitoring and risk assessment are important, especially for the patients that show warning signs, receive first-generation antipsychotics, and receive polypharmacy. Of these patients, duration of appointment should be not more than 2 weeks after treatment.

51. Demographic Characteristics and Institutional Factors of Overstay by Psychiatric Inpatients: 1996-2007

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OBJECTIVES: This study investigates the long-term overstay psychiatric inpatients during the years 1996 to 2007, and measures the differences that are caused by factors such as age, gender, institution, and diagnosis. **METHODS:** This research used secondary data from the NHIRD of Taiwan's National Health Insurance program. Detailed data was extracted from the PIMC subset and combined from PSY1 (1996-2001) and PSY2 (2002-2007). The sample was composed of 6,737 psychiatric inpatients that had been admitted to the psychiatric wards of three types of hospitals, had stayed in hospital for more than two years, and were not yet discharged as of Dec 31, 2009. **RESULTS** From 1996 through 2007, 6,737 inpatients who overstayed in hospitals were extracted from PIMC dataset. These inpatients made up around 3.6% of all the psychiatric inpatients from this combined dataset, PSY1 and PSY2. The proportion and number of female patients was 44.59% and 3004, respectively. The major five diagnoses were schizophrenia (5973, 88.66%), affective disorders (389, 5.77%), organic mental disorders (269, 3.99%), dementia (0.98%), and psychoses with origin specific to childhood (0.59%). Most inpatients who overstayed their hospitalization period were in psychiatric and district hospitals. The number of male patients who overstayed was always fewer than that of female patients. The major age group was 25-49 with a proportion of 69.38%. **CONCLUSIONS** From 1996 through 2007, the majority of inpatients who overstayed were diagnosed with schizophrenia. The trends and increasing rate of overstaying in inpatients were upward in steady increments.

52. A Psychiatry social Worker's Function -Comparison of Italy and Japan -

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Objectives: The purpose of this research compares the function of the psychiatry social worker of Italy and Japan, and aims at clarifying the common feature and difference. In Italy, the psychiatry hospital was closed 40 years ago. And the local mental health system has been substantial. The law about mental health was revised in Japan in 1995. Furthermore, mental health of Japan is also converted with various mentally handicapped person support now. Therefore, I compare a psychiatry social worker's work in Italy and Japan. Especially I pay my attention to the social worker who supports a mentally handicapped person regionally. **Methods:** Specifically, I performed fieldwork to 2008 and 2010 in the Trieste prefecture in Italy. Moreover, I worked for Japan in 2009 in the organization of the area which offers mentally handicapped person support. After such fieldwork, I recorded the motion of the psychiatric social worker of Japan and Italy every 15 minutes. **Results:** As a result, there were a common feature and difference in work of them of both countries. Those common features were able to be classified into eight sides. And difference can be classified into six side. **Conclusion:** As mentioned above, the psychiatry social worker who works regionally has a common feature in

Italy and Japan. However, the social worker of Italy has responsibility in work in the area. Furthermore, strengthening relationship with other professionals is a point which Japan should study.

EDUCATION

53. Undergraduate Psychiatry Training for Rural Medical Students, Learning Lessons and Developing Novel Approaches

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Nagesh Pai, Kerry Dawes As is the case worldwide, regional, rural and remote Australia is experiencing a shortage of doctors.

Attracting doctors to work in rural areas has historically been challenging but the development of initiatives such as the Rural Clinical Training and Support (RCTS) program in Australia are anticipated to change this situation in the future. Currently there are 17 Rural Clinical Schools across Australia, managed by 16 Universities. The University of Wollongong is one of only a few universities offering rural based training from the very beginning of the medical school experience. With change comes challenge. The provision of high quality educational experiences with limited local access to specialists has compelled education providers to seek novel approaches. We sought to assess the experience of students in the 3rd phase of training with regard to learning psychiatry. The experiences were variable and suggested the need to review the delivery of psychiatry training to meet the objectives and give students a solid foundation in this central and cross cutting discipline of medicine. We conclude that the ongoing development of rurally relevant learning materials and diversifying the delivery channels for this material will provide a more equitable and fulfilling experience for students and their supervisors

54. Professional Development and Knowledge Seeking Behavior of Nurses Working in Selected Hospitals of Eastern Region of Nepal.

