L- 1- Psychiatric Disorder Referral Rate before and after Psychosomatic Fellowship Program
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Objective: Little information was available in the field of consultation-liaison psychiatry at Taleghani Hospital before the start of the psychosomatic fellowship training program. After establishing this program, psychiatric disorder referral rate was compared with the referral rate of the past six months (the six months prior to the start of the program).

Objectives: This study was designed to examine the current state of psychiatric counseling and to compare the psychiatric disorder referral rate before and after establishing the psychosomatic fellowship program.

Material & Method: This is a descriptive cross sectional study. Primary data including different medical wards' referral rate, and total referral rate were collected using patients' records. Then, findings related to the 6 months before and after the psychosomatic fellowship program were analyzed using the SPSS software.

Results: Comparison of the referral rate before and after this program shows that referral rate was increased after the start of the program (10.9% versus 1.7%) (about six fold). Most of the referrals before the start of this fellowship program belonged to endocrine ward, and then to the bone marrow transplantation ward. The comparison between different medical wards of Taleghani hospital showed that the greatest increase in referral rate belonged to bone marrow transplantation ward (from 6.9% to 89%).

Conclusion: after establishing this fellowship program, the overall rate of referrals and referral rates in most medical wards at Taleghani General Hospital increased significantly.

L-2- Difficult Patients: Approach to the Psychosomatic Patients
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All physicians continuously care for a number of patients who are identified as difficult patients. Patients with medically unexplained symptoms and somatoform disorders are defined as difficult patients in this study. These patients can fall in many groups such as the personality disorder group, or the demanding patients' group. We try to explain difficulties and obstacles of providing care for this group of patients. Some patients refer to doctors complaining about symptoms of a disease, many of which will remain unexplained (so-called medically unexplained symptoms (MUS)) even after careful examination. Persisting on somatic complaints by these patients along with doctors' inability to provide a clear explanation despite evaluations and diagnostic measures may cause many problems particularly in the patient-doctor relationship.

To manage difficult patients, attention should be paid to the following points:
- Appropriate examination and investigation
- Assure patients that the symptoms are common and rarely associated with any disease.
- Elicit particular concerns and address them exclusively.
- Try to provide a positive explanation to the patients
- Give advice about coping with symptoms and returning to normal activities.
- Identify and treat coexisting depression and anxiety disorders. Thereafter, further investigations should only be ordered if the likelihood of benefit outweighs the risks (including psychological harm).

L-3- Quality of Life in Patients with Bipolar I Disorder: Is it related to disorder outcome?
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**Background:** Bipolar I disorder (BID) and its treatments are associated with deep impacts on patients’ subjective feelings and quality of life (QOL). There are also some comments about impact of these feelings on course and outcome of patients with BID.

**Objective:** This study was conducted to evaluate quality of life in patients with BID, and to assess its relationship with the course of this disorder.

**Methods:** In May 2008, Fifty patients with BID – based on the Structured Clinical Interview for DSM-IV Axis I Disorders (SCID-I) – were recruited from Iran Hospital of Psychiatry, Tehran, Iran and followed for 12 months. Quality of life and mood disorder recurrence were assessed through WHOQOL-BREF and SCID-I tools respectively at baseline and after 6 and 12 months. Repeated measures analysis and logistic regression were used to analyze the independent effect of QOL and demographic factors on BID recurrence.

**Results:** Fifty patients (66% male; 48% never married; 48% with primary school level) with mean±SE age and age of BID onset of 33.8±1.5 and 26.6±1.1 years were studied. They already had 3.4±0.6 episodes. Twenty-eight percent of the subjects suffered from recurrences during the follow-up. The QOL scores at baseline, after 6 and 12 months were 70±1.8, 69.6±1.1 and 73±1.3 respectively. No significant changes were observed in QOL and its sub-domains during the follow-up (P=0.37). QOL showed no independent relationship with BID recurrences (P=0.1).

**Conclusions:** No change in QOL during the follow-up could denote lack of effectiveness of routine interventions on this factor. Also, short-term follow-up might be considered as the possible reason. Of prime importance is to consider quality of life independently in treating patients with bipolar disorder.

**L-4- Comparison of Early Maladaptive Schemas of Students with Love trauma with Normal Students**

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**Objective:** Young (1999) defined Early Maladaptive Schemas (EMSs) as pervasive themes regarding one self and one's relationships with others that are developed during childhood and elaborated on throughout life that are dysfunctional to a significant degree.

According to Young's Schema Theory (1994), maladaptive schemas are a result of enduring patterns of unhealthy interactions with family members and peers. These EMSs may influence relationships and relationship satisfaction later in life. Therefore, these dysfunctional beliefs, formed from early parental relationships, may hinder one's ability to feel satisfied in romantic relationships.

**Method:** Statistical sample was selected from 60 male and female students of Tabriz University, with targeted sampling of 30 students who have love trauma and 30 students*. Participants filled out the Young Schema Questionnaire. Data were analyzed using ANOVA method.

**Results:** Results showed that there was significant difference (p< 0.05) between EMSs of students who have love trauma and that of control group.

**Conclusion:** Hypothesis in this study was that those with EMSs experience less relationship satisfaction. This hypothesis was supported; and the results confirmed that people with EMSs were less satisfied in their relationships. More specifically, 13 participants with EMSs were strongly related to decreased relationship satisfaction and love trauma, including emotional deprivation, abandonment/instability, mistrust/abuse, social isolation/alienation, defectiveness/shame, dependence/incompetence, vulnerability to harm or illness, enmeshment/undeveloped self, subjugation, unrelenting standards/hyper criticalness, entitlement/grandiosity and insufficient self-control/self-discipline.

**L-5- Comparison of Gender Roles between Individuals with Gender Identity Disorder Referred to Tehran Psychiatric Institute**

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**Objective:** Gender roles are associated with mental health. The aim of this study was to determine gender roles in patients with gender identity disorder (GID), and compare them with normal Iranian population.

**Methods:** Masculine and feminine gender roles were determined in 39 GID patients (12 male-to-female/MF and 27 female-to-male/FM) and 170 normal controls (81 males and 89 females), using Gender-Masculine (GM) and Gender-Feminine (GF) Scales, from Minnesota Multiphasic Personality Inventory-2 (MMPI-2), along with Bem Sex-Role Inventory (BSRI). Scoring was done based on control groups. Data analysis was carried out using ANOVA and X2 test.

**Result:** Mean scores (±SD) of normal males and FM GID patients in GM Scale were 28.0±4.4 and 30.4±3.8, respectively (p=0.059). These scores in GF Scale were 19.1±5.3 and 14.9±4.0, respectively (p=0.001). Mean scores in GM Scale were 16.9±4.2 in normal females and 15.3±4.6 in MF GID patients (p=ns). In these groups, GF scores were 30.9±3.3 and 30.7±4.6, respectively (p=ns). Normal males were considered more frequently as “undifferentiated” than FM GID patients (p=0.018). This proportion was not statistically different between normal females and MF GID patients (p=ns). Findings based on BSRI were relatively similar.
Conclusion: FM GID patients were more masculine than normal males. However, MF GID patients were similar to normal females. According to sex ratio and estimated prevalence of GID in Iran and finding of the present study, we think Iranian cultural, social and religious characteristics may affect gender role attributes of patients.

L-6 A Comparative Study of Defense Mechanisms in Smoker and Nonsmoker College Students
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Objective: Smoking has become one of the most important issues when adolescents and young adults are concerned. There are several reasons for a tendency to smoke; most important of which are stress and anxiety. Almost everyone has used different defensive mechanisms to reduce stress and anxiety. However, some people use ineffective defense mechanisms that lead to arousal, inclination and persistence in smoking.

Method: The sample consisted of 88 (44 smokers and 44 non smokers) college students of University of Rodehen. The defense mechanisms questionnaire was administered and data were analyzed using MANOVA.

Results: findings showed that smokers used defense mechanisms of rationalization and projection significantly more than the non smokers. However, non-smokers mostly used introjections.

L-7 Sheehan Disability Scale: Translation and Psychometric Validation of the Iranian Version
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Objective: This study has been carried out in pretest phase of Iran Mental Health Survey (IranMHS). One of the objectives of this phase was to assess the validity of tools that would be used in the survey. Sheehan Disability scale (SDS) assesses disability in different activities in the days of worst mental health condition during the precedent year. It also determines total days during the precedent 12 months that each individual was totally unable to work or carry out normal activities due to psychiatric illness. This article is a report of translation, cultural adaptation, and face and content validity of SDS. Convergent validity of SDS was assessed using the Short Form Health (SF-36) which has already been validated in Iran.

Methods: The sample was selected from inpatient and outpatient services in two university psychiatric hospitals in Tehran. A purposive sampling based on the patients’ records was performed by two members of the research team. Patients were included if they had good level of cooperation and signed the informed consent. All hospitalized patients were male, and clinical samples were selected unrelated to their gender. Patients with speech/communication problems, severe behavioral disturbance or cognitive problems were excluded.

Results: Translation and back-translation were accomplished and cultural adaptation was accomplished through focus group discussions with mental health professionals. To assess the face validity of the translated version, 10 patients who were admitted to Roozbeh Hospital were asked to complete the translated form, and then final modification was done by four members of the research team. A total of 104 individuals (95 males and 9 females) participated in the study. Almost 84% of participants had severe/very severe disability (scores ≥ 7) in at least one functional field. Cronbach's a coefficient was 0.88 for the internal consistency of the four functional fields of SDS which was indicated to be satisfactory. Deleting any of the functional fields in the analysis decreased Cronbach's alpha to a minimum level of 0.82 in the event of bypassing social field of function which indicates the independent role of each item in the scale. Item-total correlation was acceptable ranging from 0.71 to 0.78. Correlation between SDS and days out of role with SF-36 was significant (P<0.001) in all areas of performance, which means an acceptable convergent validity. Correlation between severe and very severe functional impairment in at least one functional area with all functional fields of SF-36 was significant (p=0.000).

Conclusion: Correlation between SDS with SF-36 makes this scale a suitable tool for measuring functional impairment. Being short and time saving, this questionnaire is well suited for large scale surveys like Iran MHS.

L-8- Special Topic in Bipolar Depression: Suicide
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The lifetime rate of suicide in bipolar disorder has been estimated to be as high as 19%, equaling (and even surpassing) that of major depressive disorder. While the majority of suicides occur during the depressed phase of the illness, many occur during periods of mixed or even manic episodes. There are many risk factors for suicide in bipolar disorder. The most prominent are early onset of mood symptoms, recent diagnosis and young age, family history of suicide, comorbidity of anxiety disorders and substance use disorders (including nicotine), the presence of physical and sexual abuse in childhood and adulthood, and history of prior suicide attempts. Engagement in treatment and adherence to pharmacological treatment (especially lithium) may reduce suicide risk. Coordinating treatment planning with the patient, the patient’s family, and persons with whom the patient has significant relationships may provide means to identifying suicide risk and avoiding suicidal behavior.

**Ref:** Ostacher, M. J., & Eidelman, P. (2006). Suicide in bipolar depression. In R. S. El-Mallakh & S. N. Ghaemi (Eds.), Bipolar depression: a comprehensive guide. Arlington, VA: American Psychiatric Publishing, Inc.

**L-9- Comparison of Personality Disorders Profiles of Women Filing for Divorce with Non-applicants in Tabriz**

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**Objective:** Divorce is one of the most stressful events in a person’s life. According to researchers, in terms of the amount of disruption, divorce is only second to the death of a spouse. Some recent data speculated that psychological and personality related problems may play a role in family separations. This study aims at comparing personality disorders profiles of women who filed for divorce with those women who have a typical married life.

