

a set of 377 vertebrate gene promoters for which binding sites are known (TRANSFAC gene set).

Conclusions: Our results show that integrating information from multiple data sources, such as genomic sequence of genes' promoters, conservation over multiple species, and gene expression data, can improve the accuracy of computational predictions. The results of predictions on genes involved in antipsychotics response include the drug target Homer 1, involved in glutamate synaptic plasticity response.

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Validation of a 'satisfaction from psychiatric training' questionnaire

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Introduction: Training programs for people that are occupied with mental health are a vital part of their lifelong education, along with the general evolution of psychiatric services.

Aim: The aim of this study was to validate a questionnaire, previously constructed by one of the authors, measuring satisfaction from training programs relevant to mental health.

Methods: 65 trainees that had participated in three different training programs completed a satisfaction questionnaire, comprising of 4 general subscales (educational materials, trainers, organization, general satisfaction) and 2 specific subscales (satisfaction from training program content, attitude towards trainees' efficacy). 19 of them completed it twice, in two weeks' time.

Results: The general part of the questionnaire preserved approximately its original factor structure. Reliability of the subscales was high (Cronbach's alpha was 0.84-0.86 for the three first, 0.77 for the last subscale, 0.94 for the total). Test-retest reliability was very high (Pearson's r was 0.90-0.94 for the subscales 0.98 for the total). Comments on each training program, evaluated by two independent raters (Cohen's kappa=0.96) correlated significantly with the total satisfaction score.

Conclusions: The 4 general subscales of this satisfaction questionnaire have demonstrated sufficient psychometric characteristics: factorial and external criterion validity, test-retest reliability and internal consistency, and are therefore proposed to be used, along with content-specific subscales, for the evaluation of any training program in psychiatry.

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Emotional profile of women victims of domestic violence

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The aim of this research was to analyze the emotional profile of women victims of domestic violence comparing it with the emotional profile of women who did not experience domestic violence.

It was analyzed totally 283 women, while 215 of them were victims of domestic violence and 68 who did not experience domestic violence. To identify domestic violence used was the modified inventory of domestic violence, which consisted of three parts: inventory of psychological, physical and sexual abuse. In both groups of women applied was the Profile index of emotion – Pluchik test. Collected were also basic socio-demographic data.

The average age of women was 43.27±9.69 years and most of the women (156 or 55%) were married. According to the level of education most of the women had a high school degree (111 or 39.2%), and related to the employment 164 or 58.0% were unemployed. Among the abused, 107 (50.7%) experienced a combination of various forms of domestic violence. Using nonparametric tests (Median and Kruskal-Wallis test) it has shown that women victims of domestic violence had significantly lower values in dimension of reproduction (P<0.001), incorporation (P<0.001) and BIAS (P<0.001), and significantly higher values in dimension of depression (P<0.001), opposition (P=0.029) and aggressiveness (P=0.002).

According to the results obtained by this research can be concluded that women victims of domestic violence had a lower level of sociability and trust in people, lower need to be socially accepted and increased values of dimension of fear, sadness, rejection and aggressiveness

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Attitudes toward the mentally ill in a sample of professionals working in general and clinical praxis

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The aim of this research was to examine attitudes of doctors and nurses employed in general and clinical praxis applying Community Attitudes Toward Mentally Ill (CAMI).

The survey was conducted among 1051 professionals, and out of them 826 were employees of university hospital health care and 225 of primary health care in the Tuzla Canton, Bosnia and Herzegovina. Each subject completed the CAMI questionnaire either at the hospital or at home. In addition, they each completed a short questionnaire on socio-demographic characteristics. The attitudes were examined concerning the age, sex, level of education and the institution they work in.

Out of 1051 professionals 298 were physicians (109 men, 189 women), 753 nurses (86 men, 667 women). The average age of the examined was 40.16±9.48 years (from 18 to 70 years). Employees of university hospital showed significantly (P>0.001) higher authoritarian attitudes comparing to the them from general health care. Professionals who were elder and nurses had significantly higher restrictive attitudes (P<0.001) compared with professionals who were younger and physicians. Female subjects had also more authoritarian attitudes comparing to the male.

The obtained results by CAMI scale indicate that professionals who had a lower level of education and old-age were less benevolent towards mental illness and that workers of clinical care and female workers had more authoritarian attitudes.

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Suicide of people with mental disorders in war and peace circumstances

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The aim of this study was to analyze suicide of mental ill during the war in Bosnia and Herzegovina and peace circumstances.

The data about committed suicide were taken out of the registration of suicide Police Department in Tuzla Canton.