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Background: Higher Education and knowledge acquisition are the vehicles for the nurses for the professional growth and development. Aim: To assess the Professional development and knowledge seeking behaviour of nurses working in selected hospitals of eastern region of Nepal. Methods: Cross sectional, correlational research design was adopted with 200 samples from BPKIHS and other selected institution of eastern region of Nepal by convenient sampling technique. Data was collected using predesigned, pretested, self-developed and validated preformed by self-administration method. Data was analyzed by using appropriate descriptive statistics. Results: 85 % of the respondents were staff nurses with CN background. Only 12 % of them had some form of higher education, and 70 % of them had participated in some in-service education programs. 84 % of them have the habit of reading newspapers to obtain knowledge followed by reading text books (80 %), Watching selected educational programs in T.V (79 %). Most of the nurses have positive attitude regarding professional development. Knowledge Seeking Behavior and Attitude towards Professional development are positively correlated. Conclusion: Nursing practice should be supported and upgraded by sound scientific theoretical knowledge and skills which can be acquired, cultivated, encouraged, reinforced and supported by the concerned authorities.

BASIC SCIENCES

55. BDNF Immunoreactivity Study in Postmortem Brain and Association Study of BDNF with Completed Suicide in the Japanese population

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Brain-derived neurotrophic factor (BDNF) is involved in neuronal survival, brain plasticity, and neuronal development. Impairment of BDNF has been implicated in the pathophysiology of psychiatric disorders and suicide. Previous reports showed a decrease in BDNF protein expression and a genetic association of Val66Met single nucleotide polymorphism (SNP) of BDNF in suicidal behavior. The present study examined the BDNF immunoreactivity in postmortem prefrontal cortex specimens of completed suicide. The allelic and genotypic distributions of eight SNPs found in BDNF gene were determined in 307 subjects who completed suicidal and 380 normal subjects using a Taqman probe assay. In addition, we performed a meta-analysis of the BDNF Val66Met SNP in suicidal behavior and completed suicide using data from the present study as well as seven previously published studies. Expression of BDNF was significantly lower in the completed suicide group than in the control group after pH, postmortem interval, age and gender were taken as covariates. The BDNF genotypic and allelic distributions of the eight SNPs did not differ between the completed suicide and normal subjects. In the meta-analysis, the Met allele tended to be associated with risk of suicide in the Asian population, but not with the completed suicide subjects. These findings suggest that BDNF may play a role in completed suicide.

56. Association between the Genes Polymorphisms in BDNF and Personality in the Recovered Patients with Depression

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Objective: To explore the genes in brain-derived neurotrophic factor (BDNF), and search for the effects among them on the personality in Chinese North Han the recovered patients with depression. Methods: The study group included 124 patients recovered. All subjects were assessed by Eysenck Personality Questionnaire (EPQ). Two single nucleotide polymorphisms (SNPs) of BDNF genes were detected by polymerase chain reaction (PCR), including rs6265 and rs7124442 in BDNF gene. Results: 1. There were no significant difference in distributions of mean age, sex and educational background between different personality groups ($P > 0.05$). 2. Hardy-Weinberg equilibrium test, which indicated that the sample can represent the population. 3.1 BDNF rs7124442 ① No statistically significant difference of each personality dimension mean was detected between different rs7124442 genotypes and alleles ($P > 0.05$), as well as rs7124442 genotypes and alleles frequency distribution. 3.2 BDNF rs6265 ① The difference of N personality dimension mean was statistically significant between different rs6265 genotypes ($P < 0.05$). N、P dimensions mean was not statistically significant between rs6265 genotypes ($P > 0.05$). ② The frequency distribution of rs6265 allele A in introversion group (49.7%) was more than no introversion group (35.0%), which was significant ($\chi^2 = 7.449$, $P = 0.023$), but it showed no significant after Bonferroni correction ($P > 0.05$). Conclusions: No significant associations were found between BDNF single gene and EPQ personality in Chinese Han the recovered patients with depression.