**Methods & Materials:** In a case-control setting, 100 women who filed for divorce at Tabriz Family Court or Center of Forensic Medicine (case group), and 100 women with a routine married life (control group) were selected among the students and employees of Tabriz University of Medical Sciences by convenience sampling method. Subjects were evaluated using Millon Clinical Multiaxial Inventory (MCMI-III). Data were analyzed using descriptive statistics and t-test.

**Results:** According to MCMI scores, no clinical personality disorder was diagnosed in the studied population. However, (in subclinical aspect) significant difference was observed between the two groups in schizoid, avoidant, depressed, dependant, antisocial, sadistic, masochistic, schizotypal, borderline and paranoid personality profiles (p<0/01). On the other hand, the scores relating to histrionic personality profiles were significantly higher in the control group (p<0/01). There were no significant differences between the two groups in narcissistic, obsessive-compulsive, negativism-passive and aggressive personality profiles.

**Conclusion:** According to the results, there might be a relation between some personality disorder traits and divorce. Pre marriage psychological consultation may be helpful for recognizing high risk couples.

**L-10- Domestic Violence**

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Domestic violence, also known as domestic abuse, spousal abuse, family violence, and intimate partner violence (IPV) has been broadly defined as a pattern of abusive behavior by one or both partners in an intimate relationship such as marriage, dating, family, friends or cohabitation.[1] Domestic violence, so defined, has many forms, including physical aggression (hitting, kicking, biting, shoving, restraining, slapping, throwing objects); or threats thereof; sexual abuse; emotional abuse; controlling or domineering; intimidation; stalking; passive/covert abuse (e.g., neglect); and economic deprivation.[1] Alcohol abuse[2] and mental illness[3] can increase spousal abuse.

Awareness, perception, definition and documentation of domestic violence differ widely from country to country, and era to era. According to some studies, less that 1 percent of domestic violence cases are reported to the police.[4][5]

In this article, the following issues will be reviewed: beaten women, psychological theories about domestic violence, sociological theory of feminism, potential signs of aggression, predictive characteristics of warning signs, and taking action to prevent aggression.

**L-11- Myocardial Infarction and Depression**

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Depressive symptoms are common among post myocardial infarction (MI) patients and may cause negative impacts on its prognosis. 35 to 45% of MI patients report depression. While depression is an independent risk factor for MI, post MI depression has been shown to be a risk factor for mortality, morbidity and decreased quality of life in post MI patients.

Depression and MI exacerbates each other. Behavioral and biological mechanisms were proposed as the plausible mechanisms involved in this reciprocity. The combination of these mechanisms is likely to involve in increasing the risk of mortality.
Epidemiologic studies have shown the link between depression and increased risk for development of cardiovascular diseases, MI and cardiac related death. The adverse impact of depression on prognosis of heart diseases is preventable with proper treatment. A number of therapeutic approaches have been advocated for post-MI depression, including cardiac rehabilitation, social support, cognitive behavior therapy, and antidepressants. Because of adverse effects, it is recommended to avoid prescription of tricyclics for treating post MI depression. If SSRIs are prescribed after MI, there will be no considerable side effects.

L-12- Relationship between Psychological Hardiness and Resilience with a Positive Attitude to Drug Abuse among Students of Tabriz University
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This study investigated the relationship between psychological hardiness and resiliency with a positive attitude towards drug abuse among students of Tabriz University. Population of this study consists of all students of Tabriz University, of which 300 population clusters were selected. The instruments used in this study were psychological hardiness research tools questionnaire Ahvaz, resiliency Kanrv Davidson and attitude towards substance abuse. Data were analyzed using Pearson correlation, regression and t test. The results showed that there was a significant negative relationship between positive attitude towards substance abuse and psychological hardiness and resiliency; and there was a significant positive relationship between psychological hardiness and resiliency. On the other hand, regression analysis showed that psychological hardiness and resiliency can predict positive attitude towards substance abuse. Furthermore, data analysis indicated that difference between male and female students was significant. According to the findings, the need for incorporating programs on psychological hardiness and resiliency should be recognized, and preventive interventions for drug abuse among students should be considered.

L-13- Predicting the Incidence of Antisocial Behaviors Based on Identity Styles in a Population of Students
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Objective: Identity styles are important in determining psychological health and incidence of dangerous behaviors. The purpose of this study is to compare the incidence of antisocial behaviors based on identity styles in a population of students.

Method & Material: the study type was descriptive-predictive. Using cluster sampling, 200 students were selected in the city of Marand Burzynski Identity Styles Questionnaire and Millon antisocial behaviors subtest were used for data collection. Data were analyzed using Pearson correlation and Simultaneous regression.

Result: Data analysis showed that there is a negative relationship between anti-social behaviors and identity commitment, information identity and normative identity; and there is a positive relationship between anti-social behaviors and avoidant confusion identity. Identity styles are able to predict antisocial behaviors.

Conclusion: Results showed that students with committed identity, information identity and normative identity had the lowest anti-social behavior compared to students with avoidant confusion identity.

L-14- Community Psychiatry Training in Iran: History, Curriculum Development, Challenges
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Objective: Community psychiatry movement was developed during the early 1960s in the world. In Iran, pioneer of this movement in the region- the change from traditional hospital psychiatric services towards the community care was developed during 1976 to 1979 by establishing a center for new community oriented psychiatric training, by decentralization of psychiatric services in a few small general hospitals, and also pilot project of a few comprehensive community mental health centers in the city of Tehran. This revolution in psychiatric services’ delivery was increased and developed nationwide by planning Iranian national integration mental health into the primary health care program in the Ministry of Health and Medical Education with support of WHO (EMRO), in 1985. Before this event, and after 1940s, while hospital and clinical psychiatric training in Iran had many changes toward the new models of medical education by hard struggles of first famous Iranian psychiatrists; such as Siasi, Mirsepas, Rezaie, and Davidian. Second generation of young psychiatrists did not accompany with new changes in community based psychiatric training. So at this time, mental hospitals were surrounded by huge prevalence and recurrence of mental and addicted ill patients with no community care and facilities.

Differences and Similarities
Before reporting the new psychiatric education approach, I would like to mention the differences and
similarities in clinical/hospital psychiatry and community psychiatry care. The both are same in principals and aims, but they have many differences in approaches and methods. We could find many differences and similarities in the texts and scientific journals, but here I would like to report some differences in our experiences in the hospital and community field.

In the hospital and clinic there are individual and non-teamwork care, with psychiatric/medical and biological approaches, focused on therapy especially only treatment- no promotion, prevention and rehabilitation— with “here and now” strategy, etc. But in new mental health and community psychiatry programs; responsibility to the community and definite population (catchment area), care in the community, home, rural/urban area, group work with health personnel and primary health workers, using psychosocial and holistic approach and living/working with the community, “in” the community is essential for community psychiatry to battle with huge new conflicts and challenges in the community.

Implementing community mental health training
The first psychiatric residency training with community approach started in 1977 in Complex of Research and Education on Rehabilitation Centre (this name changed later to Tehran Psychiatric Institute in 1979) affiliated with Ministry of Health. In 1990, Tehran Psychiatric Institute involved residency training in a pilot project of mental health in Hashtgerd area. Since 1987, Imam Hosseinz psychic department has a community school mental health training in Damavand district. Similar small and short term community mental health residency trainings continued in other universities especially in Isfahan University of Medical Sciences, but all such unstable training programs stopped.

These experiences led to enclosing a 3-month rotation of community care training for residents in psychiatry course at the national level, by National Board Committee on Psychiatry Training and by Ministry of Health, around year 2000. This legal and official improvement in training psychiatrist in Iran didn’t send to residency training departments of the universities till 2009, due to some administrative barriers and lack of community field.

Tehran Psychiatric Institute, as the pioneer of implementing this program in Iran, has been doing many activities. At the first step, Institute had a program on curriculum development and preparing educational logbook by Ghalebandi and others (1997). In the second step, many activities for starting the community field training were undertaken; such as educational field needs assessment, holding expert panels for sharing findings, choosing different community fields as will be mentioned hereafter, preparing field training lesson plan, and finally a 3-month training period of 20 residents in 6 different community fields, from 2009 till now (2011). The community field, domain of training, and duration of each 6 different fields were: A. 10-12 days training in Mental Health and Addiction Office in Ministry of Health and in Tehran Psychiatric Institute for discussion on national programs on mental health and addiction; B. 4-5 days in rural area in Hashtgerd district for training on integrating mental health into the primary health care; C. 4-5 days in Tolo private open door Psychiatric Rehabilitation Centre; D. 7-9 days in Iran Psychiatric Hospital for family and severe ill patient education, after care and home care programs; E. 7-9 days in health houses affiliated to Tehran Municipality Administration for training on public mental health education in general population; and finally, F. In different centers such as centers for homeless girls, crisis intervention centers, telephone hotline/counseling center for university students, and telephone counseling centre for HIV/AIDS. Internal and external evaluations showed this program is successful.

Challenges and barriers to promote and continue community psychiatry trainings in Iran are as follow:
1- No cooperation and coordination at national, local, and department levels, 2- Lack of standard methods and tools for evaluation of the community field trainings, 3- Lack of enough time to learn more about the variety of problems in the community during the 3-month course, 4- Lack of community care skills in residency training before 3rd or 4th year of training, 5- Lack of motivation and attraction for health personnel in the field as well as for trainers’ supervisors, 6- Lack of expert trainers for working in the community field. In this presentation, in order to promote the program, some recommendations will be discussed.

**L-15- A study of the Relationship between Pain Severity with Suicidal Ideation and the Moderating Role of Self efficacy on this Relation in Chronic Pain Patients**

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**Objective:** The purpose of this study is to investigate the relationships between pain severity and suicidal ideation, and to examine the moderating role of self efficacy on the relation between pain severity and suicidal ideation in patients with chronic pain.

**Method:** Using convenient sampling method, 264 patients with chronic pain were recruited. These patients completed a number of questionnaires regarding suicidal ideation, self efficacy and pain severity. Data were analyzed using Pearson correlation and multiple regression analysis.

**Results:** There were significant correlations between suicidal ideation with pain severity (r=0.30, p<0.01), suicidal ideation and self efficacy (r=-0.36, p< 0.01)
and finally between self efficacy and pain severity (r=0.35, p<0.01). The result of multiple regression analysis indicated that self efficacy has a moderating role in the relationship between pain severity and suicidal ideation.

Discussion: A significant relationship was found between pain severity and suicidal ideation in patients with chronic pain. Furthermore, self efficacy moderates the association between pain intensity and suicidal ideation. The results provide further support for cognitive–behavioral pain self-management program, and point to the potential benefits of interventions aimed to increase sense of self efficacy among patients with chronic pain.

L-16- Behavioral Problems between Children of Working Mothers and Non-working Mothers
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This research was conducted to examine and compare behavioral problems of children of working mothers with children of non-working mothers. This was a comparative descriptive study and the sample consisted of 50 children of working mothers and 50 children of non-working mothers who were at the pre-school level. We used the behavioral problems of pre school children questionnaire. The results of the analysis (MANOVA) revealed that attention deficit childish behaviors, withdrawal and anxiety in children of non working mothers were more than children of working mothers. Moreover, the result of t- test revealed that behavioral problems of children of non-working mothers were more than those with working mothers. According to the results, it is suggests that mental health of children of working mothers is more because of their higher self-steem, life satisfaction and better personality development. These factors affect parenting method, family health and children’s behaviors; and therefore, reduce behavioral problems of children.

L-17- The Frequency and Intensity of Depression in a Group of Contemporary Alive Iranian Poets Compared with Their Non-poet Matches.
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Objective: The researches indicate higher rates of mood disorders (including bipolar ones and all types of depression) in artists, especially writers and poets. Since the poets are among the influential groups in Iranian society and receive and reflect the emotions and thought of the citizens, attending to their condition is of importance.

