

payer's perspective—the National Health Fund(NHF) databases and from economic reports of PHW.

Results: Day hospital was superior in alleviating negative symptoms, depression and anxiety. No statistical differences in effectiveness 3 months after discharge were found. One year after discharge higher level of psychopathology was reported amongst inpatient group and day-care group had higher number of rehospitalizations.

Costs were higher for NHF in day-care due to longer overall patients' hospitalization. However according to economic reports mean financial deficit of PHW generated by day patients was significantly lower. Comparison of length of hospitalization assessed with CSRI and NHF databases showed significant quantitative differences.

Conclusions: Superiority of treatment effectiveness in inpatient ward over day-care was not confirmed using BPRS, MANSAs and rehospitalization index. Simultaneously significantly lower mean financial deficit generated by day hospital due to lower indirect costs and underestimated NHF's rates for inpatients treatment showed superiority of day treatment in terms of CEA. Costs estimation based on clients' perspective may lead to significant misconception.

P0313

Suicide reporting: A follow-up survey 10 years after the publication of media guidelines

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In a detailed analysis of suicide reporting in 1991 44% of the articles were considered inappropriate and dangerous for an imitation effect. After the launching of media guidelines accompanied by a national press campaign we found in a second analysis in 1994 that the quality of reporting (as defined by the guidelines) had improved significantly. The percentage of articles with a high imitation risk score had dropped to 27.5. In 2004 a new survey over a time period of 12 months was carried out, focusing on print media in the region of Bern. Altogether 513 articles were analysed in detail and the imitation risk score calculated. The percentage of potentially dangerous articles had increased again to 41.5%. There were large differences between the newspapers in the frequency and quality of suicide reporting. In recent years, free daily papers with high circulation figures have appeared, with a high percentage of sensational articles on suicide. We conclude that in order to influence the quality of media reporting on suicide, a new campaign, followed by the ongoing dialogue with editors, is needed.

P0314

ADHD and stimulant use among girls in the USA: A trend analysis by gender

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Background and Aims: To use a single national data source to discern trends in the prevalence of office-based visits resulting in a diagnosis of attention deficit/hyperactivity disorder (ADHD) among girls, and trends in the prescribing of stimulant pharmacotherapy for its treatment in the United States (U.S.).

Methods: Data from the U.S. National Ambulatory Medical Care Survey were utilized for this analysis. The number and rate of office-based physician visits resulting in a diagnosis of ADHD (ICD-9-CM code 314.00 or 314.01) were discerned for the years 1991 through 2004, for children and adolescents aged 5 through 18 years. Gender-specific trend analyses were conducted using seven two-year time intervals.

Results: Overall, the annualized number of office-based visits documenting a diagnosis of ADHD increased from 1,302,632 in 1991-92, to 6,513,479 in 2003-04. The annualized mean number of office-based visits documenting a diagnosis of ADHD among girls increased five-fold between 1991-92, and 2003-04 (from 296,389 to 1,473,854). The U.S. population-adjusted rate of office visits documenting a diagnosis of ADHD among girls increased 4.3-fold (from 12.3 per 1,000 girls to 52.6). Documentation of a diagnosis of ADHD and the prescribing of stimulant pharmacotherapy increased 4.2-fold for girls, from 7.5 per 1,000 girls in 1991-92, to 31.4 in 2003-04.

Conclusion: Although the number and rate of office-based visits among boys documenting a diagnosis of ADHD still far exceeds that of girls (3.4:1), the magnitude of the increase was as great among girls as boys during this time period, and contributed significantly to the overall upward trend.

P0315

Trends in diagnosis and treatment of ADHD among United States adults: 1995-2004

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Background and Aims: To evaluate whether the trend in adults seeking medical care for the treatment of attention deficit/hyperactivity disorder (ADHD) reflects the upward pattern seen among children.

Methods: Data from the United States (U.S.) National Ambulatory Medical Care Survey (NAMCS) were utilized for this analysis. The NAMCS is an ongoing annual survey of a representative sample of U.S. office-based physician practices. The number and rate of office-based physician visits resulting in a diagnosis of ADHD (International Classification of Diseases, 9th Revision, Clinical Modification code 314.00 or 314.01) among patients age 20 years or older, were discerned for the years 1995 through 2004. Trend analysis was conducted using five time intervals: 1995-96; 1997-98; 1999-00; 2001-02; 2003-04.

Results: Over the time-frame, national estimates of the number of annualized office-based physician visits documenting a diagnosis of ADHD among adults increased 4.7-fold; from 582,728 in 1995-96, to 2,738,285 in 2003-04 ($p < 0.05$). Adjusted for population growth, the rate per year of office visits per 1,000 U.S. population ≥ 20 years old resulting in a diagnosis of ADHD more than quadrupled; increasing from 3.1 per 1,000 in 1995-96, to 13.0 in 2003-04. The majority of office visits documented a prescription for stimulant pharmacotherapy or atomoxetine (available since late 2002), increasing from 61.7% in 1995-96, to 77.8% in 2003-04.

Conclusions: As with children, the rate of adults seeking medical care for ADHD has increased significantly. By 2003-04, adults accounted for more than 1 in 4 (28.8%) office visits resulting in a diagnosis of ADHD.

