linked to psychiatric disorders in three previous studies. We therefore aimed to investigate whether there is an association between Sudden Infant Death Syndrome (SIDS) and psychiatric disorders.

Methods: We used a case-control study design. Cases were women registered with a general practice on a UK primary care database with a live birth between 1987 to 2000 and a subsequent SIDS. Controls were women matched for general practice with a live birth born in the same index year as the matched SIDS, with infant survival for the first year of life. Conditional logistic regression analysis examined the effect of maternal psychiatric disorders and potential confounders. Results:169 linked mother-infant cases of SIDS were matched with 662 mother-infant controls. SIDS was independently associated with a history of depression in the year before birth and male gender. There was weak evidence of an association of SIDS with depression in the 6 months after birth.

Conclusions: Perinatal depression is associated with SIDS; women with perinatal depression need optimal treatment and advice on preventative behaviours to reduce the risk of SIDS.

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Temperament and character assessed with cloninger inventory of 174 undergraduated medical students at University of Nancy 1, France

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This medium-scale prevalence study was designed to assess for the first time in France Temperament and Character of undergraduated medical students by Cloninger Inventory (in french version). Personality Disorders (PD) are estimated by recent studies to a theoretic 13% of general population. They are identified risk factors of main psychiatric disorders, especially addictive and mood disorders. Otherwise, recent reports on medical doctors'.

(MD) health in France are pointing out the fact doctors are frequently interrupting activities for psychiatric motives. They are also asking consequently for allowance of impairment. Psychiatric motives have become the very first of MD impairment in France.

174 students have successfully completed the inventory upon 454 candidates; filling rate is 38%, sex-ratio 2.1 women for a man, mean age 22.2 years, 146 normal and 28 immature personalities are reported. Theoretical morbidity is 16.1%. Raw Novelty Seeking (NS) scores 19.5; Harm Avoidance (HA) 16.5; Reward Dependency (RD) 16.8; global maturity (SD+C) is 66.5. Both undergroups of students, PCEM2 (second-year-students) and TCMG (thesis-level-students), obtained similar results. Temperament type of a standardized french MD student is passive aggressive; Men being rather histrionic or antisocial, women being passive aggressive or passive dependent. Among immature personalities, obsessive-compulsive type is the most prevalent (10 cases). Though theoretical, prevalence of PD in MD students population seems high and clinical evaluation is recommanded on reported cases.

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Heavy use of inpatient psychiatric services: an analysis from a systemic view point

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Objective: There is an inequity in resource utilization among psychiatric in-patients. About 20-30% of them absorb 60-80% of the total resources allocated to this form of treatment. To develop interventions to contain this utilization pattern requires an agreement on a definition of who is a ''heavy user''?

Methods: Using data from a random sample (n = 15000) from the annual Swiss Hospital Survey we compared different definitions of heavy service use as to their usefulness to map and quantify the effect of interventions targeted to reduce inequity of resource consumption.

Results: To deal with heavy service use necessitates to take a look from different levels of service provision. To create a satisfactory definition that can be generalised across different service systems seems out of reach at an individual level. However, various inequity indices commonly used in economic sciences (e.g. Gini-index) are well suited to specify heavy service use from a systems level.

Conclusions: Quantifying the heavy service use from a systemic level allows for an estimation of the impact of services targeted to contain heavy service use.

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Some aspects of adolescents' risk behavior related to drug, alcohol and tobacco in Sarajevo, Bosnia and Herzegovina

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Objective: Adolescence characterise frequent psychical crisis which are result of biological development, looking for own identity, changes in family relation and many socio-cultural influences. Bosnia and Herzegovina is a country with postwar society, currently going through transition period. Therefore various risk factors for drug abuse can be found here, such as: economical, social and health.

The main objective was finding how many adolescents had risk behavior and its subsequences.

Methods: Research has done in urban and rural areas of Sarajevo canton, involved 368 adolescents: male 170, female 198, aged 12-17 equal urban and rural distribution. In research used risk behavior questionnaire Q 2004 (K.B.Kelly 2000).

Results: Out of total number of individuals in the study 25.8 percent was cigarette smokers, 39.4 percent consumed alcohol, 2.2 percent consumed marijuana.

Among group who use tobacco 33.7 percent have fight twice or more in the last two years; suicidal thoughts: 36.8 percent. Similar results were found among individuals who abuse alcohol: fighting 44.8 percentt: suicidal thoughts 32.4 percent. Among youngsters who abuse marijuana: fighting: 87.5 percent, suicidal thoughts 50.0 percent.

Bad score in school had 12.6% individuals who smoke, and 21.5% are truant. Similar results were among adolescents who drink alcohol: 10.3% had bad school performance and truant was 17.9%. Among marijuana group: bad score 12.5% and truant was 87.5%.