Material and Method: It was a cross-sectional descriptive-analytic research. The sample contained all contemporary, alive Iranian poets with the requirement of at least one published poetry book. Only 38 poets accepted to take part in this project with the condition of remaining anonymous. There were 23 men and 15 women. A matching control group was selected. The instruments consisted of Beck Depression Inventory, Depression subscale SCL-90-R and diagnostic criteria for major depressive disorder according to DSM-IV.

Results: Frequency and intensity of depression in this group of poets were more than control group but this difference was not statistically significant. Substance abuse, and taking psychiatric medications in the poet group were significantly more than the control group. Losing a parent before reaching 13 years of age was statistically more frequent in the poet group, than among the control group. There was no correlation between substance abuse and depression in the poets.

Conclusions: Poets due to their special vulnerability and sensitivity need more psychiatric attention.

L-18- BIS/BAS Personality Characteristics and Students’ Tendency for Substance Use
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Objective: Some personality characteristics that may be particularly relevant to substance use are concerned with Gray’s two-dimensional factors that represent approach and avoidance sensitivity. The aim of the present study was to seek an answer to the following question: Is there any relation between the tendency for addiction and Brain/behavioral mechanisms?

Method: All male high school students of Robatkarim were selected using multistage sampling. The instruments used in the study were BIS and BAS, Carver and White (1994) and two subscales of Minnesota multiphase personality (APS, MAC-R).

Results: indicated that BAS and Fun seeking subscale of BAS had a significant positive correlation with addiction and alcohol potential. Also, our findings showed that BIS had a significant negative correlation with alcohol potential.

Conclusion: The results suggest that BIS/BAS personality characteristics are important for predicting tendency to abuse drugs and alcohol.

L-19- Women’s Attitude Towards Wife Abuse: a Study on 600 Women in Tabriz
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Objective: The researches indicate higher rates of mood disorders (including bipolar ones and all types of depression) in artists, especially writers and poets. Since the poets are among the influential groups in Iranian society and receive and reflect the emotions and thought of the citizens, attending to their condition is of importance.
Objective: Many women suffer from domestic abuse around the world. However, most of the victims are indisposed to seek help and continue to suffer. Women's attitudes toward such violence in respect to seeking help and support from family, friends, and social support systems is of significant importance. The aim of this study was to explore attitudes and perception towards wife abuse among women in Tabriz.

Methods: The current observational study was conducted in the 34 urban health care clinics in city of Tabriz. In this study, questionnaires about wife abuse and attitudes towards it were used. The proportional sampling was carried out and a sample of 600 married women in different ages was included in the study.

Results: In this study, from 56 different aspects of wife abuse, women who experienced some of the 18 sub groups of wife abuse such as minor physical abuse, verbal-mental abuse, rights and divorce related rights, sexual abuse, financial abuse, and prohibition of social/educational development, did not acknowledge them as a violent behavior. To put it more clearly, 58% of women who experienced at least one form of violence in their marriage, did not acknowledge it as wife abuse. Women who did not experience domestic abuse, admitted to be a victim of wife abuse significantly more than those who actually had been abused by their husbands \( P<0.00 \). All participants accepted severe physical abuse as wife abuse.

Conclusion: According to this study, the majority of respondents accepted nearly all kind of wife abuse as violence against women; however, those who were victims of domestic violence did not consider many of the mentioned examples as wife abuse compared to other women; and this calls for special consideration and deliberation.

L-20-New Perspectives of Domestic Violence in Iran
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Domestic violence, more or less, occurs in all societies. However, its prevalence in some populations is less and in some is frequent. The etiology of domestic violence is diverse, but well known, with fixed and sometimes varied patterns. This article tries to address the new situation in family relationships of Iranians. In this study, new patterns of relationships and roles in Iranian families are presented, and new definitions and common mechanisms through which violence occurs in Iranian families are discussed. Furthermore, in this study, the connection between these new patterns of relationships with violence in the families are followed. And at the end, this study tries to present a prospect of incidents and consequences of this type of domestic violence in Iranian families.

L-21- The effect of Family Communication Patterns on Communication Skills of Adolescents
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Objective: The aim of this study was to examine the effect of family communication patterns (conversation orientation and conformity orientation) on communication skills of adolescents.

Methods: 367 students (232 girls and 135 boys) on the first and second grade of high school in the first region of Tehran were selected to participate in the study using convenient sampling method. Participants completed the family communication patterns questionnaire and communication skills questionnaire. To predict communication skills by dimension of family communication patterns, Pearson correlation and regression analysis were used. Then, according to high and low grades of family communication patterns, four types of family were drawn out, and adolescents' communication skills in different family groups were compared using One-way ANOVA analysis.

Results: The result of regression analysis revealed that family conversation orientation has a positive and significant relationship with communication skills and predicts it positively, and family conformity orientation has a negative and significant relationship with adolescents' communication skills and predicts it positively. The result of the variance analysis indicates a significant difference between the groups and shows that children of consensual and pluralistic families have better communication skills than those raised in protective and laissez-faire families.

Conclusions: In families with conversation orientation focus on communication and unstinting relationship between family members, children have a better chance of developing the necessary skills to establish successful relationships in the future.

L-22- Analysis of Effectiveness of Happiness Training using Fourdise Recognizing and Treating Pattern on Happiness, Optimism and mental health of Patients with Tumor in Talleghani hospital at Kermanshah

Abstracts of 28\textsuperscript{th} Annual Congress of IPA
Happiness has gained special attention in domain of mental health in recent years. The sample consisted of all male and female patients diagnosed with cancer who referred to Taleghani hospital in Kermanshah in the last six months of 2010. Sampling was done using simple random sampling, and subjects were selected from available patients with cancer. Subjects (30 male, 30 female) were randomly divided in to two test groups. To collect data, Oxford Happiness Questionnaire and Shieor and Karor Optimistic questionnaire were used. For data analysis, we used covariance analysis with multiple variables with regards to normal data distribution and group variance.

In addition, t-test was used to compare happiness training in the two groups of patients. The findings showed that happiness training using Fordyce recognizing – treating method has more positive effect on mental health and optimism of the studied patients. The results showed that there was a meaningful difference between the tentative group which were influenced by the Fordyce happiness instruction through cognitive -behavioral method and the control group which did not receive any trainings. The mean of the trained group was at a lower level in all complies of mental health variables compared with the control group.

Also, there was a significant difference between the adjusted means of the two groups in decreasing anxiety and sleeplessness, and this difference was in favor of the tentative group. A significant difference was also observed between the adjusted means of the two groups in decreasing social incompatibility; again in the favor of the trained group.

L-23- Educational Issues about Drug Abuse in Adolescents

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Addiction has a negative effect on mental health of addicts and imposes a huge burden on society. Topics addressed in psychoeducation about addiction can include specific medical issues associated with addiction, its functions, any limitations it may create, future perspective of addicts, and psycho pharmacotherapy. Sometimes in a society, the use of a drug may not be considered as drug abuse until its use becomes widespread. It is only after substantial research and development of social awareness that the use of certain drugs is viewed as drug abuse. Drug use can be viewed as a behavior that is maintained by its consequences. Consequences that strengthen a behavior pattern are called reinforcers. Drugs may reinforce a behavior by inducing pleasurable effects, or terminating unpleasant effects. They may also supply social reinforcement.

L-24- The Efficacy of Risperidone Augmentation with Sodium Valproate in Reduction of Positive and Negative Symptoms among of Inpatients with Active Schizophrenia

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Objective: over past few years the role of Sodium Valproate in treating psychiatric disorders has increased substantially. Very few studies have assessed the efficacy of Sodium Valproate in treating psychosis in patients with schizophrenia. The aim of this study is to evaluate the efficacy of Sodium valproate plus risperidone in treatment of patients with active phase of schizophrenia.

Method and materials: The study is a double blind clinical trial conducted in 2008 on 35 patients aged between 18 and 65, diagnosed with active phase of schizophrenia in psychiatric ward of Golestan hospital –Ahvaz –Iran -. Diagnosis of schizophrenia was established based on DSM-IV-TR criteria. The first group received valproate plus risperidone and the second group a combination of placebo and risperidone. All patients were assessed using PANSS on the 1st, 14th and 26th days of their admission.

Results: In the first day, assessment of positive symptoms mean scores in the drug group was higher than the placebo group (p=0.00017); however, the mean scores of the drug group showed a more decrease later on (p=0.961). Considering the general psychopathology symptoms, mean scores of the drug group was higher than the placebo group (p=0.0187). Further, mean scores of the drug group showed a more decrease (p=0.665).

No significant difference was found between the two groups when comparing PANSS and negative symptoms mean scores before and after treatment.

Conclusion: The study shows that valproate sodium as add-on to antipsychotic agents improves the efficacy of managing schizophrenia active phase, and speed up the recovery rate in regard of positive and general psychopathology symptoms.
L-25- Manifestation of Addiction in Artistic Works
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Addiction is one of the most known public health problems in our time. It accounts for many serious social, familial and personal problems, and even deaths. Addicts usually lose their productivity. However, some of them who experienced it, present special creativity in the form of creating fine art especially paintings and sculptures. These paintings and sculptures are unique as they show personal and subjective experiences which have never been experienced by other people and even other addicts. In this article, more than 50 famous artistic works created by persons who experienced various addictions during their life are presented. Studying the effect of addiction on art can provide a new understanding of addicts' world. Finding paths to understand a phenomenon can potentially open a new gateway for its treatment.

L-26- Comparative Study of Prevalence of Anxiety Disorders in Bipolar I Patients With or Without Opioid Dependency
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Objective: Anxiety disorders and substance abuse are the most common comorbidities in bipolar I patients. This study compared the prevalence of anxiety disorders in bipolar I patients with and without opioid dependency.
Method: In this cross sectional study, the bipolar I patients who referred to Iran Hospital of Psychiatry were divided in to two 89-person groups consisting of patients with and without opioid dependency. Then, clinical characteristics and prevalence of anxiety disorders were evaluated through demographic and clinical questionnaire, the Persian Structured Clinical Interview for DSM-IV for Diagnosis of Psychotic Disorders.
Results: Among anxiety disorders, only panic disorder was significantly different between the opioid dependent and non-dependent bipolar patients.
Discussion: In bipolar I patients, different substances are associated with different clinical features and also with contrasting rates of lifetime comorbid anxiety disorders.

L-27- Telephone vs. Face-to-Face Administration of the Structured Clinical Interview for DSM-IV for Diagnosis of Psychotic Disorders
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Objective: The current study aims to compare telephone vs. face-to-face administration of the version of Structured Clinical Interview for DSM-IV (SCID) for diagnosis of “any psychotic disorder” in a clinical population in Iran.
Methods: The sample consisted of 72 subjects from two psychiatric outpatient services in Tehran, Iran. Subjects were interviewed using face-to-face SCID as the gold standard for the purpose of diagnosing psychotic disorders. A second independent telephone SCID-I was administered to the entire sample within 5 to 10 days, and the lifetime and 12-month diagnoses were compared.
Results: The positive likelihood ratio of telephone administered SCID for diagnosis of “any lifetime psychotic disorder” was 5.1 when compared with the face-to-face SCID. The sensitivity and specificity of this item were 86.5 and 82.9 respectively. These figures for the “primary psychotic disorders in the past 12 months” were lower (2.3, 73.7, and 67.9).
Conclusions: The data indicate that telephone administration of the SCID is an acceptable method to differentiate the subjects with lifetime psychotic disorders from those who had no psychotic disorders, and it also provides a less resource-demanding alternative to face-to-face assessments.