57. Association between the Genes PRKCG in BDNF Signal Pathways and Personality in the Recovered Patients with Depression

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Objective: To explore the gene PRKCG in brain-derived neurotrophic factor (BDNF) pathways, and search for the effects on the personality in Chinese North Han the recovered patients with depression. Methods: The study group included 200 depressive patients undergoing the following up treatment, finally 124 patients recovered, All subjects were assessed by Eysenck Personality Questionnaire (EPQ) including three personality dimensions: Neuroticism(N), Introversion-Extraversion(E) and Psychoticism(P). We calculated the standard scores (T) of three dimensions, and then divided N, E dimensions into three levels by the T38.5~61.5: Non-neuroticism, moderate and Neuroticism; Introversion, moderate and Extraversion; divided P dimensions into two levels by the T61.5: Psychoticism and Non-psychoticism. Single nucleotide polymorphisms (SNPs) of PRKCG genes were detected by polymerase chain reaction (PCR). SPSS13.0 software was used for monofactorial analyses. Results: 1. General demography data analysis: There were no significant difference in distributions of mean age, sex and educational background between different personality groups ($P > 0.05$). 2. Hardy-Weinberg equilibrium test: rs3745406 in PRKCG in this sample were in HWE ($P > 0.05$), which indicated that the sample can represent the population. 3. Single gene analyses: PRKCG

rs3745406 ① No statistically significant difference of each personality dimension mean was detected between different rs3745406 genotypes and alleles ($P>0.05$). ② There was no statistically significant difference of rs3745406 genotypes and alleles frequency distribution between different personality dimension groups ($P>0.05$). Conclusions: No significant associations were found between PRKCG single gene and EPQ personality in Chinese Han the recovered patients with depression.

58. Action of the CD 38 and Obesity

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The present investigation try to show us the mecanis of the cd 38, this one has an primordial play in the ethiology of the obesity. For this study formed two research groups, the first with high-fat diets that failed to gain weight, or lack the gene in question. And a second group, which possess the gene condiderablemente achieving your weight increase. It tries to show how certain drug may act by inhibiting the action of the receptor gene chemical cd 38 PGC1 (coactivator-1 receptor peroxisome proliferator activated) plays a major role in the development of obesity and metabolic control. SIRT genes activate PGC1 and in doing so, they compensate the negative effects of obesity (at least in mice). However, failure to explain how far the PGC1 which really works.

59. The Effects of Qinghuanling Decoction on MK-801 Induced schizophrenia Model Rat

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Objective: We want to explore the possible treatment mechanism of Qinghuanling Decoction (Xiaohuan Decoction) on schizophrenia. Methods: There were forty-two rats by injected with 0.1 mg/kg MK801 for 14 days to establish schizophrenia model, and random into three groups: model group. Qinghuanling Decoction group, Risperidone group. Normal rats group was as control group. Qinghuanling Decoction group was fed with the dose of 4 ml/kg once a day continuously fed 4 weeks, and Risperidone group was fed with 0.2mg/4ml/kg. We use the open field test and electrochemical coulometric array HPLC determination to detect the relevant data. Results: There was significant difference in total cross-grid between the Qinghuanling Decoction group, Risperidone group, and model group (243.75 ± 86.82 , 242.10 ± 89.56 vs. 315.08 ± 65.93 ; $P<0.05$). The levels of DA, DOPA and content of HVA in Qinghuanling Decoction group and Risperidone group were significant decreased ($P<0.05$); but there was no significant difference between Risperidone group and model group ($P>0.05$). Conclusion Qinghuanling Decoction can improve cognitive impairment and increase of locomotor activity, the effect is the same with Risperidone.

60. Predictors of Depression in the Health Science College Students

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This research aimed to estimate the prevalence and examine factors associated with depression in the health science college students in higher education institution, Khon Kaen Province. 468 students were included in the analysis, using a four stratified cluster random sampling method. Depression was assessed using the Center for Epidemiologic Studies-Depression scale (CES-D), Thai version. Data were analyzed using multiple logistic regressions. Results: A total of 48 (10.2%) students met the criteria for depression. Among these, 39.58 percent were males and 60.42 percent were females. The factors that were significantly associated depression in the students with family connectedness (OR = 4.38, 95%CI = 2.18-8.81), social support from friends (OR = 4.37, 95%CI = 0.90-20.24), life event (OR = 1.07, 95%CI = 1.03-1.10) and substance use (OR = 0.13, 95%CI = 0.01-1.74). Conclusion: The study findings indicate the importance of social support from friends. Therefore the university should have a clear and sustained activity or system to help students, example peer support group or the counseling services, which was important in the prevention of depression among students.