These results were compared with adolescents who don't abuse drug.

Conclusion: Adolescents tend to abuse psychoactive substances in developing countries. These results could be used to develop an appropriate prevention strategy.

P356

Patients with suicidal ideation in primary care: Clinical characteristics

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Background and aims: Up to 45% of individuals who commit suicide contact their Primary Care physician (PCP) the month before. The objective is to study clinical characteristics of patients presenting death and/or suicidal ideation (SI) in Primary Care.

Methods: 195 patients attending their PCP were evaluated using systematic sampling in three Primary Care Centres. Patients completed the PHQ and a Life Changes Checklist. Demographic data, both psychiatric and medical conditions and treatments, visits to their PCP, and days out of work (last year) were also collected.

Results: 24 patients had death or suicidal ideation for the previous two weeks (12,4%; IC95% 8,3-18,8%). Most of them (87,5%) had a mental disease, major depressive disorder (62,5%) and general anxiety disorder (50%). Patients with SI had more somatic symptoms ($p<0,001$), a greater number and score of recent life changes ($p<0,001$) and days out of work (last year) (($p=0,028$) than the rest of the sample.

Compared to patients with any psychiatric disorder, patients with SI had more depressive symptoms ($p<0,001$) and a higher score in life changes in the 6-12 month period ($p=0,044$).

14 (58,3%) patients with SI had no previous psychiatric diagnosis and only 8 (33%) were receiving treatment.

Conclusions: In spite of a greater severity in depressive and other clinical characteristics of patients with SI most of them are not correctly detected and treated. Improving the rate of detection and treatment by the PCP of such patients would probably play a key role in the prevention of suicide.

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Psychological scales predict psychiatric hospitalizations - The Northern Finland 1966 birth cohort

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Background and aims: Several instruments have been developed to detect subjects who are at risk for mental disorders.

Aims: We aimed to address the predictive validity of several personality, schizotypal and mania scales for psychiatric hospitalisations.

Methods: As part of the 31-year follow-up survey of the Northern Finland 1966 Birth Cohort, Temperament and Character Inventory (TCI, temperament part), Physical Anhedonia Scale, Social Anhedonia Scale (SAS), Perceptual Aberration Scale, Hypomanic Personality Scale (HPS), Bipolar II scale (BIP2) and Schizoidia scale were filled in by 4,857 subjects. We dichotomized scores in the scales (highest 10% by gender vs. others). Also subscales of TCI and BIP2 were used as predictors. In a longitudinal study setting using hospital discharge register we followed those without previous hospitalisation (N=4,727; 2,092 males and 2,635 females) from 31 years for eight years and recorded hospitalisations due to psychotic, substance use, anxiety, mood and personality disorders.

Results: In total 78 (1.7%) of subjects were hospitalized due to psychiatric disorder during the follow-up. Most of the instruments predicted several disorders. Mood lability subscale of BIP2 predicted ($p<0.05$) all diagnostic groups. Most specific predictors were SAS (Odds Ratio 3.84; 95% CI 1.44-10.28) and HPS (4.01; 1.52-10.60) for psychosis and novelty seeking subscale of TCI (3.00; 1.41-6.36) and energy/activity (2.68; 1.26-5.68) and social anxiety (3.90; 1.84-8.28) subscales of BIP2 for substance use disorders.

Conclusions: Scales measuring schizotypal or manic symptoms were good predictors for different psychiatric hospitalisations. Many of the scales predicted several disorders, only few scales predicted only one specific disorder.

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Prevalence of postnatal psychiatric morbidity: a preliminary analysis

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Objective: There is no empirical research on the occurrence of postnatal psychiatric morbidity in Spanish population. To determine the prevalence rate of DSM-IV psychiatric disorders in postpartum Spanish mothers.

Method: A two-phase cross-sectional epidemiological study. Women consecutively attending in the routine postnatal check-up (at six weeks after delivery) in the Department of Obstetric and Gynaecology of the Clinic Hospital during one year were included. In the first phase, 1453 women were screened with the EPDS. In the second phase, based upon EPDS outcomes, participants were stratified and randomly selected within each stratum for clinical evaluation with the Structured Clinical Interview (SCID) for DSM-IV to determine psychiatric status. Weighted prevalence and its 95% Confidence Intervals (95%CI) were obtained for DSM-IV diagnostic groups.

Results: The overall 6-weeks prevalence rate for postpartum psychiatric disorders was 18.1% (95% CI 15.0-21.8). The most prevalent DSM-IV diagnostic group was mood disorders (9.8%; 95% CI 7.9-12.1), follow-up by adjustment disorders group (4.3%; 95% CI 3.0-6.3), anxiety diagnostic group (3.9%; 95% CI 2.5-5.8) and ''other'' disorders group (1.1%; 95% CI: 0.3-3.8%).

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