L-28- Validation study of the instrument for cost assessment of mental disorders
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Introduction: Developing an instrument for precise calculation of various aspects of cost of mental disorders is necessary so a new instrument for cost evaluation has been developed according to the specificity of mental health services and cost in our country and then validation of this new developed instrument for cost of mental disorder was studied.

Objectives: Assessing the validity and reliability of the costs instrument for mental disorders.

Methods: Face validity of this instrument was confirmed by six psychiatrists and one epidemiologist. Inter rater and test–retest reliability of the questionnaire were assessed for 60 patients in a general outpatient clinic and 60 persons with a history of psychiatric hospitalization.

Results: Different aspects of cost of mental disorders including total health cost and non-medical costs were assessed in this study. The present test-retest and inter rater reliability were moderate to high for the total health cost including medication, transportation, diagnostic tests and hospitalization. The study showed the same results for non medical costs.

Conclusion: this instrument as a valid tool can be used for estimation of cost of mental disorders.

L-29- Study of Drug Abuse and Stimulant Consumption in Patients Admitted in Razi Psychiatric Center (a month)
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Drug abuse is considered as one of the most important psychiatric problems. Nowadays, abuse of stimulants, like other drugs, is increasing. It can mimic and change clinical features of many psychiatric disorders, and finally affect the mental status of the abuser.

In this study, opium and stimulant abuse were examined. We took urine test (opium and stimulant) from all the patients who were admitted to Razi Psychiatric Hospital through its emergency ward in 2010. The study findings revealed that more than 40% of patients abused stimulants, and 20% abused opium and stimulants simultaneously. Abuse of opium was not statistically significant in the subjects.

L-30- Evaluation of Knowledge about HIV Infections among a Sample with Gender Identity Disorder during 1388 in Iran
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Objective: HIV infections in people with gender identity disorder have been escalated considerably worldwide. However, to date, epidemiological studies on sexual behavior and HIV prevalence in this group have not been conducted in Iran. Thus, the overall aim of this study is to determine the frequency of risk behaviors and HIV infection in people with gender identity disorder during the year 1388.

Methods: 58 individuals including 41 cases of female to male (FTM) and 17 cases of male to female (MTF) participated in this cross sectional study. Demographic and behavioral information, knowledge and attitudes of participants were assessed using a modified questionnaire from the "Family Health International" for Behavioral Surveillance system about same sex.

Results: Among participants, almost 70% believed that even a person who is seemingly healthy can also be infected. Only 5 individuals (6/8%) thought they could be at risk of HIV infection. Regarding the transmission ways, 70% believed that the risk is lower with anal intercourse compared with vaginal intercourse.

Conclusion: Participants in this study had limited information about Sexually Transmitted Infections. Therefore, more information should be provided for this group to increase their knowledge about this particular type of infections.

L-31- Comparative Study of Mental Health in Employees Holding Jobs Related And Unrelated to their Academic Degree
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Objective: The objective of the present study is to compare mental health in employees with job positions related and unrelated to their academic degree.

Method: Method of this research is a casual-comparative type. Statistical society included all adolescents with an academic degree who lived in the city of Tabriz; among whom, 80 were selected using random sampling. For data collection, General Health Questionnaire (GHQ) originally created by Goldberg in 1972 was utilized. This questionnaire is about illness, discomfort, and overall health with emphasis on psychological, physical and social issues at the present time. The GHQ contains 28 items. Data were analyzed using independent two-sample t-test.

Result: The results demonstrated a significant difference between employees who were engaged in jobs related to their academic degree with those employees whose jobs were not related to their
The average scores of employees with jobs unrelated to their academic degree proved to be higher than average scores of employees with jobs related to their academic degree in every scale.

Discussion: Connection between education and employment causes people to feel confident and to strengthen their individual performance, gain elevated social function and general health. Further, persons employed in jobs unrelated to their academic field of study have a lower degree of job satisfaction and this dissatisfaction affects their health and social functioning.

L-32- Relationship between Shame-focused Attitudes towards Mental Health Problems and Expressed Emotion in Relatives of Patients with Bipolar Mood Disorders and Schizophrenia

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Despite the fact that in most educational programs designed for families of those with bipolar mood disorders and schizophrenia reducing expressed emotion is one of the chief goals, the findings are not that satisfactory. It seems that ignoring some variables that contribute to expressed emotion such as shame has a significant role in this context. Review of literature indicated that shame has a positive association with expressed emotion. Society, family and individual evaluations contribute to shame focused attitudes towards mental health problems that are experienced as external shame (stigma) and internal shame. In addition, there were differences between individuals in terms of shame and beliefs about how one’s family or oneself would be judged if they had a mental health problem, and this is called reflected shame. We used a cross-sectional and correlation design with a convenient sampling method, and selected 85 participants from relatives of patients with bipolar mood disorders and schizophrenia in Imam Hosein Hospital in Tehran. We asked participants to complete Family Function Questionnaire and Attitudes towards Mental Health Problems. Data were analyzed using t-test (for independent groups), Pearson correlation, and multiple regressions.

Results: No significant difference was obtained between relatives of bipolar mood disorders (group 1) and relatives of patients with schizophrenia (group 2) in terms of expressed emotion. A positive association was observed between external shame and expressed emotion in both groups. A positive association was also observed between reflected shame about family and expressed emotion. There was positive correlation between internal shame and expressed emotion. Results of multiple regression showed that external shame, reflected shame on family, and internal shame could significantly predict expressed emotion variance.

Conclusion: Societal attitudes towards mental health via generating external shame, internal shame and reflected shame have a major role in expressed emotion in relatives of patients with bipolar mood disorders and schizophrenia.

L-33- Evaluation of Current Diagnostic and Therapeutic Approaches in Psychiatric Outpatients (Introduction for revision, based on indigenous models)

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Objective: Although the effect of different cultural and social aspects on psychiatric diagnoses and therapeutic approaches is obvious, few studies have been conducted in this field in Iran. We aimed to develop an evidence-based educational model to revise current diagnostic and therapeutic approaches based on indigenous models.

Methods: In this long-term descriptive follow-up study, among 1500 psychiatric outpatients, 1200 completed a 2-year follow-up. Patients were selected by easy consecutive sampling method from psychiatric outpatient pool in a private office in Kermanshah during 1999. Method of assessment was clinical interview based on DSM IV-TR criteria and also common psychiatric questionnaire.

Results: The most common diagnoses in these patients were: psychiatric symptoms secondary to psychosocial stressors (20%), obsessive-compulsive disorder (16%), others anxiety disorders (16%), substance induced psychiatric disorders (15%), and psychotic disorders (14%) respectively. The most common stress among them was economic stress (70%) which was persistent in most of the cases (90%). Only about 20% of the cases who needed psychotherapy were referred to psychiatrists to receive it, and 60% gave up after one or two therapy sessions. More than half of the patients reported low improvement or worsening of symptoms, no efficacy of drugs and asked about duration of their treatment.

Discussion: One of the most common reasons for psychiatric referrals is psychiatric symptoms secondary to psychosocial stressors which are chronic and persistent in most cases, but psychiatrists merely prescribe some sedative drugs as a symptom therapy. Patients seldom demand psychotherapy for several reasons, and the most common of which are: inability to pay for therapy sessions, lack of access and lack of confidence in psychotherapists’ competence. Repeated referrals of patients to psychiatrists, reports of psychiatrists’ failure in treating patients, worsening patients’ conditions, and patients’ requests to cease therapy can lead to psychiatrists’ discouragement and
burnout. Therefore, acquiring practical skills by psychiatrists to meet patients' needs is of prime importance.

L-34- Decomposing Socioeconomic Inequality in Mental Health in Tehran
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Objectives: Although measuring socioeconomic inequality in health indicators like mental health is important, trying to explain these inequalities for policy purposes is a more important issue. The objective of this paper is to quantify contributions of potential determinants of mental health to measure socioeconomic inequality in mental health.

Methods: Data for this study were taken from the Urban Health Equity Assessment and Response Tool (Urban HEART) survey, conducted in Tehran in 2007, covering people aged 15 and above. The sampling design was stratified multistage cluster sampling and, to avoid internal cluster correlations, stratified two-dimensional systematic sampling was used. First, Tehran’s 22 districts were defined as strata. Then, applying cluster sampling, 120 blocks were chosen from each stratum. In each block, eight households were selected by systematic sampling, meaning that 960 households were chosen from each stratum. In total, 22300 households were included in the study; and information on 22135 households was analyzed. Interviewers gathered information on two persons from each household: the head of the household for economic status and a chosen member for mental health data. A self-administered 28-item General Health Questionnaire (GHQ-28) was used as a screening tool for detection of possible cases of mental disorders. The best cut-off point, determined by the Likert scoring method, was 24 out of 84, so that those who scored 24 or above were designated as possible cases of mental disorder. Therefore, a binary dependent variable was selected. To measure socioeconomic status of households, Principal Component Analysis was applied. As a measure of socioeconomic inequality, concentration index of mental health was applied and decomposed into its determinants.

Results: Overall, concentration index of mental health in Tehran was -0.0673 (95% CI=-0.070 – -0.057). Decomposition of concentration index revealed that economic status has the largest contribution (44.7%) to socioeconomic inequality in mental health and education status (13.4%), age group (13.1%), district of residence (12.5%) and employment status (6.5%) fall in next ranks respectively.

Conclusions: Socioeconomic inequality exists in mental health status in Iran’s capital, Tehran. Since this avoidable inequality roots from sectors beyond the health system, a holistic mental health policy approach which includes social and economic determinants should be adopted to redress this inequitable distribution of mental health.

L-35- Difficult patients: Medication Noncompliance in Patients with Chronic Diseases (Issues in psychiatric patients)
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For many chronic conditions, poor patient compliance with prescribed medications and other aspects of medical treatment can adversely affect the treatment outcome. Compliance with long-term treatment for chronic asymptomatic conditions such as hypertension is on the order of 50%. Although drugs with a longer therapeutic half-life may ease the burden of repeated daily dosing, the efficacy of any self-administered medication depends to a large extent on patient compliance. This article addresses compliance issues in patients undergoing psychiatric disorders.

In this article, the authors review the substantive literature on medication compliance in psychiatric patients with an emphasis on empirical studies that (1) identify current or predictive correlates of adherence and noncompliance and (2) assess interventions targeted to improve adherence. These findings provide an empirical basis for differential diagnosis and understanding of noncompliance within the presented modified health belief or health decision model. Clinical correlates of compliance that have been studied include patient sociodemographic features; illness characteristics; medication features, including side effects and route and frequency of administration; family and social support; and treatment system characteristics, including quality of the physician–patient relationship. Interventions studied include reinforcement, education, skills training, and memory enhancement. The role of psychodynamic factors in medication compliance is also discussed.

L-36- Difficult patients: Approach to Dependent Patients
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One group of difficult patients for psychiatrists as well as other specialists is those who become attached to their doctors. This dependency or attachment may be
about different aspect of treatment or may be emotional.
Incorrect rejection of these patients could cause poor outcome of their treatment.
The main treatment aims in this case are: to support and encourage the patient to become independent and more active; to establish successful and goal directed relationship with others; to restrict visit time; to provide assertiveness training; treatment of anxiety and depression; treatment of comorbidities; referring to other psychiatrists or psychologists for CBT and decrease physician availability for the patient and etc.
In difficult patient panel, we will discuss these patients by case presentation and group discussion.