In the pre-war period the total number of committed suicide was 439 and 50.8% of them were people with mental disorders. During the war committed were 174 suicides, and 35.1% of them were persons with mental disorders. In the post-war period committed were 320 suicides, and 34.7% of them were persons with mental disorders. The average age of people who committed suicide in the pre-war period was 45 ± 2.5 years, while in the war and post-war period suicide rates increased in youths. The leading method of committing suicide in war and peace circumstances was by hanging, but significantly more ($P < 0.05$) in the pre-war period. Suicide by fire arms and hand bombs were significantly higher in war circumstances and post-war period ($P < 0.001$). In peace and war circumstances between those who committed suicide were significantly more addicted to alcohol ($P < 0.05$). The number of those who committed suicide and were schizophrenic was higher in war circumstances, but not significantly. In war and post-war period was a higher number of suicide committed by people with acute psychotic disorders ($P < 0.001$) and a significantly higher number of those who committed suicide and suffered from depressive disorders ($P < 0.05$).

In war circumstances a higher number suicide was committed by people with acute psychotic disorders, young-aged and by fire arms.

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Understanding crisis: First steps of validation of “crisis integration scale” (CIS)

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Crisis is a psychic reaction to stress with the potential to produce psychiatric symptoms. It is also considered as a transition phase which may change attitudes and interpersonal functioning. Special psychotherapeutic interventions have been developed in order to promote these changes. Brief crisis intervention centres (CIC) provide an alternative to hospital treatments and preserve as much as possible social relations and functioning.

In this study, we present the “Crisis Integration Scale” (CIS), a new, brief self-rating scale developed to measure whether or not a patient integrates his/her crisis as a constructive experience of his/her life. This scale is in French language (EIC: “Echelle d’Intégration de la Crise”) and is based on the concept of “integration versus sealing-over” proposed by T. McGlashan.

CIS data of 70 recently admitted patients to our CIC suffering of major depression or anxiety disorders are presented and compared to data assessed at the same time point with BPRS, SCL-90-R, Recovery Style Questionnaire (RSQ) and Global Assessment of Functioning (GAF).

The first statistical analysis shows encouraging results according to reliability (internal consistency, test-retest). However no significant correlations were found between CIS and validity measures (e.g. BPRS items).

The next step for the validation of CIS is to study further the external and internal validities. All these results will then be compared with those concerning a different clinical population (patients with psychotic symptoms) admitted in a specialised outpatient unit.

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What do they think of us? Opinions of general hospital ward staff on a CLP service

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Background and aims: The CLP is the operative area where psychosomatic theories and clinical practice meet, and the moment when psychiatry meets the rest of medicine, aiming at building an efficient communication. CLP activities are founded on a good relationship with colleagues, being the referring physician the actual “first client” of a CLP intervention, even before of the patient.

Methods: We administrated an anonymous and self-compiled questionnaire to 330 doctors and head-nurses of different wards of the Modena General Hospital, questioning about their opinions on usefulness, efficiency, relevance to everyday clinical practice of the CLP Service.

Results: 109 of the 330 questionnaires were answered back (33%); 63.3% of the sample judged “very useful” our Service. 89.9% expressed positive opinion about the presence of a single, “dedicated” consultant for their ward. Most useful aspects of our intervention are considered to be: advices on psychotropic drug therapy (84.4%); talking with the patient (73.4%); interventions on the families (73.4%) and organizing care after discharge (33.9%).

Conclusions: Data from our study support the concept of how useful is the role of psychiatric operators in the contest of GH, and that GH ward staff seem to share this opinion. Very few studies exist on feedback to CLP activities, in spite of the relevance of the subject: being aware of needs, expectations and opinions of our colleagues is (one of) the starting points defining CLP identity and mission.

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Associations between demographic and other factors and outcomes of formal assessment for compulsory admission in Norfolk, UK

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Background and aims: Most studies of patients subject to compulsory admission to psychiatric hospital examine only the population of those already subject to compulsion. This prospective study examines the whole population of patients who have been formally assessed for compulsory admission, and includes those where the decision was taken not to proceed with compulsory admission.

Methods: All Approved Social Workers in the County of Norfolk were asked to complete data collection sheets contemporaneously for each formal assessment for admission taking place in terms of the Mental Health Act 1983 over the period 2001 – 2006 inclusive. This data was then collated centrally and subject to analysis regarding demographic and other factors associated with requests for assessment and decisions to actually use compulsory admission powers.

Results: Data on about 5000 individual formal Mental Health Act 1983 assessments were collected representing over 95% of the total number of such assessments carried out during this period in Norfolk.

Conclusions: There were significant associations between gender, age, marital status and accommodation and both referral for formal assessment and compulsory admission to psychiatric hospital. Some aspects of these associations were unexpected and are discussed further.

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Safety and effectiveness of intramuscular psychotropic drugs in acutely agitated patients - a Pan-European study