

analysed critically. The purpose was that the staff would become aware of unintentional consequences of their own parlance.

Action research is primarily aimed at developing knowledge for action. The researcher's role is to identify basic problems through critical consciousness-raising. The goal is to help people explore their own situation in order to be able to improve it.

We contributed by giving them a suitable analysis tool, which can be used for exploring own practice. The analysis tool became an aid in making the necessary qualitative improvements. This has made them change their practice. Practice has contributed to theory development, and the research results have been used for implementing concrete changes to this practice.

Today, the wards can exhibit documentation systems that to a large extent satisfy current professional and legal demands.

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Dopamine transporter density of basal ganglia in obsessive-compulsive disorder, measured with SPECT before and after treatment with serotonin reuptake inhibitors

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It has been suggested that dopamine as well as serotonin are associated with the pathophysiology of obsessive-compulsive disorder (OCD). Using iodine-123 labelled N-(3-iodopropen-2-yl)-2 β -carbo-methoxy-3 β -(4-chlorophenyl) tropane ([123I]IPT) single-photon emission tomography (SPECT), we investigated the dopamine transporter (DAT) density of the basal ganglia in patients with OCD before and after treatment with serotonin reuptake inhibitors (SRI). Ten patients with OCD before and after treatment with SRI were included. We performed brain SPECT 2 hours after intravenous administration of [123I]IPT and carried out analyses of the obtained SPECT data, which were reconstructed for the assessment of the specific/non-specific DAT binding ratio in the basal ganglia. We then examined the correlation between the scores of OCD symptoms changes, assessed with Yale-Brown Obsessive-Compulsive Scale (Y-BOCS), and DAT binding ratio.

Patients with OCD after treatment with SRI showed a significantly decreased DAT binding ratio in right basal ganglia compared with pre-treatment. The significant correlation was found between the rates of total scores and compulsion scores changes of the Y-BOCS and the changes of DAT binding ratio of the right basal ganglia. These findings suggest that the dopaminergic neurotransmitter system of the basal ganglia could play an important role in the symptoms improvement of OCD patients.

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Clinical characteristics of obsessive compulsive disorder with schizophrenia

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Objectives: We investigated the prevalence of obsessive compulsive disorder (OCD) among patients with schizophrenia. We also investigated the differences in the psychotic symptoms and suicidality between patients with schizophrenia who did or did not have OC symptoms.

Methods: Seventy-one subjects with the DSM-IV diagnosis of schizophrenia were evaluated by the Structured Clinical Interview for DSM-IV Axis I disorders, the Yale-Brown Obsessive-compulsive Scale and the Positive and Negative Syndrome Scale.

Results: The OCD patients with schizophrenia were 20 (28.2%) among 71 subjects. The 20 subjects with OCD had significantly more severe negative and total psychotic symptoms evaluated with PANSS than subjects without OCD. The schizophrenia with OCD had significant higher recent suicidal attempt rate than the subjects without OCD.

Conclusions: The results of this study suggest the possibility that OCD symptoms in schizophrenia may be related to negative symptoms and the OC symptoms may be related to the impulsivity expressed as suicidal attempts.

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SMS communication and identity

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Adolescence is a period in growth followed by intensive happenings that in interaction with the environment lead to forming the identity of an individual.

One's identity represents both an experience, as well as experiencing personal absolute sameness and the continuity of feelings, aims at intentions in life.

This service, together with other electronic phenomena, devices and systems play an important part in forming personality and identity.

Growing by the computer, a switch to mobile phones as the "objects of transition" during the process of separation from home and parents all make both children and adults feel seemingly secure, disregarding the trap of entering the world of social autism. The security of non-detecting of emotional expression and seeming social harmony and dynamic give a quasi-reflection of growing and maturity.

The aim of research work: an examination of the influence of SMS on the young during the process of individualization in adolescence.

Methods of research: Inquiry at a primary school included 55 children while at a Grammar School it included 50 children of both male and female sex.

Results: Children from the younger age-group do not reject their parents' calls in 95% of the cases.

They communicate with their parents experiencing their authority and showing a tendency of resistance.

Children from the older age-group in 58% of the cases filtrate the calls from their parents and experience it as a control and a check.

The research showed a significant influence SMS communication during the process of separation, from negation and disidealization to one's personal individualization.