P0316

Phytotherapy and psychiatry: A bibliometric study during the period 1986-2006

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Objectives: In different areas of Therapy, included Psychiatry, herbal medicine has had an increasing interest during the last years. Plants are traditional uses, but only a few have been approved therapeutically. However, we do not know any bibliometric analysis about herbs that are used in Psychiatry.

Methods: We have conducted a bibliometric study regarding scientific publications related to phytotherapy in the Psychiatry area during 1986-2006 period. Using the platform Embase.com (Elsevier, Amsterdam), including EMBASE and MEDLINE database, we selected those documents whose included the descriptors plant, herb, phytotherap, and psychiatr (with all diagnostic criteria). Plants' indications had been selected according to PDR for Herbal Medicines. As bibliometric indicator of the production, Price's Law was applied.

Results: A total of 21.409 original documents were obtained. Our data confirm a fulfilment of the Price' Law related to scientific production about medicinal plants in Psychiatry. We had observed it after carrying out a lineal adjustment ($y=135,08x-466,38$ $r=0.92$) an another adjustment exponential curve ($y=132,26e0.1497x$; $r=0.99$). The plants more mentioned in the psychiatric literature have been St. John's Wort (*Hypericum perforatum*; $n=937$) and Ginkgo (*Ginkgo biloba*; $n=694$). The countries with more percentage of documents were the Unites States (29,44%), Germany (9,41%) and Japan (8,75%), and the country with highest Index of Participation (number of documents per country / number of documents in our repertory) was India (IPa= 0,935) and China (IPa=0,721).

Conclusion: Productivity medicinal plants in the Psychiatry area increased during the period 1986-2006. Nevertheless, documents about therapeutic herbs in this field are rather little.

P0317

Psychosocial factors in development of non-psychotic mental disorders in diabetes mellitus of type 2

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Objective: To study role of psychosocial factors in formation of mental disorders (MD) in patients with diabetes mellitus (DM).

Material and Methods: We examined 210 patients (age 48.57 ± 8.65 years) with DM of type 2 and glucose tolerance disturbance (GTD) at Borderline States Department.

Results: DM patients were diagnosed as having neurotic, stress-related (44%), and affective (14%), organic (35%), personality (7%) disorders. Method of logistic regression has identified totality of prognostic signs in values (Concordant; Somers'D) of Hosmer and Lemeshow's test (0,7-0,9). We studied significance of psychogenic factors (life events, medical, working, family-housing ones) in formation of mental disorders. Predictors were as follows: level of glycemia ($p=0.0001$), body mass index ($p=0.0001$), diabetic retinal angiopathy ($p=0.02$), family history ($p=0.044$). Psychosocial predictors: duration of MD ($p=0.0001$), age of onset of MD ($p=0.0001$), ratio of age of onset and duration of MD and DM ($p=0.0001$),

disorders of neurotic and affective level ($p=0.0001$). Anosognosia DM was combined with anxiety, fears and fear of death, inappropriate assessment of their abilities, hypothyria, anxiousness, and vegetative dysfunctions.

Two-factor disperse analysis has identified relationship between level of glycemia on an empty stomach, MD ($p=0.0001$; $p=0.007$) and DM ($p=0.003$). Instability of blood glucose (4.63-19.3 mmol/l) was observed in 40% of patients with leading syndrome of depression. Depressive disorders contributed to quicker development or decompensation of DM 2 for the first six months.

Conclusions: High risk of complications of DM was associated with influence of psychostressors and depressive disorders. Treatment of patients requires interaction of therapist (endocrinologist), psychiatrist, and psychotherapist.

P0318

Early arousing effects of caffeine and decaffeinate coffee

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Background and Aims: Some previous studies have demonstrated an early effect of caffeine administration on subjective state, but none of them has explored its existence after the administration of decaffeinate coffee, nor the possible differences according to the gender. The aim of the present work was to investigate, using a realistic design (non-research settings and naturalistic administration of the drug), the early effects (10-30 min post-consumption) of a single low-moderate dose of caffeine (100 mg) and decaffeinate coffee on sleepiness and subjective activation.

Methods: A random double-blind informed placebo controlled procedure was applied to a group of 688 healthy undergraduate volunteers (238 men) mean age 22.03 ± 2.21 years. Measures were recorded in two experimental sessions: morning 11:00-13:00h or afternoon 16:00-18:00h, in three moments before (30, 20 and 10 min.) averaged as a stable baseline, and three after (10, 20 and 30 min.) consumption.

Results: Caffeine administration induces fewer somnolence ($F=159.776$, $p<0.0001$) and greater activation ($F=43.516$, $p<0.0001$) in all post-consumption records, while the decaffeinated drink only induced arousing effects in the 10 min. post-consumption record. Caffeine effects were greater in men and the decaffeinated beverage produced greater effect in women (sleepiness: $F=14.893$, $p<0.0001$; activation: $F=4.229$, $p=0.038$).

Conclusion: Future works should study more accurately the early effect of caffeine and decaffeinate coffee and the influence of gender, using other parameters which have proven to be sensitive to their administration, as well as several caffeine doses.

P0319

A systematic review of the contra-indications in the summary of product characteristics for drugs licensed for ADHD in the UK

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Background and Aims: The Summary of Product Characteristics (SPC) specify how to use a medicinal product safely and effectively. They are mandatory documents approved by the regulatory authority (EMA). The content is compiled based on available evidence and is