Results: Significant associations were found between eczema and anxiety and depression (OR=1.48 for eczema and co-morbid anxiety/depression). Tendency of somatisation explained about 2/3 of the association between eczema, anxiety and depression. IgE did not contribute in the association. Eczema increased the risk of long-term sick-leave during follow-up. Impairment from eczema was partly explained by adjustment for psychosomatic and mental factors, which was not the case for asthma.

Conclusions: The tendency of somatisation seems to explain much of the association between eczema and common mental disorders. Tendency of somatisation and common mental disorders also explain much of the impairment following eczema, which is not found for impairment from asthma. In summary, our study underlines the relevance of psychosomatics in eczema.

FC02.04

Emotional burn-out in medical doctors in the Moscow region

E.G. Starostina, E.N. Moshnyaga. *Department of Endocrinology, Moscow Regional Clinical and Research Institute, Moscow, Russia*

Aim: To assess the level of emotional burn-out (EB) and its relation to affective state and personality characteristics of medical doctors in the region of Moscow.

Methods: A random sample of 80 medical doctors (MD) (mainly internists, aged 25 - 72, M/F 6/74) was given Boyko's Emotional Burn-out Test (BEBT), Spilberger's State/Trait Anxiety Inventory (STAI), Zung depression scale (ZDS), Minnesota Multiphasic Personality Inventory (MMPI), Job's Satisfaction Scale (JSS), Professional Attitudes/Locus of Control Scale and Specialty knowledge Test (SKT).

Results: EB was present in 34/80 (42.5%) MD, with no difference between hospital and ambulatory doctors and no correlation with age, years in profession, SKT score, professional locus of control and attitudes towards patients' autonomy. It increased with the number of patients seen monthly ($r=0.25$, $p<0.05$) and was inversely related to JSS score ($r= -0.47$, $p<0.001$). MD's with EB, compared to those without, scored higher on state (33.5 ± 10.5[32] vs. 26.9 ± 9.0[25], $p=0.004$) and trait anxiety (52.4 ± 10.6[52] vs. 43.1 ± 8.4[45], $p<0.001$) and ZDI (37.9 ± 7.6[39] vs. 33.4 ± 6.7[32], $p=0.008$), respectively. MD's with EB scored significantly higher on MMPI scales Depression, Paranoia and Social Introversion and significantly lower on Masculinity.

Conclusion: EB, affecting a large proportion of MD's in the Moscow region, is only weakly linked to workload, if at all. It is associated with depressive/anxious affect and personality traits, such as more rigid thinking and low confidence with others, sensitivity and vulnerability, decreased ability/willingness to communicate. If some of these traits predispose to EB or represent various types of reaction to EB, remains to be assessed prospectively.

FC02.05

Lay help to reduce dementia caregiver's burden: results of a project in Goettingen, Germany and conclusions for a broader audience

G. Stoppe [1], P. Geilfuss [2], G. Stiens [2]. [1] *University Psychiatric Hospital, Basel, Switzerland* [2] *Department of Psychiatry, University of Goettingen, Goettingen, Germany*

International studies showed that caregiver interventions are efficacious especially when they provide the possibility to be free from caregiver role for some hours (holidays for some hours). However, lay helpers should be trained for their role.

Based on the previous experiences of other groups the memory clinic of the Medical Faculty of the University of Goettingen, Germany initiated a cooperation with a diaconic social service provider. The latter provided the organisation of care (caregivers contact, a nurse makes a home visit to assess the needs, the lay helper is informed), while the memory clinic organises the selection and training of the helpers and the scientific evaluation, which has been paid by the government by the federal state of Lower Saxony.

Media promotion raised much interest. Sixty-four of 180 applicants finally finished a 40-hours-training including role play and group discussions. The training included information on the disease, its diagnosis and treatment, legal situation, caregiver burden and typical problems in communication. Noone regarded the training as too long. Lay helpers were mostly female and about every fifth had a professional background in the psychosocial area. They were attracted by the possibility to get further qualification and work in a more flexible setting. All lay helpers got a certificate and an insurance for the service related work. The service reached mostly caregivers of severely demented patients. It was for the first time, that lay help service ist organised by a medical (university) facility.

