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Background: Patients presenting with multiple unexplained physical symptoms such as somatization disorder (SD) and abridged somatization (AS) pose significant challenges in mental health and primary care settings. Until recently, no intervention had been found to produce meaningful improvement in these patients. We present here results of two studies one on SD the other on AS.

Methods: Study 1 included 84 patients with SD seen in a mental health setting and Study 2, 172 patients with AS seen in primary care. In both studies, patients were randomly assigned to either a “standard care” or an “experimental treatment” consisting of a 10 session CBT designed for patients with unexplained symptoms. The Clinical Global Scale (CGI) for Somatic Symptoms was the key outcome measure.

Results: In Study 1, CBT-treated SD patients were significantly more likely to be rated as “much/very much improved” than “control” patients (39.5% vs. 4.9%). CBT also led to a decrease in health care costs. In Study 2, CBT-treated AS patients were significantly more likely to be rated more “much/very much improved” in the CGI than those in the control group (60% vs. 25.8%). Depressive symptoms also improved more under CBT but the effect on physical symptoms was independent from that on depression.

Conclusion: For patients diagnosed with SD and AS in primary and specialty care, CBT produced clinical benefits beyond those that result from current state of the art treatments. CBT may be the treatment of choice for most of these patients.

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Parent oriented psycho-education for under 5 years age children with stubbornness

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Background: Stubbornness, disobedience and, talking back to parents may cause parents to be anxious and defiant about their children.

Method and materials: In order to study during 20 months, 24 subjects (13 girls and 11 boys) less than 5 years age children with Stubbornness evaluated with Child Behavior Check List and clinical interview. Parents with psychiatric disorders and impaired household interpersonal relationship received at least 3 sessions of counseling, individual skills training, and in some cases they received drugs. Results estimated after one and three months and the reported stubbornness by parents evaluated.

Results: Six subjects, two girls and four boys, had at least one concomitant psychiatric disorder and excluded from the study (three of them had ADHD). In the 13 of children both of parents participated in the evaluation and treatment processes. In the 87.1% of parents (27 of 31 each parents) at least one of them had psychiatric problem or dissatisfaction of marriage of subjects and the most frequent symptoms in decreasing ordinary were depressive symptoms and complaining about non-participation of another parent in the child nurturing. In three month survey 77.8% of children (6 boys and 8 girls) were free symptom. ANOVA showed that sex of children hasn't any effect on treatment results ($P > 0.05$).

Conclusion: The findings of this study provide some support for the use of Parent-oriented treatment for less than 5 years age children with stubbornness. Review of literatures reveals that

Stubbornness has a powerful stem in parent's behaviors.

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Directly observed therapy (DOT) in a psychiatric consulting dispensary, long term practice and retrospective study of patients coming every day

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Compliance with medication represents a major stake in the treatment of chronic diseases, especially in psychiatric disorders such as schizophrenia and mood disorder. Directly observed therapy (DOT) has been promoted in recent years by the WHO for ambulatory treatment of tuberculosis, since for many years psychiatric nurses have used this therapeutic strategy for hospitalized patients.

We use DOT in a psychiatric consulting dispensary to prevent relapses linked to non-compliance. Currently, more than 60 patients come once or twice per day, weekends included.

First, we describe our organization, the clinical indications, the nurses' work and a new architectural project to facilitate the delivery and observation of the treatment. DOT is not only a mechanical procedure of dropping medication into the patient's mouth, it is also a real way of establishing a therapeutic link and a very good clinical observation point to care for psychotic patients, for example. We also propose this strategy instead of hospitalization to patients who present an acute psychiatric disorder but with good insight.

Secondly, we present a retrospective study to show the efficacy in prevention of a relapse, and the reduction of the number of hospitalizations.

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Efficacy of medication and combined medication and cognitive behavior therapy in the treatment of obsessive compulsive disorder