L-37- Job Stress and Burnout Syndrome among Rural Health Workers (Behvarz)
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Objectives: Burnout syndrome was described by Freudenberg in 1970 as chronic emotional and interpersonal job related stressors. As a stressor, “burnout” leads to physical and emotional discomfort and negative attitude, decreased job performance, and lower career satisfaction, which can then lead to a poor quality of care. In the last 30 years since the PHC network in Iran has been established, the job duties of Behvarzes (Health Workers in rural areas) have been increased. The aim of this study was to determine burnout level, mental health status and the severity of occupational stress among Behvarzes.

Methods: All Behvarzes working in areas covered by Tehran University of Medical Sciences in West of Tehran participated in the study. Maslach Burnout Inventory, GHQ-12, and Staintmzentz questionnaires were used to collect data. Univariate analysis was assessed by chi-square and t-test. All statistical tests were two-tailed, with a significance level of 0.05.

Results: 212 Behvarzes (94%) completed the questionnaires. Mean and standard deviation of age was 35.12 and 7.25 respectively. 70.1% were female and 29.9% were male. Mean score of Maslach Burnout Inventory for emotional exhaustion and depersonalization domains was in the range of weak, and for personal accomplishment was moderate. Twenty nine subjects (16.6%) had moderate burnout, and only 2 had severe burnout. There was a significant association between burnout and duration of job. The mental health of 28.4% of the Behvarzes needed consideration based on GHQ. Mental health was associated with burnout. Job stress was also significantly associated with burnout and mental health of the subjects.

Conclusion: Personal accomplishment in Maslach Burnout Inventory differed more in subjects. Severe burnout was very rare. In spite of increasing job responsibility of Behvarzes, the job stress level and burnout were not considerable.

L-38- Replication of the "Social Rituals and Mental Health: a novel approach to early intervention in mental illness" project in an Iranian setting
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As a basis for designing tools for early recognition of mental health deterioration, the concept of social rituals and all the domains of the Social Rituals Schedule were culturally applicable to Iranian setting. Cross cultural applicability or using the concept of social rituals to reinterpret the concept of prodromal is remarkably important in psychiatric diagnosis. It instantly incorporates the idea of ‘culture’ into prodrome; hence, psychiatry must ask about the utility of Western diagnostic instruments/techniques in Non-Western settings or in Western settings with Non-Western people as this is the case in most parts of our increasingly multi-cultural world. A Subsequent value of the SRS is one of the general orientations for diagnosis (i.e., informing psychiatrists, – regardless of patient’s cultural background – about domains that are important to investigate in a psychiatric evaluation).

L-39- Neurobiological Aspects of Bipolar and Unipolar Depressions
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Diagnosis of bipolar disorder necessitates a period of mania or hypomania; however, in more than 50 % of cases, the disorder begins with a period of depression. Treatment of bipolar depression with antidepressant may induce mania or hypomania switching. Therefore, it is a great challenge to distinguish bipolar depression from unipolar depression (major depressive disorder) in patients who experience their first episode of depression. In addition, most patients with bipolar disorder have more signs of depression than signs of...
mania or hypomania; and these patients need different types of treatment compared to unipolar depression. There are clinical manifestations that help differentiate two types of depression, but they are not valid enough for thorough diagnoses. Different models are recommended for discussion of biologic and clinical characteristics of bipolar and unipolar depression. In this article, we tried to review and compare the neurobiological features of these two types of depression.

L-40- Emotional Intelligence in Suicide Committers
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Objective: Committing suicide is a major mental health problem and as relationships and associations are becoming more complex, suicide rate has increased in most societies. Considering the relationship between emotional intelligence, stress management and suicide as a negative coping strategy, this research aimed to study emotional intelligence in suicide committers.

Methods: This was a descriptive–comparative study, in which convenient sampling was used. Fifty cases of suicide that referred to emergency ward of Shahid-Mohammadi Hospital of Bandar Abbas were selected as the treatment group and were compared to 50 individuals who were selected among those who accompanied patients (control group). The emotional intelligence (EI) of all participants was evaluated using bar-on EI Questionnaire. Data were analyzed using descriptive statistics, Chi-square test and T-test.

Results: Results showed a significant difference between the total components of EI except empathy, in suicide attempters compared with the control group ($p<0.05$).

Conclusion: EI was significantly lower in those who committed suicide. EI is a protective factor related to suicide. EI training programs can be effective in reducing suicide in young population.

L-41- Can Melatonin Administration Alleviate the Hyperactivity and Inattentiveness Symptoms of Children Suffering from Attention Deficit Hyperactivity Disorder (ADHD)? A Randomized double blind placebo control
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Objective: ADHD is the most common behavioral disorder in children and it is mostly integrated with sleep disorders. It is postulated that ADHD children are suffering from sleep latency due to defects in circadian cycle. Furthermore, Ritalin, the most useful drug for these children, worsens the insomnia as a common side effect. According to safety and applicability of melatonin supplementation studies, we decided to evaluate its effects in Ritalin treated children suffering from ADHD.

Materials and methods: After obtaining consent from parents, 44 children aged 7-12 with compound form of AD/HD, were randomly divided in to two groups, one receiving melatonin (3-6 mg by weight) combined with Ritalin (1mg/kg) ,and the other receiving placebo combined with Ritalin (1mg/kg). This study was a double blind randomized clinical trial. In weeks 0, 2, 4 and 8, hyperactivity - attention and sleep patterns questionnaires were completed and finally hypotheses were analyzed with the software SPSS17.

Results: Independent sample t-test showed that the mean scores of hyperactivity in the melatonin group were reduced compared with the placebo group, but it was not significant. Mean scores of attention deficiency were not significantly different compared to the placebo group. Mean sleep latency in melatonin group reduced significantly in 15 minutes compared to the placebo group.

Discussion and Conclusion: Administration of melatonin along with Ritalin can improve symptoms of sleep disturbance by circadian cycle modification and this mechanism seems to be able to improve hyperactivity behavior of children.

L-42-Anger Management Skill
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Psychiatrist

Anger is a natural emotion that serves as a valuable mechanism in human survival. Anger is a fundamental part in fight or flight reflex which is a critical mechanism in human evolution. Natural aggression is necessary for gaining success, controlling important situations, assertiveness and the ability to function better in the society.

On the other hand, abnormal aggression leads to poor communication and threatens the position of the individual in a group. Aggression is an easy way to criticize people, covering faults and denying fears. Aggression is also used for seeking attention, and gaining power.

In recent ages, the complexity of life and the diversity of environmental stimuli, that unlike old ages are mostly unpredictable and inescapable, make us
indigent to newer methods to challenge and manage these problems. In this regard, anger management strategies are of paramount importance for decreasing the conflict between aggression and civilization.

Environmental stimuli of anger are as follows:
1. Frustration from biological barriers (like hunger, fatigue, noise and hot weather), physical disabilities and external environmental barriers
2. Being attacked (fear of demolition)
3. Being insulted and feeling humiliated
4. Feeling to be the victim of injustice

Important characteristics of aggressive individuals:
- Need to be perfect
- Need to control others
- Need to be approved by others
- Need to look brave and strong
- Fear of making a mistake
- Fear of experiencing negative emotions (like shame and guilt)
- Intolerance for frustration

Two main strategies in managing aggression:
- Suppression of anger
- Expression of anger

Main causes of anger suppression:
- Fear of rejection
- Fear of own aggression
- Fear of other’s aggression

Complications of anger suppression:
- Frequently misunderstanding other people
- Loosing personal goals
- Lower self esteem
- Anxiety and depression
- Psychosomatic disorders
- Sudden bursts of anger

Anger expression:
- Passive expression of anger
- Aggressive expression of anger
- Assertive expression of anger

Routes of passive expression of anger:
- Rationalism
- Negligence
- Pretend to be powerless
- Forgetfulness
- Make frequent excuses

Aggressive expression of anger:
- Defending oneself by attacking others (verbally or behaviorally)
- Limited attention, concentration and perception
- Defective information processing
- Wrong assessment of the situation and wrong reasoning
- Irritation and hostility of others
- Poor communication with others
- Assertive expression of anger:

Feeling in control and deciding to express or not express the anger based on main external and internal following factors:
- Information regarding the reason and intention of others’ behavior
- Importance of the issue

- Level of relationship with the individual
- Complications of anger expression in that situation
- Appropriate time and place

If decided to express the anger, mention it truthfully and assertively considering the limits of the other individual.

If decided not to express the anger, use anger management techniques.

Methods for neutralizing anger: control five components of anger cycle:
1. Stimuli
2. Emotional component
3. Cognitive component
4. Behavioral component
5. Physiologic component

1. Recognising and controlling stimuli

Including individuals, situations and physical conditions

Temporary and voluntarily avoidance of these situations

2. Control emotional component
   - Verbalization of the anger solitarily
   - Talking with a reliable person
   - Writing about thoughts and feelings and read them loudly

3. Control cognitive component
   - Recognize and correct the thoughts connected to the anger
   - Recognize and correct attitudes and cognitive errors predisposing to anger

4. Control behavioral component
   - Control direct physical contact
   - Sometimes physical acts alone can be helpful.

5. Control physiologic component
   - Deep abdominal breathing
   - Relaxation techniques

- Anger management in practice
1. Self awareness of anger (avoid denial and suppression)
2. Avoid aggressive behaviors
3. Realistic assessment of one’s own role in the situation and accepting it
4. Gaining adequate and realistic information about the intention of the other person
5. Deciding to express or not to express anger based on the mentioned factors

6. If decided not to express the anger, use anger neutralization techniques

7. If decided to express the anger, use an assertive style

8. Be ready for the other person’s explanation after anger expression

9. Use problem solving techniques to prevent the emergence of the problem in the future
10. If needed, appease the other individual

L-43- A Meta-Analysis of Studies Conducted on Effect of Group Logo Therapy on Depression of the Elderly in Iran
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1 PhD

Published by "Tehran University of Medical Sciences" (www.tums.ac.ir)
Objective: The aim of this research was to conduct a meta-analysis about studies concerning the effect of group logo therapy on depression of elderly in Iran. Therefore, one main question was proposed about the effect of group logo therapy on depression of elderly in Iran. Method: To provide an answer to this question, from among studies done all around Iran on effect of group logo therapy on depression of the elderly, 4 studies with acceptable methodology and inclusive criteria were selected. Results: Based on results of this meta-analysis, the effect size of efficacy of group logo therapy on depression of elderly in Iran was r=0.244. Conclusion: Results of this meta-analysis indicated that group logo therapy has a moderate effect on depression of elderly in Iran (based on Cohen’s criteria for interpreting effect size).

L-44- Wife Abuse and its Association with Mental Health in Women
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Objective: Prevalence of wife abuse and the consequences of different aspects of this violence on mental health of women are investigated in this study. Methods: The current cross-sectional study with a sample of 600 married women referred to urban health care clinics was performed using General Health Quality questionnaire-28 as well as demographic characteristics and questions about wife abuse. The proportional sampling was carried out from 34 urban health clinics in Tabriz considering socio-economic variety. Results: In general, 68% of women experienced at least one type of violence: Severe physical abuse (4.7%), minor physical abuse (27.3), verbal-mental abuse (51.7%), legal and divorce related abuse (6%), sexual abuse (4.7%), financial abuse (12%), and prohibition of social/educational development (52%). Women exposed to domestic violence had significantly lower health status compared to other women (P<0.01). Verbal-mental abuse, prohibition of social/educational development, minor physical abuse and financial abusive behaviors predicted 32% of mental health variances in a Stepwise Method of Regression Test.

Conclusion: The most important result of the study is the high rate of non-physical aspects of wife abuse in women. Additionally the dramatic effect of wife abuse on the quality of health requires sensible interventions.