FC02.06

Filial maturity as predictor of caregiver burden in adult children of demented patients

G. Stoppe [1], V. Linkersdörfer [2], L. Maeck [1], G. Stiens [2]. [1] *University Psychiatric Hospital, Basel, Switzerland* [2] *Department of Psychiatry, University of Goettingen, Goettingen, Germany*

Introduction: Filial maturity has been discussed as important part of a successful development. In this study we investigated, whether it is related to the subjective burden of care for demented parents.

Method: N=61 adult children, who took care for a demented mother and/or father were recruited fort his study. We used the following scales and tests: The Louvain Filial Maturity Scale, the Freiburger Persönlichkeitsinventar for the personality profile, the Symptom Check List (SCL-90) for general psychopathology, the Nurses Observation Geriatric Scale (NOSGER) for the caregiver-rated symptom profile of the demented parent, the Zarit Burden Interview for caregiver burden. The demented parent was investigated by experts using a standardised interview for the diagnosis of dementia (SIDAM) and the Mini Mental Status Test for dementia severity

Results and conclusion: Overall filial maturity was not related to the subjective caregiver burden as measured in this study. However, higher ''parental consideration'' was related to lower burden. And higher ''filial obligation'' was related to later nursing home admission. The construct deserves further scientific interest in this context.

FC02.07

Mothers, fathers and children with developmental problems

Z. Lopicic [1], I. Perunicic [1], G. Knezevic [2], I. Derkovic [3]. [1] *Institute of Mental Health, Belgrade, Serbia* [2] *Department of Psychology, University of Belgrade, Belgrade, Serbia* [3] *Health Center, Belgrade, Serbia*

Background and Aims: The result of many studies is that developmental problems are coused by many socio-psychological factors in the environment of children. The purpose of the study is to investigate those factors.

https://doi.org/10.1016/j.eurpsy.2007.01.166 Published online by Cambridge University Press

Method: The factors have been examined: characteristics of family functioning in a primary family and in a parents' families; methods that parents use in upbringing and commitment of parents to the function of upbringing; basic personality structure of mother including her psychopathology. The sample: 90 children from a development counselling services and 61 children with no diagnosed disorders. Instruments: questionnaire about socio-demographic characteristics, GRADIR-test (measures family functioning), NEO FFI (measures basic personality structure), DELTA-9 (measures psychoticism proneness).

Results: By factor analysis: a) two factors of characteristics of child behaviour (1. socially adapted child and 2. child with weak impulse control) b) three factors of characteristics of father (1. punishing father, 2. disinterested father, 3. traumatised father) c) three factors of characteristics of mother: (1. traumatised mother 2. mother who is not a victim 3. permissive mother) were extracted. One canonical discriminatory function has been extracted (r=0, 59; Wilks' Lambda=0,653; $\chi 2$=46,60923 ; t< 0,003) that expresses a system consisting of a well functioning mother, aggressive, punishing father and a child with a weak impulse control (externalisation).

Conclusion: The identified differentiating structure represents the composition of children symptoms, parents' personality/behaviour and family problems that is most often detected by paediatricians as problematic and recommended for further treatment in a development counselling services.

FC02.08

The short allele of the serotonin transporter promoter polymorphism influences relapse in alcohol dependence

E. Pinto [1], P. Gorwood [2], J. Reggers [1], D. Vaira [3], G. Scantamburlo [1], W. Pitchot [1], M. Ansseau [1]. [1] *Department of Psychiatry, CHU Sart Tilman, University of Liege, Liege, Belgium* [2] *INSERM U675, Faculte Xavier Bichat, University Paris VII, Paris, France* [3] *AIDS Reference Laboratory, CHU Sart Tilman, University of Liege, Liege, Belgium*

Background and Aims: Allelic variation in the promoter region of the serotonin transporter (5-HTTpro) contributes for the risk of alcohol dependence (AD). The short allele (S) of this polymorphism has been associated with co-occurring clinical features in severe AD such as depression, early onset or impulsivity. We studied the putative link between this allele and relapse in AD.