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This study was conducted to see the effectiveness of medication and combined medication and CBT for the treatment of OCD and to find out the treatment group with greater efficacy. To fulfill the objectives thirty OCD patients (diagnosed by DSM-IV) were divided into two groups (Group A and Group B); each consisting of fifteen patients. Group A received capsule Fluoxetine as a standard medication of OCD and Group B received combined medication (Fluoxetine) and CBT. To measure the symptom severity Dhaka University Obsessive Compulsive Scale (DUOCS) was used initially (before treatment) and at 5th, 9th, and 13th weeks (after treatment). Mean initial score of DUOCS in Group A was 46.6 ± 16.04 and in Group B it was 36.67 ± 12.85 . Mean DUOCS score at 9th week was 34.46 ± 16.21 and in Group B it was 23.92 ± 8.43 . Mean DUOCS score at 13th week in Group A was 28.23 ± 12.96 and in Group B it was 18.77 ± 6.3 . Comparison of means of initial DUOCS score and 13th week score using paired t test in both the treatment groups were done. In both the groups the mean score changes were highly significant ($p=0.000$). From analysis it was seen that mean symptom reduction was more in Group B but it was not statistically significant ($p=0.721$). From analysis it was seen that mean percentage reduction of symptoms was also more in case of Group B but it also fell short of being statistically significant ($p=0.104$).

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Effects of group psychoeducational psychotherapy on inpatients with chronic psychoses

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Background and aims: The objective of this study is to examine the efficacy of group psychoeducational therapy for inpatients with DSM-IV schizophrenia.

Methods: Fourteen in-patients with DSM-IV schizophrenia were randomly assigned to a treatment group or a control group. Both groups received standard medication as prescribed by their treating physicians, but the treatment group also received a two-months course of psychoeducational psychotherapy. Outcome was evaluated using Clinical Global Impression-Schizophrenia Scale.

Results: Patients who attended psychoeducational group showed a improvement in CGI-SCH score.

Conclusions: The results suggest that psychoeducational psychotherapy can improve the treatment of schizophrenia.

Psychoeducational psychotherapy has no side-effects and is relatively inexpensive.

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My new Alfa Romeo GT is not in the garage any more

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Authors are presenting a case of co morbid panic disorder and psychosis with a focus on the successful treatment of the panic disorder via a CBT approach. The patient has had only one episode of psychosis.

The cognitive model of panic disorder is used as a template to consider this young man's psychotic experiences, in the context of some types of delusional beliefs, especially those involving the catastrophic and atypical misinterpretation of the physiological sensations associated with anxiety.

This case is emphasising the therapeutic value in certain patients of focussing therapy on the non-psychotic symptoms once the acute psychotic state has been managed.



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The rebuild trial: An intervention for challenging behaviour in intellectual disabilities

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Aims: To carry out a three year randomised controlled trial of a specialist behaviour therapy service for adults with learning disabilities compared with treatment as usual, within South Essex Partnership NHS Trust. The study is funded by the South Essex Partnership NHS Trust (ISRCTN62134865).

Background review: Challenging behaviour is common in people with intellectual disabilities, but there is a paucity of specialist services in most areas. Currently, most of the care is provided by local community based intellectual disabilities teams whilst specialist care is usually hospital based and situated away from the clients' residence. South Essex Partnership NHS Trust provides such a specialist service to people with intellectual disabilities and challenging behaviour within a five sector locality.

Method: 68 participants will be randomly assigned either to specialist intervention or treatment as usual group. Structured interviews are conducted with clients and their carers at baseline and at three and six month follow-up. Main outcome is reduction in challenging behaviour. Secondary outcomes are reduction in carer burden and costs.

Results: Will report on the first 2 years of a 3-year trial.

Discussion: Intervention research is very scarce if not completely lacking in the field of intellectual disabilities mental health. We anticipate that the data from this study will provide evidence not only for further research but also for service developments and improvement in patient care.

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The effects of touch therapy and physiotherapy on pain in females refer to physiotherapy ward of hafez hospital

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There are a direct relation ship between pain & stress. In this study concerning the effect of two types of treatment on reducing pain. 63 females patient had participated with low back pain, which met the required criteria. Patient were allocated randomly and divided in two groups by specialist physician. The treatment was given to both groups every day. The researcher on each patient conducted touch therapy, 15-20 minutes in 5-10 sessions. In the second group, a physiotherapist conducted physiotherapy in 10 sessions with hot pack & TENS for 10-15 minutes. The severity of pain was measured at 3 times, before treatment, after the last session & one month after the last session. The effect of treatment were compared by another person on a double blind fashion, by interviewing the patient of both groups. The severity of pain was measured by using a 10-degree visual analogue scale (VAS). Result show that there was no statistically significant difference between two groups on reducing of pain immediately after the last session($p=0.2$). Follow up of the patients after one month showed that severity and duration of pain were significantly different ($p<0.005$). touch therapy is more effective on reduction of pain one month later than immediately after treatment.