L-45- Aggression, its Etiology and Background
Nabdel Y
Psychiatrist

Aggression is a destructive or punitive behavior toward people or objects. Various complex elements lead to aggression. Sometimes, these factors intermingle in such a way that distinguishing more important factors seems difficult. Social background, traditions, culture, religion, poverty and ignorance are very important factors in aggression, so is the personality background of the aggressive person. Family chaotic relations, substance dependency, psychiatric disorders, crowded areas, frustration and hormonal problems are placed at lower levels. No phenomena as war could propagate and encourage aggression. War has close relations with aggression, and it will not be wide of the mark if we call it organized aggression. Eric Fromm categorizes aggression into two types: 1) adaptive aggression associated with biology (displaying defensive behavior when one feels threatened), and non-adaptive and malignant aggression (non-defensive and destructive). Human aggressions, wars and genocides are not instinctive, organized or biologically vital. People change over time due to brain washing and information bombardment, and they are so overpowered by these factors that they easily choose to take aggressive actions.

Aggression is neither hereditary nor organized; therefore, it is completely preventable. As long as social, cultural, economical and psychological backgrounds of aggression exist, this sinister phenomenon will continue to take human lives.

L-46- Blasphemous Obsessive Compulsive Disorder in Adolescents: a cognitive approach
Najand B
Psychiatrist

Blasphemous obsessive compulsive disorder has become one of the most annoying psychiatric disorders in our society in recent years. Some experts believe that most victims of this disorder are adolescents. The main question here is: what is its cognitive construction? Like other types of this disorder, the basic element is doubt. Therefore, patients (who are mostly religious) are exposed to negative automatic thoughts such as: “what if these doubts escalate in me?”, “what if these doubts mean that I am opposing my beliefs?” , and “what if others find out my religious beliefs have been weakened?”.
Like other negative automatic thoughts, these thoughts are related to some assumptions, some of which are as follows: “If one doubts his faith then he would be a blasphemer.” , “if doubts start, they will continue.”,"Although my religious thoughts may be similar to others, I cannot override them.”. In the deepest layers, this collection is related to two principle core beliefs: 1) “I am incompetent” ; 2) “I am vulnerable”. Blasphemous obsessive compulsive disorder does not respond well to pharmacotherapy. Additionally, it does not subside with usual behavioral tasks. It seems that treatment of this disorder calls for a prolonged skillful and conclusive cognitive therapy.

L-47- The Effect of Multidimensional Psychological Treatment on Improving Treatment Adherence in Adolescents with Type 1 Diabetes: a randomized controlled trial
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Objective: Due to its long-term tolerance and limiting conditions, chronic disease is considered as a stressful factor for children and adolescents. Patients’ response to this disease depends on different personal and social elements; namely, psychological factors and social support. The importance of psychological interventions for children and adolescents with such chronic diseases as diabetes is determined by considering prevalence of related mental, emotional, functional and communication disorders and adherence to treatment. The multidimensional effects of chronic disorders in this group of population rest on design and implementation of studies related to the effect of psychological interventions in this field. This study was designed to compare the effectiveness of three psychological interventions with cognitive-behavioral and family approaches on treatment adherence of adolescents with type 1 diabetes.

Methods: In this randomized controlled pre-post test open trial, adolescents with type 1 diabetes aged 12-18 years who referred to diabetes clinics affiliated to Social Health Services and Isfahan University of Medical Sciences and private offices of Isfahan pediatric endocrinologists were enrolled. The study population was selected by random sampling method and was randomized in three interventional groups and one control group. All the four groups were examined in 3 stages: 1) They received group counseling (using cognitive-behavioral approach for promoting self-efficacy of patients to control diabetes); 2) parents of the subjects were trained to improve their communication skills with their adolescent children; 3) combination of the first and second interventions and routine medical treatment of diabetes was applied in the third stage. The study population was followed three months after intervention. The outcome of the intervention was evaluated using valid and reliable tools: self-efficacy scale for controlling diabetes, Family Assessment Device (FAD) and HbA1c measurement for three times (before trial, after trial and three months after trial). Treatment adherence was evaluated by HbA1c. Obtained data were analyzed using SPSS18 software and repeated measurements ANOVA and Tucky tests.

Results: In this study, 120 adolescents with type 1 diabetes (42% female) in the 1st grade of guidance school to 4th grade of high school, were placed in 4 groups (30 in each group). Parents’ educational level ranged from elementary (19% of fathers and 36% of mothers) to bachelor’s degree or higher (14% of fathers and 5% of mothers).Mean of HbA1c was not significantly different before and after trial in the four studied groups. Mean of HbA1c was not significantly different between the groups before the trial , but it was significantly different after the trial and in third month after, particularly between the first group and the control group (P=0.02).

Conclusion: The findings of the current study indicated that psychological interventions based on personal communication skills training and self-efficacy enhancements have a positive effect on treatment adherence in chronic disease. The most effective intervention for improving treatment adherence was self-efficacy enhancement Therefore, it seems that in parallel with providing proper medical care to patients with chronic diseases, these patients and their families should also receive proper social-psychological training and support. The results confirmed the usefulness of multidimensional approach for proper management of chronic diseases.

L-48- Factors Causing Anxiety in Patients with Cancer in Preoperative Period
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Anxiety is a common symptom in patients with cancer. It seems that gaining knowledge about factors that cause anxiety in these patients may help to alleviate this symptom. To find these factors, a qualitative study was carried out at different wards of Cancer Institute in Tehran, Iran using semi structured individual in-depth
The findings of this study revealed various factors requiring consideration, some of which are as follows: essence of disease, disease progression and metastasis, side effects of treatments, concept of death, unasked questions, other patients and their words, interactions between hospital personnel and patients, other people's spiritual interpretation of being affected by cancer, role function, and others. The study revealed various factors causing anxiety in patients. At least, some of these factors were caused by the health care system but could also be attenuated by it.

L-49- Development and Assessment of Inter-rater Reliability of Outpatient and Inpatient Mental Health Service Utilization Questionnaires

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5 Mental Health Research Centre, Tehran Psychiatric Institute, Tehran University of Medical Sciences

Objective: Current study aims to develop tools to evaluate mental health service utilization (outpatient as well as inpatient), and to assess face validity and inter-rater reliability of the Outpatient and Inpatient Mental Health Service Utilization Questionnaires.

Methods: The sample consisted of 120 subjects (60 for outpatient and 60 for inpatient questionnaires) from two psychiatric outpatient services related to two psychiatric hospitals as well as one general health clinic in Tehran, Iran. The questionnaires were designed by three psychiatrists, and the face validity of the questionnaires were examined by one epidemiologist and six psychiatrists. Kappa, weighted kappa and ICC were estimated using STATA 10 AND PASW 18 to analyze test-retest reliability.

Results: Inter-rater reliability of the last hospitalization (psychiatric and/or somatic) reason was excellent. Time and place (center) of hospitalization, and affiliation of the hospitalization center had acceptable reliability. Reliability of type of hospitalization center, degree of satisfaction and effectiveness of hospitalization are fair. Inter-rater reliability of referring to any provider for psychiatric problems, referring to a psychiatrist (in the hospital clinic, counseling center and/or private office), referring to a psychologist/counselor, referring to self help group, referring to a traditional or alternative medicine healer, referring to pharmacy to buy medications, referring to a professional-treatment center during the last 12 month, referring to mental health system and continuation of prescribed drug were good to excellent.

Conclusions: The data indicate that the questionnaires are acceptable methods to evaluate medical (mental health and general medical) and/or non medical service utilization in Iran. Revision in other studies is recommended.

L-50- Community Mental Health Promotion

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When the goals of controlling diseases and increasing life expectancy were achieved somehow at 1970s which were mainly due to successful developments in health science and services, namely medicine and public health, their inabilities in other domains were revealed at the same time; failures which can be considered as partial precipitators for “epidemiologic transition”, i.e. change in health problems, from mainly infectious-parasitic diseases to disorders with strong relationships with social and behavioral (lifestyle) factors. The new approach developed in response to these failures was called “health promotion”: the process of enabling people to increase control over and to improve their health (WHO, 1986). Five key health promotion strategies, as defined in The Ottawa Charter for Health Promotion (WHO, 1986), are as follow: building healthy public policy, creating supportive environments, strengthening community action, developing personal skills, and reorienting services toward promotion, prevention and early intervention. After these developments in general health domain, the concept of “promotion” in mental health was accepted: “The process of enhancing the capacity of individuals and communities to take control over their lives and improve their mental health. Mental health promotion uses strategies that foster (1) supportive environments and (2) individual resilience, while showing respect for culture, equity, social justice, interconnections, and personal dignity” (Joubert et al., 1996). Community action is collective efforts of communities directed toward increasing community control over the
determinants of health and mental health, and thereby improving the health and mental health status of the community as a whole.

Social determinants of mental health, according to a classification, are as follows: (1) social inclusion (including social and community connections, stable and supportive environments, a variety of social and physical activities, access to networks and supportive relationships, and a valued social position), (2) freedom from violence and discrimination (including valuing of diversity, physical security, and opportunity for self-determination and control of one’s life), (3) access to economic resources and participation (including access to work and meaningful engagement, access to education, access to adequate housing, and access to money).

Mental health promotion, especially its community-based aspect, was developed originally along with other levels of health services (prevention, treatment, rehabilitation, and harm reduction), but gradually its principles are accepted for all levels and are applied even for rehabilitating persons with severe and persistent psychiatric disorders such as schizophrenia.

L-51- Developing an Instrument for Screening Substance Use Disorders in Epidemiologic Studies: Assessing Validity and Reliability among Psychiatric Patients and General Population

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Objective: Diagnostic instruments for substance use disorders (dependence and abuse) are complex and time-consuming. This study was conducted to produce a simple self-administered questionnaire to be used as a screening tool in epidemiologic studies.

Methods: This study consisted of four parts: 1-designing the first draft of the questionnaire; 2-assessment of the validity in comparison to CIDI in 104 psychiatric inpatients; 3-revision of the questionnaire; 4-assessment of feasibility and reliability in a sample of 73 cases from general population with household method.

Results: The final version of the questionnaire consists of 22 questions about the last year use of smoking, use of alcohol, hashish, opioids, stimulants, and common psychotrophic drugs with abuse potential, binge drinking and injecting drug use. It takes an average of three minutes to fill the questionnaire. In psychiatric patients, and in comparison with CIDI, the sensitivity of "any use during last year" for substance use disorders was almost 100%. Prevalence of "almost daily use" underestimated the prevalence of dependence and its sensitivity and specificity varied for each substance. In general population, reliability of the questionnaire was assessed by calculating Kappa for those substances with at least 5% of use prevalence. It showed a good agreement for smoking and alcohol use and a poor agreement for abusive drugs.

Conclusion: This questionnaire about last year smoking and use of alcohol and other illegal substances is appropriate for screening substance use disorders in Iran.

L-52- Effect of 16 Weeks of Walking on Health Related Quality of Life among 60 to 75 Year Old Men

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The purpose of this study was to determine the effect of 16 weeks of walking on health related quality of life among 60 to 75 year-old men. Data were collected using the short form of health-related quality of life questionnaire (SF-36), Geriatric Depression Scale (GDS), and perception scale (Cuntrill) which were given to subjects at 2 different times (pre-test and post-test). Subjects were 60 to 75 year-old men who lived in Kahrizak House. They were assessed based on their physical and medical background. After primary studies, 80 men were selected and randomly categorized to 4 groups: 3 experimental groups, each group having 1, 2, 3 sessions of walking per week, with 30 minutes of walking with moderate intensity at every session; and one control group (without physical activity in the period of 16 weeks). Data were analyzed using ANOVA, Pearson Coefficient and Scheffe post-hoc tests at the significance level of P< 0.05. Results showed that improving General Perception, Physical health, Psychosocial and Physical Function increased health-related quality of life of men aged 60 to 75 years. Further it was shown that by increasing walking sessions from one to three sessions, the effectiveness of this exercise was raised (P> 0.05).