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Investigation into the quality of life of psychiatric patients

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Within its sociotherapeutical programme St. John Psychiatric Hospital has been continuously since 1963 conducting the treatment and rehabilitation of psychiatric patients accommodated in heterogeneous families according to the Belgian model. Research conducted in the West as well as the experience gained at our hospital suggests that this sociotherapeutical method is very effective in the process of prolonged treatment, rehabilitation and resocialisation as well as the improvement of the quality of life of psychiatric patients. The ultimate objective of this investigation was to examine the quality of life of the groups of schizophrenic and depressive patients under observation, and the impact of a heterogeneous family, primary or secondary family and hospital ambient on the process of treatment and rehabilitation. The assumption is that in the process of prolonged treatment patients accommodated in heterogeneous families psychosocially function better and attain a higher quality of life than those who are under long-term outpatient treatment and live with the primary or secondary family or, alternatively, have been hospitalised. Applied was a comparative method of investigating groups of patients affected by schizophrenia and depression that were in the process of prolonged treatment accommodated in heterogeneous families, primary or secondary family, or those who were hospitalised. Individually assessed by way of appropriate questionnaires, completed by the very subjects, were the health-related quality of life and the subjective quality of life.

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Socio-psychological problems in the families of patients with mental illnesses in republic of belarus

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The study was carried out at the Department of Psychiatry of the Belarusian Medical Academy of Post-Graduate Education.

The purpose of the study was investigating the problems connected with negative consequences of mental illness stigma and the family burden.

Method and objective: Study participants were: the caregivers of the patients admitted to the Republican Clinical Psychiatric Hospital, suffering from schizophrenia, affective disorders and the control group (participants from mentally healthy families).

The inclusion criteria were: 1) living with the patient in the same house; 2) age > 18 years; 3) absence of somatic and psychiatric pathology; 4) informed consent.

We used the following assessment instruments: the Medical Outcomes Study Short-Form36 (SF-36) survey; Family Experiences with the Stigma of Mental Illness Questionnaire by H.Stuart; the Coping Strategies Questionnaire by E.Heim; the Questionnaire of Family Burden according to the WHO «Quality Assurance in Mental Health Care».

Result: The obtained results show that relatives of mentally ill patients suffer from negative consequences of stigma and discrimination. They have the burden in economic, psychological, social environment, family interaction areas. Relatives feel social isolation, shame, guilt, worry and distress.

Conclusion: One of the causes of such tragic consequences of stigma is the lack of specific information about mental illnesses and choice of inadequate coping strategies. We apply

psychoeducational project in the families of patients with schizophrenia to reduce negative influence on their lives.

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Psychiatrist and social dialogue

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Background and aims: The authors presented their activities in prevention of mobbing, suicidality, pathological gambling, and antistigma programs aimed for the persons treated for combat PTSD.

Methods: Social dialogue is achieved through numerous outpatient activities that included systematic information and education, public discussions, conducted studies, public program promotions, performance presentations, koordination, and active engagement of various professionals (psychiatrists, psychologists, pedagogues, social workers, jurists, politicians, employees in civil service, associations and syndicate, employers, and volunteers).

Results: Numerous public discussions and professional gatherings have been held, professional and scientific studies have been conducted, programs have been presented in public through various media, web-pages have been created and brochures have been written. The created positive atmosphere leveled up the awareness, what resulted in propositions for drawing up broader, national strategies, and some pending legal solutions.

Conclusion: Social dialogue is represented by all types of information exchange, consultations, and discussions between social partners and government representatives about issues of common interest related to social or economic policy. In situations when some primarily social events partially participate in the genesis of psychological disorders, a psychiatrist may take part in the dialogue, pointing out the existence of the problem, defining the problem and offering professional solutions for prevention. In order to have a social dialogue it is necessary to have most extensive public support and understanding that only with joint endeavor of all citizens the problem may be, and must be, solved.

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An investigation on spouses' mutual abuse behavior

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Introduction: The family plays an essential role in individual and social life. That is the first center to grow and blossom the talents appropriately and a starting point for all social changes each modification should start from the family.

Method: This is a descriptive analytic study. On 394 men and 404 women. The spouses' abuse behavior was defined by a questionnaire. Results:

The findings showed that there was a significant association between abuse behaviors such as aggression, screaming, punishment and physical fight, mutual scolding, contempt and criticizing, silence and not speaking, insulting not talking to each other, criticizing in public, throwing and breaking things, sleeping separately between men and women ($p < 0.001$)

The findings showed 88% of the men and 51% of the women, stubbornness in 73% of men and 70% of women, aggression and screaming in 63% of men and 51% women, physical punishment