

diagnostic purpose (exclusion of other psychiatric disorders or comorbid psychiatric disorders).

Presented patient is 20 year old female who addressed to Belgrade Team for Gender Identity for routine psychiatric exploration with suspicion of female-to-male transsexualism. As a contribution to mentioned diagnostic category the authors have noted long term persistence of gender dysphoria through puberty and adolescence, persistent wish for partial sex reassignment surgery, specific defense mechanisms and intake of testosterone without medical prescription.

Applied diagnostic procedures and complementary analysis (EEG, NMR) have imposed doubts in primarily suspected transsexualism and leads us toward differential diagnosis analysis for organic or psychotic mental disorder.

P0238

Enquiring about sexual function in the psychiatric outpatient clinic assessment

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Background: Physical, psychiatric disorders & medication can cause sexual dysfunction. Baseline sexual functioning should be determined if possible.

Aim: to establish whether psychiatrists ask about sexual function or not?

Method:

2 confidential questionnaires:

1. Patient questionnaire: asking about patients' views regarding asking them about sexual function.
2. Psychiatrist Questionnaire: whether they ask their patients about sexual function or not? & Why?

Study Sample:

Patients: The first 100 adult psychiatry patients attended the clinic during the study period (July 2007).

Psychiatrists: 50 adult general psychiatrists (Consultant & sub-consultant) were targeted.

Results:

Patients:

- The overall return rate is 45% (45 out of 100 questionnaires): 60% (27 males) & 40% (18 females). 50% (23 patients) believed it is important to be asked about sexual function, 25% (11) were unsure, 15% (7) felt it would be embarrassing & 10% (4) did not answer. 75% (34) of patients were never asked about their sexual function, 20% were (19) were briefly asked and 5% (2) did not answer.

Psychiatrists:

- The overall return rate is 40% (20 psychiatrists: 10 consultants & 10 sub-consultant grades).
- All responders agreed that asking about sexual function is highly/important. 50% ask about sexual function regularly/frequently/sometimes. 50% do not ask. Likely causes for not asking include: to avoid embarrassment (60%), service gap (40%), Lack of training (40%) & limited time (20%).

Conclusion: Study results may indicate that assessing sexual function in adult psychiatric clinic is adversely affected by service & training gaps. Cultural factors may have an impact.

P0239

Psychiatric and psychosocial aspects of diabetes and the effective interventions: A review

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Nowadays, over two millions people are developing diabetes worldwide and its prevalence is increasing all over the world. Psychological factors have significant impacts on initiation, symptom presentation, and the trend of the disease. Physical treatments may result in non-compliance due to their bothersome effects like pain, especially in children. In addition, restricted diet, meticulous meal, and the amount of activity give rise to non-compliance and exhaustion.

Diabetes is a risk factor for psychiatric disorders such as depression, anxiety, eating disorders, and adjustment disorders in all ages and learning disorders and deficits in visuospatial ability in children and adolescents. Psychiatric disorders lead to more metabolic dysregulation, more adverse effects, and decreased quality of life. Psychosocial adverse effects of diabetes are the most important predictors of its mortality.

Psychosocial interventions including medical treatment as well as psychotherapies are effective to reduce morbidities and mortalities of diabetes; patients' qualities of lives are highly correlated to amounts of psychosocial supports. These supports result in better metabolic controls and improving relationship with family members, for children, and better metabolic control and decreased rates of admission in hospital, for adolescence. Psychiatric and psychological interventions lead to patients improving self-confidence, more self-support and better quality of life.

P0240

Levels of psychopathology in adolescents attendees of a London sexual health clinic

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Introduction: Early onset and frequency of sexual experience are associated with problem behaviours such as delinquent acts, substance abuse and exposure to HIV. Sexual health services focus on young people may have a potential to identify those at risk.

Aim of the study: To assess whether the levels, nature and associations of emotional and behavioural problems in adolescents attending a sexual health clinic differ from those of adolescents in the community.

Methods: A cross sectional survey was carried out at a London walk-in sexual clinic and an inner city school. We gathered demographic information and psychiatric and behavioural assessment using the Beck Depression Inventory (BDI), the Strengths and Difficulties Questionnaire (SDQ), a sexual attitude and behaviour questionnaire and the Westminster Substance Use Questionnaire.

Results: We found significant differences between the groups in terms of their families (trouble with the police), sexual and health risks (sexual activity, pregnancy, number of sexual partners and Sexually Transmitted Diseases and more regular use of tobacco, alcohol and cannabis) and psychological risks (higher scores in BDI and SDQ emotional, conduct and hyperactivity subscales).

Conclusion: We conclude that urban sexual health clinics for adolescents appropriately attract young people, especially girls, with high sexual risk but also with high levels of substance use risk