Based on the result of this study, regular walking with efficient and standard dosage for elderly people can increase their health-related quality of life. Furthermore, offering regular walking programs for elderly men on the basis of special, logical and systematic patterns under the supervision of a specialist is recommended.

L-53- The Effect of Computer Games as a Pervasive Media on Visual Memory

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Published by "Tehran University of Medical Sciences" (www.tums.ac.ir)
In recent years the video games have gained huge popularity and the percentage of people who play video games has risen substantially and the numbers show continuous rise. Cognitive psychologists and cognitive neuroscientists have focused their research on the effects of video games on cognitive performance. The aim of this research is to study the effect of computer games on visual memory. For this purpose, 40 male subjects matched for age and level of education were randomly selected and divided between two groups. The experimental group played computer games for 10 hours over 7 sessions. Then, the two groups took the Andre Rey Complex Figure Visual Memory Test. The results showed a significantly better visual memory score in the group participating in computer games (p<0.01). It can be concluded that computer games enhance visual memory. This finding may suggest using computer games as a tool for enhancing visual memory in future.

L-54- Is Self-immolation a Predictable Method for Suicide? A Comparison Study of Warning Signs for Suicide by Self-immolation and Self-poisoning
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Objective: This study was designed to compare warning signs that appear before attempting suicide by self-immolation and and self-poisoning among those who referred for treatment after suicide-attempt at Kermanshah Imam Khomeini Hospital, Iran.

Methods: Over a 4-month period (June-September 2008), immediate family members of 200 patients, who referred to Kermanshah Imam Khomeini Hospital following a suicide attempt were interviewed. Sixty-three patients had attempted suicide by self-immolation and 137 by self-poisoning. Interviews addressed demographic characteristics (gender, age, marital status, and educational status), and three sets of psychosocial warning signs for suicide (verbal, behavioral, and environmental).

Results: Those patients who had attempted suicide by self-poisoning were more likely to seek killing devices prior to the suicide (p<0.001), had depressed mood and severe changes in mood (p<0.01), did not show any interest in work and education (p<0.02), and showed reckless behaviors (p<0.01). Other symptoms were not significantly different between the two groups. The total number of warning signs was greater in the self-poisoning group (p<0.01), indicating that the group who attempted suicide by self-poisoning seemed more likely to do so with prior planning.

Conclusion: Warning signs for suicide by self-immolation were different and fewer than warning signs for suicide by self-poisoning among this sample of Iranian patients who had attempted suicide. Prediction and prevention of suicide by self-immolation may be more difficult than prevention of suicide by other methods.

L-55- Mirror Illusion, Dynamic Aspects
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Mirror illusion can be considered as delusion of misidentification. In this phenomenon, patients misinterpret their reflected image. Although it starts from a perception, it is in the category of thought disorder with delusional intensity. Misidentifications have been defined in several ways; four main types have been described: (a) presence of persons in the patient’s own house (the phantom boarder syndrome); (b) misidentification of the patient’s own self (often seen as misrecognition of his or her own mirror reflection); (c) misidentification of other persons; and (d) misidentification of events on television (the patient imagines that the events are occurring in real three-dimensional space).

In 1990, Ellis and Young described three forms of delusional misidentification: Capgras syndrome, Fregoli syndrome, and intermetamorphosis, often associated with the intact capacity to recognize others in the mirror. It has been described mainly in moderate or severe dementia, especially Alzheimer’s disease. In the few reported cases without global cognitive impairment, right hemispheric and frontal dysfunctions have been described. We want to describe some case reports of mirror illusion and then report our case in which the patient sees a part of his body differently in the mirror.

L-56- An Investigation on Prevalence of Anxiety Disorders and its Relation to History of Childhood abuse and General Health in University Students of Tehran
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3 psychologist, Alame Tabatabayi University
4 psychologist, University of Tehran
5 psychologist, Tarbiat Moalem University

The purpose of this study is to investigate the prevalence of anxiety disorders and predictive relation...
of childhood abuse with psychological health and anxiety disorders in university students of Tehran, Iran. Method: 400 college students in Tehran (197 male, 203 female) were selected and undergo the Structured mental disorders inventory, general health questionnaire (GHQ) and Child Abuse Self Report Survey. (Mohammad khani et al, 1381).

Findings: The most common anxiety disorder in college students were GAD (17%), GAD comorbid with panic (3/4%) and panic (1/2%). Anxiety disorders were significantly more prevalent in students with a history of childhood abuse and the same group had significantly lower scores in general health.

Recommendations: The Results of this study confirms the necessity to provide supportive education and to attend to psychological health of children who experienced domestic abuse or were abused by other adults as they are in danger of experiencing psychosocial problems in adulthood.

L-57- Prevalence of Subtypes of Obsessive-compulsive Symptoms among a Sample of Subjects with OCD Based on Iranian Culture
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This study aimed to investigate obsessive compulsive symptoms in a sample of Iranian patients with OCD. We studied 103 patients (78 female and 25 male) with OCD (according to DSM-IV-TR criteria) who were referred to clinics in Tehran. We used an open question, and the Yale-Brown Obsessive Compulsive Scale (Y-BOCS) to assess obsessive – compulsive symptoms and their severity. The most commonly occurring obsessions were contamination (92.23%), miscellaneous (66.99%) and somatic (57.28%), while the most common compulsions were miscellaneous (78.64%), washing (73.78%) and checking (64.07%).

L-58- Maladaptive Assumptions about Opposite Sex in Iranian Adolescents
Salami S
Psychiatrist

Adolescent girls and boys in Iran do not have adequate skills to manage their relationship with the opposite sex. There are restrictions in teaching related adaptive skills to adolescents, mainly due to sociocultural concerns in Iran. These young adolescents might face unpleasant and sometimes painful experiences due to this lack of skills and the resulted wrong assumptions. This lecture focuses on some of the most common examples of such assumptions among Iranian teenagers.

L-59- The Prevalence of PTSD Among Children and Adolescents Victims of Burning Referred to Kermansh Psychiatric Clinicin, Kermanshah, Iran 2001-2010
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Kermansh University of Medical Sciences

Posttraumatic Stress Disorder (PTSD) is an emotional anxiety illness that is classified as an anxiety disorder and more likely develops as a result of a natural catastrophe, life-threatening, or otherwise highly unsafe experience such as earthquakes, floods, and burning. Burning has the potential to cause physical and psychological (emotional) distress. Children and adolescents are often affected by what they see during and after an accident, whether or not they are physically injured. Regarding the highly distractive emotional disturbances of those who are burnt, we were encouraged to do the present study to be able to prevent potential mental health problems among them.

Methods: Using demographic questionnaire, PTSD symptom check list, and psychiatric interview according to DSM-IV-TR, data were collected and statistically analyzed.

Findings: Of the 196 referrals, 56% were female, most of them between 9 to 13 years of age, 45% were from rural areas, and the most common cause of burning was reported to be accidental or fire crack during traditional ceremonies. 75% showed psychiatric symptom for PTSD, (%75 recurring and re-experiencing images and thoughts about the disaster, 60% with excessive arousal), 25% with traumatic constant avoidance, 25% with psychological numbing, 20% with psychological amnesia, and 55% had difficulty with falling asleep.

Suggestions: The high frequency of PTSD among children and adolescents requires. Based on the findings of this study we suggest the following: 1) Preventing accidental burn among the youngsters must be prioritized; 2) Attending psychological trauma with a relief team -comprising of the surgery team, a psychiatrist and a psychologist ;3) Children and adolescents should receive prioritized support when the damages are severe, treatment of children and adolescents must be prioritized as they are more vulnerable compared to adults.

L-60- Mania Precipitated by Opioid Withdrawal: A retrospective study
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Objective: Little evidence is available on the occurrence of mania following opioid withdrawal. This is the first report on clinical and demographic characteristics of mania precipitated by opioid withdrawal in a relatively large sample.
Method: The patients records admitted to a referral psychiatric hospital over a three-year period with a presentation of manic episode shortly after opioid withdrawal were assessed. Forty five cases (one woman) were found, where 28 patients had presented with first manic episode, and 17 had a previous history of bipolar disorder.

Results: Most of the cases had a long history (mean=11.8 years) of opium dependence (24 cases used only opium and 16 cases opium plus other opioids) and had recent experience of an intense withdrawal (25 cases). A significant association was found between opioid withdrawal in patients with opioid dependence in both groups.

Conclusion: Emergence of mania following opioid withdrawal could be partly explained by mood stabilizing effects of opioids. Other than the type and half life of opioid, it seems that the duration of use and withdrawal method might play a role. Caution should be taken for detoxifying patients with a long history of opioid use.

L-61- Comparison of prevalence of postpartum Depressions symptoms between breastfeeding Mothers and nonbreastfeeding Mothers
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Objectives: There is a relationship between infant feeding method and maternal postpartum depression (PPD). This study was carried out for the first time among Iranian population to compare the prevalence of PPD symptoms between breast feeding (BF) and non BF mothers.

Methods: Four health centers in Ahvas were selected via random sampling in 2009. At first, 78 non BF mothers at two months postpartum who attended health centers were requested to participate in the study. Then, 78 BF mothers were also selected through random sampling. Based on WHO definition of BF, mothers were assessed again 6 months postpartum. Demographic and obstetric data questionnaire and Edinburgh Postnatal Depression Scale (EPDS) with cut-off of 12 were used. A probability of P<0.05 was considered statistically significant.

Results: 72 non BF mothers and 78 BF mothers completed the questionnaires. Both groups were similar in demographic variables. There was a significant difference in EPDS scores between BF (2.5% >12) and non BF mothers (19.4% >12) (p=0.004).

Conclusion: Infant feeding method may be related to maternal mood disorder, and breast feeding mothers are less depressed. Breastfeeding may decrease depression.

L-62- Treatment of SSRI-induced Sexual Dysfunction with Saffron in Women: a double-blind and randomized trial

Objectives: SSRIs’ sexual dysfunction is a common and significant cause of patients’ distress and noncompliance with treatment. A number of adjunctive pharmacologic strategies have been employed in the past. Hence, in this study the effect of saffron on reduction of this side effect was evaluated.

Methods and materials: This study was conducted as a double blind randomized clinical trial in 34 women with sexual dysfunction. For 4 weeks, one group received cap Saffron 30 mg a day plus fluoxetine, and the second group received placebo plus fluoxetine. Then, sexual function was assessed using FSFI questionnaire.

Results: No statistically significant difference was observed between the two groups at baseline, but significant differences were found over the four-week period for total FSFI, arousal, lubrication and orgasm subscales.

Conclusion: It may be concluded that saffron is able to reduce sexual dysfunction due to SSRI.
total scale, which was significant between 0.43 and 0.90 (p<0.01).

**Conclusion:** Findings confirm the validity and reliability of the Persian version of CMAI and show that this inventory can be applied for evaluating the levels of agitation in Iranian patients with Alzheimer.

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**L-64 - Difficult Patients: Approach to Patients with Narcissistic Personality Disorders**

*Zarei N*

*Psychiatrist*

Some patients warrant more time and energy during each visit. Patients with narcissistic personality disorders are among the toughest ones. Not easily abiding orders they try to conquer the physician into a power struggle. They might oppose their physician if they feel inferior. Addressing these difficulties is the subject of discussion in “Difficult patients” panel.

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**P-1 - The Effect of Traditional Bodily Exercise on Happiness of the Elderly**

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¹ Payam-e-Noor University
² Payam-e-Noor University

**Objective:** Physical and mental activity decreases in old age, and physical and mental illnesses may lead to depression in the old person. People who exercise have a lower risk of developing such illnesses as depression, poor health, and early death. One simple way to prevent aging is exercise. The aim of this study was to examine happiness between old athletes and non-athletes with the assumption that exercise will increase happiness in the elderly.

