

Conclusions: The development of treatment programs should focus also on the patients' subjective perspective. According to our findings agonistic opioid maintenance treatment yields not only to treatment response but also to improvements in patients quality of life.

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The characteristics of nicotine addiction among mentally ill persons
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Background and aims: Many persons with mental disorders smoke cigarettes, while smoking contribute to more frequent occurrences of tobacco diseases, especially coronary heart disease, respiratory diseases and tumours. These diseases can be neglected because of the bad psychical condition of patients. Important are also interactions between nicotine and medicines taken by mentally handicapped persons. It seems very essential to recognize factors favourable smoking, so it can contribute to create effective programs for patients willing quit smoking. The research's aim was to characterize nicotine addiction among mentally ill persons.

Methods: The investigated group consisted of 104 smokers with diagnosed mental disorder (schizophrenia or depression disorders). The control group was established from 80 mentally healthy smokers.

In the research one used detailed interview, clinical research and following questionnaire methods: Fagerström Test for Nicotine Dependence, Schneider Test (the test of motivation for smoking cessation), the test of readiness to change (in the basis of the Transtheoretical Model of Behavioral Change, TTM)

Results: Gained results indicate the higher degree of addiction and lower readiness to quit smoking among mentally ill in comparison to the control group. The research reveal negative correlation between the wish of quit smoking and the age of examined and intensification of symptoms of a disease.

Conclusions: The research showed the need of creation the specific programs of smoking cessation programs for mentally ill persons with particular consideration of the work on motivation to change, reduction depression syndromes and work on the improving live satisfaction.

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Adolescents addressed to an addiction liaison team after alcohol-intoxication related emergency room admittance

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Similarly to other European countries, binge drinking among adolescents has become a major health issue in Switzerland. In order to better assess and orientate adolescents admitted to Pediatric Emergency Unit for alcohol intoxication, the Department of Pediatrics and de Division of Substance Abuse of the University Hospitals of Geneva have implemented since 2006 an addiction-liaison team.

Methods: 12 consecutively admitted patients (age 14-15, 6 girls) were assessed regarding to sociodemographic characteristics, familial context, alcohol consumption history and preferred drink.

Results: For all 12 patients, the beverage leading to the intoxication (3 cases of coma) was vodka, in two cases mixed with nonalcoholic drinks. Four patients lived in an unstable familial context (divorce, separation), and one patient was adopted.

Conclusion: While selling Vodka (and other spirits) to persons under 18 is illegal in Switzerland, it was the preferred beverage of adolescents admitted for alcohol intoxication to a Pediatric Emergency Unit, confirming data from other countries. One of the reasons vodka is the preferred alcohol in these patients may be that it has the less telltale odor of the common spirits.

Poster Session 1: PSYCHOTHERAPIES

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Early change in maladaptive defense style and development of the therapeutic alliance

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Background: Empirical research on defense mechanisms found a sound support for the relationship of these mechanisms to adaptation. Instruments exploring the defensive operations patients use to help themselves deal with emotional and difficult experiences might assist the psychiatrist in providing treatment.

Methods: This study examined the early change in Maladaptive Defense Style (MDS), the development of the Therapeutic Alliance, and the relationship between MDS and alliance, in a short psychodynamic intervention. Outpatients from a psychiatric clinic completed a four-session psychodynamic intervention (Gilliéron, 1989). Defenses were assessed with the Defense Style Questionnaire (DSQ-88) developed by Bond et al (1983). Alliance was measured with the Helping Alliance Questionnaire (Luborsky 2000).

Results: Patients who began the intervention with a poor alliance but ended with a good alliance significantly decreased their use of maladaptive defenses over the course of therapy. Results showed that at the end of the intervention, MDS and alliance were related across all patients, and particularly across patients who developed a good alliance.

Conclusions: Our results suggest that the DSQ is sensitive to acute MDS changes. As a self report instrument it is a practical tool for clinical evaluation. Change in MDS found after such a brief treatment suggests that the psychiatrist's support and exploration may diffuse the sense of threat induced by the crisis and reduce the patient's maladaptive defense activation. This might help develop a psychiatrist-patient working collaboration, fostering their agreement on a treatment plan and its implementation.

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The Bologna multiethnic mental health centre

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Background and aims: We describe the transcultural working method of the Bologna Multiethnic Mental Health Centre (University of Bologna, Italy). The team is composed by psychiatrists, psychologists, anthropologists, social workers and cultural mediators. The main approach is psychotherapy by means of group setting, which is used as for counselling as for longer and more structured psychotherapy.

Methods: We carried out a chart review and clinician survey of social, clinical, and service use characteristics of all immigrant

patients from 1999 through 2006. We also fulfilled the AMDP-SYSTEM (Manual for the Assessment and Documentation of Psychopathology) for all these patients.

