

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