

Results: Paternal impositions, taking implicit social aims, are stimuli that wait, of child, a response; initially they do not work in an automatic way (due to gravitational Natural Inertia of organism tending to be interrelated with the Universe), but as punishment and recompense are imposing on him, time between stimulus-response will be diminishing until reaching the automatization. Reinforced and rewarded such a process, the individual, will be suitable to generate unthinking answers before any stimulus foreign to his essence. Given these conditions any impulse, image or idea arisen in mind unconsciously it turns into stimulus, to which, man, will not be able to escape, undo or obviate having to exercise necessarily an immediate response, according to needs of social rules, avoiding this way non-adaptation or interior conflict: Conditional Inertia.

Conclusions: The dynamic mind-body, in ‘Mental Illness’, is a reply of the interrelationship father-child but stylized, in which, to less time between stimulus-response the worst it will be the forecast.

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Personality disorders in a cross-cultural perspective

I.T. Calliess, W. Machleidt, M. Ziegenbein. *Social Psychiatry and Psychotherapy, Hannover Medical School, Hannover, Germany*

Background and aims: The diagnosis of personality disorders is highly dependent on how a society views certain behaviour. Self concept, adaptation and social context are important aspects to the cultural dimensions of personality disorders. However, the relevance and implications of the influence of sociocultural factors are seen differently. Accordingly there are very distinct conceptual, nosological and diagnostic approaches to classify personality dispositions and personality disorders in a cross-cultural perspective.

Methods: The paper describes the social, demographical and political context of migration in Europe and tries to indicate the needs and mental health problems of immigrants. A review of the literature concerning mental health risk in immigrants is carried out. Special focus lies on the impact of cultural concerning the emergence and manifestation versus prevention of personality disorders. The work also faces the problems of health policy towards immigrants and the access to mental health care services for immigrants in Europe.

Results and Conclusions: Due to globalization and migration processes clinicians and therapists are increasingly asked to evaluate and differentiate the level of personality functioning not only in patients from different cultures and ethnic groups but also in traumatized refugees and migrants. Multiple social and cultural factors have influence on each level of the diagnostic and therapeutic process. Apart from a high background knowledge concerning trauma, migration and culture specific issues, such skills as cultural sensitivity and cultural competence are requirements for clinicians and therapists.

Poster Session 1: EATING DISORDERS

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New therapeutic strategies for new eating disorders

J.A. Aguado, O. Segurado. *Department of Psychiatry, Acute Unit, Benito Menni Hospital, Valladolid, Spain*

Introduction: In previous studies, we have described a comparison of new eating disorders (permarxia, orthorexia, megarexia, vigorexia,

selective eating and binge eating), which appear and develop according to certain social and aesthetic canons, from a dynamic point of view. In this study, we advance through new therapeutic strategies which require some modifications in anorexia and bulimia classic protocols, at several levels.

Material and method: A bibliographical overview since last 5 years of those emergent eating disorders and their treatment has been made

Medical magazines and publications, textbooks of psychiatry and more usual data bases (Medline, Embase) also have been reviewed.

We contribute as well with our current modified protocols, daily experience and healthcare assistance.

Results: We make a review of new eating disorders: concept, profiles and main symptoms, emphasizing on new therapeutic strategies which are described from several points of view, such as pharmacologic, behavioral therapy, cognitive restructuring, work on self image and self concept.

We also emphasize the differential characteristics of each treatment for every new eating disorder.

Conclusions:

1. New therapeutic strategies are necessary to include in the protocols of Psychiatric Units as frequency of new eating disorders is increasing.
2. These strategies still must be focused on cognitive behavioural therapies, considering psychopharmacologic treatments mainly in case of comorbidity.
3. Although they share the eating element, their origin and consequences are diverse, and this demands an adaptive change of therapeutic strategies we usually considered in our protocols.

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The comparison with Japanese and Indonesian adolescent women's wishes to be slender and mental health GHQ score showed

M. Aoki¹, R. Setiyani², S. Aoki³. ¹ *Food and Nutrition Science, Sanyo-Gakuen, Okayama, Japan* ² *Nursing School, Gadjah Mada University, Yogyakarta, Indonesia* ³ *Kawasaki Medical School, Okayama, Japan*

Background: There are strong wishes to be slender not only in the western country but also in Japan. The young women's BMI doesn't show a normal distribution. Almost of that is under BMI 24.2 (normal). Obesity is not good for metabolic syndrome. But being too thin is not good for health especially motherhood. And that influences not only physical health but also mental health. It is thought young women's energies lose in eating or saving meals.

Methods: Self-administered questionnaire about wishes to be slender, eating behaviour and General Health Questionnaire were used. Objects were 180 adolescent women in the nutrition course (80) and nursing school (100).

Results: About 95% or more of Japanese objects have wishes to be slender. Their physical BMI is about 20.7. But in order to estimate their wish to be slender, we asked three weights. One is the weight they think most healthy (we call “healthy weight”). The second is more beautiful (“beautiful weight”). The third is they actually aim to be (“aiming weight”).

In Japan general speaking physical weight is heaviest, the second is “healthy weight”, the third is “aiming weight” and lightest is “beautiful weight”. But some parts of them aim to be under BMI 17.5 (ICD-10 classified “Anorexia nervosa”). Weight order is now confusing.

The four BMI in Indonesian women are physical BMI is 19.7, healthy is 19.2, aiming is 19.1, beautiful is 18.9.