Results: A total of 135 clinic patients was followed up during this period. Most of these patients came from North Africa (32%) and Sub-Saharan Africa (25%) for financial purposes and 70% were in Italy for less than 10 years. More than $\frac{1}{4}$ are undocumented. One third of the patients were affected by adjustment disorders, another third by psychotic disorders and the last third by depression or anxiety disorders. Group setting and helping relation have shown transcultural efficacy, especially during the first period after migration, on psychopathology and adjustment's abilities. This method was effective among every ethnic and diagnostic groups, except for cases in which cultural components, preceding migration, were responsible of suffering.

Conclusions: Starting from therapeutic efficacy of our model, we propose that immigrants psychological distress in Italy is mainly due to cultural shock and role identification loss.

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A structured group psychotherapy programme improves adjustment to lipodystrophy in HIV+ patients: Preliminary data

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Objective: To evaluate the immediate efficacy of a specific group therapy program in improving quality of life and adjustment to body changes due to fat redistribution (lipodystrophy syndrome) in HIV+ patients taking antiretroviral treatment.

Methods: The therapy program consisted of 12 weekly two-hour sessions following a structured cognitive-behavioral group psychotherapy program focused on development of coping strategies, including specific psychoeducational interventions in nutrition and physical exercises. Eight HIV-positive patients with generalized lipodystrophy (affecting face, buttock and extremities) who referred psychological impairment due to body changes participated in a group therapy. Repeated measures Friedman test was used to analyse changes on the modified version of the Dermatological Quality of Life Inventory (DQLI) administered at three time points: T1 (one month before therapy), T2 (first session), and T3 (last session) Results: All participants (six women, and two men) completed the therapy program. A significant improvement was observed during the intervention time (between T2 and T3). No changes were observed during baseline (between T1 and T2). Issues raised by group participants were problems with dressing, fear of stigmatization, social isolation, and difficulties in sexual relations.

Conclusions: Preliminary data show that our psychotherapy program improves quality of life and psychological adjustment to lipodystrophy body changes in HIV infected patients. Further groups should be performed to confirm its efficacy.

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The effect of groupcoaching in adult ADHD

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Background and aims: The treatment of Attention Deficit Hyperactivity Disorder (ADHD) should be multimodal. Apart from pharmacological treatment, that is frequently insufficient, psychosocial interventions are considered worthwhile. In order to assess the usefulness of a coaching procedure in adult ADHD with respect to symptoms and daily life functioning a pilot study was performed. Before and after the coaching symptoms and functioning were rated.

Method: Ten patient (age 25-61, 6 males) with a diagnosis of ADHD according to DSM-IV criteria were included. They took part in an 8 weeks structured coaching procedure once weekly for two hours. Before and after the coaching patients were assessed with the Rosenberg Self-Esteem Scale, The Attention Deficit Self Rating Scale (ASRS), the Behavioral Assessment of the Dysexecutive Syndrome (BADS), the Quality of Life, Enjoyment and Satisfaction Questionnaire (Q-LES-Q) and the Weiss Adult Functional Impairment Rating Scale. The ratings were done by the patients and a significant other (e.g. spouse)

Results: There were no significant effects on symptoms of ADHD as rated by the patients. The significant other however noted improvement. Functioning in daily life, as measured with the Weiss, showed a significant improvement.

Conclusions: Improvement or not-improvement of ADHD symptoms does not automatically parallel functional outcome in daily life. Psychosocial measures may be of benefit in this respect.

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The "V.I.T.A. project": An experimental study for psychotherapeutic interventions in telemedicine

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Background and aims: The "telepresence" allows innovative strategies of intervention in psychiatry and new forms of high therapeutic potential in mental healthcare assistance. Within this general framework the authors introduce the "Velletri Intensive Telepsychotherapy Assistance - V.I.T.A. Project". The project has started four years ago and it consists of psychotherapeutic treatments systematically carried out in videoconference modality. It is aimed at: - defining the feasibility criteria (technical and psychopathological ones) of this kind of treatment; - comparing it with "face to face" psychotherapy; - pinpointing out its elective fields of application in psychotherapy, especially with regards to acute episodes of "crisis".

Methods: Twelve patients have been recruited involved, six for the control group treated by traditional "face to face" cognitive therapy and six for experimental group treated by videoconferencing cognitive therapy. This Psychotherapeutic treatments were carried out by means of regular video connections (ISDN-based, 384 Kb/s) between the research centre and patients who live in towns near Rome. Both the treatments were assessed by: WHO-Quality of Life, HDRS (Hamilton Depression Rating Scale), HRSA (Hamilton Rating Scale for Anxiety), ZDS (Zung Depression Scale), STAI (State-Trait Anxiety Inventory), COPE (Coping Orientation to Problems Experienced), MSPSS (Multidimensional Scale of Perceived Social Support), DES (Dissociative Experiences Scale), BPRS (Brief Psychiatric Rating Scale), GAF (Global Assessment of Functioning scale) and WAI (Working Alliance Inventory); at regular intervals of three months for four years.

Results: A more detailed description of "V.I.T.A. Project" methodology and its preliminary results will be presented.