Methods: 60 male alcohol dependent patients were followed for 3 months after withdrawal. Persistent abnormalities in lab tests (GGT and CDT) or failure to show up at scheduled interviews were considered as relapse. PCR amplifying the 5-HTTpro polymorphism from genomic DNA were performed. The impact of the S allele on relapse was assessed by a non-parametric Pearson $\chi 2$ test.

Results: 67.27 % of the patients relapsed during follow-up. The S allele of the 5-HTTpro was significantly associated with relapse ($\chi 2 = 7.66$; $p < .006$) while no other factor influenced relapse.

Conclusions: Responsible for a 5-HT hypo-functioning, the S allele of the 5-HTTpro may be associated with relapse in abstinent alcohol dependent patients, possibly through intermediate phenotypes such as personality features or lack of behavioral inhibition.

FC02.09

Psychiatric comorbidity of dependent tobacco smokers

U. Havemann-Reinecke [1], C. Hein [1], S. Gorski [3], M. Wurche-Gier [2], S. Jacobs [2], U. Schneider [4,3]. [1] *Department of Psychiatry, University of Goettingen, Goettingen, Germany* [2] *Institute of Psychology, University of Goettingen, Goettingen, Germany* [3] *Department of Psychiatry, University of Hannover, Hannover, Germany* [4] *Psychiatric Hospital, Minden-Luebbecke, Germany*

Background: Psychiatric patients are more often tobacco smokers than the general population. These finding indicate a causal relation between tobacco smoking and occurrence of psychiatric diseases. Therefore in the study presented psychiatric comorbidity of smokers and non smokers were investigated in "healthy" probands being either smokers or non smokers.

Method: Students of medicine or of psychology (mv 25,3 Jahre, SD ± 5,3), 70 healthy smokers and 83 healthy non smokers (both groups without known psychic disorder or treatment) were studied according to psychic axis-1-disorders by Mini-DIPS, a questionare for the DSM IV-or ICD 10 criteria of nicotine dependence, Fagerström-test, craving visual scale, CAGE-test, a questionare for socio-demographic factors, organic and psychic diseases and psychiatric/psychotherapeutic treatments. Urine analysis of addictive drugs and cotinin levels in urin and saliva were estimated.

Results: From 70 smokers according to DSM IV 40 dependent and 30 non dependent smokers were found. According to Fagerström –test 51 of the 70 were dependent smokers. The urine cotinin level was significantly higher in dependent smokers and correlated with the range of dependence acc. to Fagerström ($p < 0.001$). The saliva cotinin level significantly correlated with the range of craving ($p < 0.006$). In 12 (9f, 3m) of the 40 dependent smokers phobic and anxiety disorders and high levels of cotinin were found, but not in the groups of non dependent smokers or non smokers.

Conclusion: A relationship of dependent smoking with higher cotinin and craving levels and phobic / anxiety disorders seem to exist, especially in females.

S26. Symposium: ADVANCES IN TREATMENT OF PERINATAL MENTAL DISORDERS (Organised by the AEP Section on Women's Mental Health)

S26.01

Somatic treatments in perinatal psychiatry

S.V. Eranti. *Institute of Psychiatry, London, United Kingdom*

Pharmacotherapy in pregnancy is associated with complications including teratogenic effects, perinatal syndromes, etc. In the postnatal period, there is a risk to the newborn through breast feeding. We need to treat major psychiatric disorders in pregnancy and post natal period using the risk-benefit paradigm. This is easier done if safer treatment than pharmacotherapy is available. Somatic therapy could be one such option. Electroconvulsive therapy (ECT) has been practised for years in general psychiatry. Use in pregnancy has been restrictive. Use of ECT in such cases will be discussed. Newer treatments available include repetitive Transcranial Magnetic Stimulation (rTMS) and Vagal Nerve Stimulation (VNS). rTMS has been tested in depression using randomised controlled trials in general and old age psychiatry. Its use in pregnancy will be discussed. Though VNS is not as well researched as rTMS, its use in general psychiatry and more specifically in perinatal psychiatry will be discussed.

https://doi.org/10.1016/j.eurpsy.2007.01.166 Published online by Cambridge University Press