**Method:** Type of the study was causal-comparison. The study population consisted of all old male athletes and non-athletes who lived in the city of Tabas. Of this population, 25 athletes and 25 non-athletes were selected using simple random sampling. The instrument used was Oxford Happiness Questionnaire, and data were analyzed by T-test for independent groups.

**Results:** The results showed that there was a statistically significant difference between the two groups; and those who were engaged in traditional physical exercise were happier.

**Conclusion:** By offering regular exercise programs, such as gymnasium sports, which are well-accepted by the elderly, we can increase their quality of life and pave the way for them to have a healthier and happier old age.

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**P-2 - Sleep Quality in Medical Students of Kashan University of Medical Sciences in 2010**

*Ahmadvand A, Sepehrmanesh Z*

*Kashan University of Medical Sciences*

**Objective:** Sleep patterns are related to psychological, clinical and social aspects of a person's life. One of the populations that appear to be at increased risk for sleep deprivation is that of medical students. Therefore, this research aims to assess sleep quality in medical students of Kashan University of Medical Sciences in 2010.

**Methods:** This descriptive study was carried out on all the medical students (N=250). The instruments used in this study were demographic characteristics questionnaires and Pittsburgh sleep quality index questionnaires. The completed questionnaires were analyzed by SPSS 16 and statistical tests.

**Results:** In this study, 153 subjects (61.2%) were female and 97 (38.8%) were male; and the mean age was 22.45 +/-4.51 years. Of the subjects, 196 (78.4%) were single and 54 (21.6%) were married. Sleep quality was not good in 118 subjects (47.2%), it was moderate in 84 (33.6%) and good in only 48 subjects (19.2%).

**Conclusion:** According to the findings of this study, sleep disorders in medical students of Kashan University of Medical Sciences was 47.2%, indicating the sensitivity and importance of this problem in this group. In the view of the fact that sleep disorders can directly influence students' performance and educational success, attention should be paid to sleep problems of this group.

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**P-3 - Assessing Mental Health of Nurses in Psychiatric and Dialysis Wards in Kashan University of Medical Sciences**

*Ahmadvand A, Sepehrmanesh Z*

*Kashan University of Medical Sciences*

**Objective:** One of the most important issues in public health is mental health, as it plays a major role in reduction of psychiatric disorders. Mental health is indispensable, and lack of attention to this important issue will result in decreased function, loss of human sources, physical and psychiatric symptoms, particularly in professional services. Nurses' mental health will affect their quality of performance in providing care to patients.

**Method:** In this cross-sectional descriptive study, all nurses in psychiatric and dialysis wards were selected. The instruments used were demographic variable questionnaires and general health questionnaire (GHQ-28). Data were analyzed using SPSS soft ware, chi-square and fisher-exact tests.

**Results:** The mean age of subjects was 33/90 +/-7/29. Of the subjects, 85/1% were married, 68/1% were female, 56/6% and 40/4% were employed in the psychiatric ward, and dialysis wards respectively. In this study, 38/3% of the subjects did not have a good mental health. The mean of GHQ square was 22/06% + 12/92.
There was a significant relation between mental health and over time work (P: 0.017). In addition, a significant relation was observed between mental health and type of ward (P: 0.001). Prevalence of hopelessness in the subjects was 42.6%; it was 60.7% in nurses working at the psychiatric ward and 15.8% in nurses working at the dialysis ward, and the difference was significant (p: 0.02).

It should be noted that no significant relation was observed between mental health and age, sex, marital status and number of child.

P-4- Effectiveness of Emotion- Focused Therapy on those who have been sexually abused: Case report

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Objective: Emotion- Focused Therapy helps clients to increase their emotional intelligence to be able to use their emotions, their emotional problems to overcome. So summon the emotional factor in psychotherapy is very important. The result is a change and excited to see the looks on the positive, because it is a message from our own. In the present study has tried to improve the effectiveness of this treatment in people who have been sexually abused, be considered.

Methods: This research project within the single-case experimental designs using multi-stepped base line during the meeting on 8-6 subjects (three girls) with a follow-up period was performed. The tools used include Depression Inventory Beck, Rumination Questionnaire RRS, and the Rosenberg Self-Esteem Scale was PTSD.

Results: The results show emotion-focused therapy, significantly reduced depression; traumatic stress and rumination and self-esteem subjects were also significantly increased. In addition, this result in a two-month follow-up was effective.

Conclusion: As long as "the person being abused" their emotions about an event that happened to him and know that it’s not clear about the person who abused her both the sensory and emotional data are the anger of? Weakness? Contempt? And ... Learn basic emotions and their emotions will not be able to achieve and cope with this problem, take your normal life. That their experiences provide a new and completely different manner and act constructively.

P-5- The Relationship between General Self Efficacy and Self esteem in Adolescents’ Tendency to Abuse Drugs and Alcohol

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2 MS student in clinical psychology, Faculty of psychology Tabriz University

Objective: Drug abuse by adolescents is considered a very serious problem, with various physical, social, and educational consequences. During the past decades, several theories were posed about the reasons behind the adolescents' tendency to abuse drugs. Many biological, psychological and social factors have been studied on this subject. Among which, two important variables of self-efficacy and self-esteem gained exceptional attention. The present study aimed to study the relationship between self-efficacy and self-esteem as a precaution variable in tendency to abuse drugs and alcohol by adolescents.

Method: Statistical population consisted of 161 male high school students of Robatkarim, who were selected to participate in the study using multistage sampling. The instrument employed were as follows: General Self-Efficacy Scale (GSE-10), Self-esteem Questionnaire (SEI) and two subscales of Minnesota Multiphase Personality (APS, MAC-R). Data were analyzed using Pearson correlation.

Results: The findings of this study revealed a significant negative correlation between self-esteem and tendency to abuse alcohol. Further, the findings demonstrated a significant negative correlation between self-efficacy and tendency to abuse drugs.

Conclusion: Based on the findings of this study, a statically significant relationship was observed between self-efficacy and self-esteem and tendency to abuse drugs. It seems that self-efficacy and self-esteem, as predictive variables, have an important role in appearance of deviant behaviors in adolescents and in their tendency to abuse drugs.

P-6- A Comparative Study of Early Maladaptive Schema in Self-introduced Addicts and Non-addicts

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2 MS student in clinical psychology, Faculty of psychology Tabriz University
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Objective: Early maladaptive schemas are emotional and cognitive self-injurious patterns that are formed in the mind during the early developmental stages, and are repeated during the course of life. According to Young’s schema theory, early maladaptive schemas could cause personality disorders and Axis I disorders. The present study was performed to seek answers to the following question: Is there a difference between addicts and non addicts in their early maladaptive schemas?

Methods: In a causal comparative study, 35 addicts and 35 non addicts were selected using convenient sampling. Then, they were evaluated by Early
Maladaptive Schema Scale (EMSs). Data were analyzed using independent t-test and MANOVA. **Results:** The results of the study demonstrated a significant difference between addicts and non addicts. **Conclusion:** Based on the findings of this study, it can be concluded that early maladaptive schemas create psychological and pathological vulnerability, and may cause distraction. It was further found that early maladaptive schemas are observed more in addicts than non addicts.

**P-7- The Effect of Life Skills Training on Psychological and Social Adjustment of Spouses of Veterans In Kermanshah**

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The purpose of this study was to examine the effect of life skills training on psychological and social adjustment of wives of veterans in Kermanshah. The two following hypotheses were posed based on previous theoretical and practical analyses: 1) Life skills training affects mental health variables of veterans' wives. 2) Life skills training increases social compatibility of veterans' wives. This was a quasi-experimental study. Considering the percentage of veterans' disability, 120 wives of veterans were divided into the three following groups: 49-25 percent group; 69-50 percent group; and 70 percent and above. The subjects were selected among wives of veterans in Kermanshah using stratified random sampling. Subjects were divided into two groups according to age: 30-40, and 41-50 age groups. Further, based on their educational level, subjects were divided in to three groups (elementary level, middle school, diploma and higher). Before entering the variable of life skills training, all the subjects were evaluated by GHQ28 and Bell Social Adjustment scale. Then, they were evaluated again after the training program. The mean scores of pre-test and post test were compared by dependent T test. The results of this study demonstrated a statistically significant difference in the social and adjustment variables of wives of veterans who participated in the training program. This could indicate that life skills training could have a positive effect on mental health and compatibility of the studied subjects. In other words, based on the study findings, the 2 hypotheses were confirmed.

**P-8- Prevalence of Anxiety and Depression Three Months after Myocardial Infarction**

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Objective: Although anxiety and depressive symptoms have negative effects on prognosis following myocardial infarction (MI), studies conducted on prevalence of these symptoms in the months after MI are limited. The aim of this study was to determine the prevalence of anxiety, and depressive symptoms at three months after MI among post-MI patients. **Method:** In a cross sectional study, 176 consecutive MI patients admitted to the CCU wards of hospitals in Isfahan were selected during the first five months of 2006. At three months after MI, Hospital Anxiety and Depression Scale (HADS) were completed by the MI patients. Then, the patients were divided into two groups of with and without depressive symptoms, and with and without anxiety symptoms based on the cutoff point in both subscales.  **Results:** The means and standard deviation of anxiety and depression subscales were 5.7 (4.27) and 6.04 (4.57) respectively. The means and standard deviation of depression scores among patients with and without depressive symptoms were 10.88 (2.77) and 3 (2.26) respectively, and among patients with and without anxiety symptoms were 10.34 (3.45) and 4.08 (3.57) respectively. In addition, the means and standard division of anxiety symptoms among patients with and without depressive symptoms were 9.13 (4.05) and 3.55 (2.71) respectively, and among patients with and without anxiety symptoms were 11.02 (2.6) and 3.29 (2.17) respectively. It should be noted that 31.3% and 38.6% of patients had anxiety and depressive symptoms, respectively. **Conclusion:** Overall, the findings showed that symptoms of anxiety and depression are very common among the post MI patients. Therefore, considering the negative effects of these psychological symptoms on prognosis of this disease, cardiologists should pay particular attention to psychological aspects of MI.

**P-9- Comparison of Personality Factors between Drug-Dependent Individuals and Normal Individuals: the role of big five factors**

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² Psychologist

Objectives: Research has confirmed the relationship between personality factors and substance abuse. The aim of the present study was to compare healthy individuals with substance abusers in each of these factors. **Methods:** The design of this study was causal-comparative. The population of this study consisted of drug dependents who were admitted to addiction centers in Tabriz. Fifty patients were selected from addiction centers (the experimental group), and 50 healthy people (control group) were selected from among Tabriz University staffs. All subjects were
Discussion:
Suicidal ideas. Prevalence of previous depressive background. Thirty percent had economic problems, and 5% reporting not being cared for, 5% physical illnesses, 10% loneliness; 13% losing a loved one, 7% being abused were categorized as follows: 30% retirement, 25% medical problems which can cause depression in the elderly is a fundamental principle of mental health. The old are especially vulnerable to such health problems as illness and disability, chronic or severe pain, cognitive decline, and damage to body image due to surgery or disease. Depression is a common problem in the old, and the symptoms of depression affect every aspect of their lives. Considering the mental health problems of this age group, we were encouraged to conduct the present study, hoping to promote their mental health and provide them with a satisfactory treatment.

Methods: Using the demographic questionnaire, the causes of depression check list were completed by both physicians and patients, and depression scale data from 214 elderly patients who referred to the University Clinics were collected and statistically analyzed through SPSS.

Findings: Of the 214 subjects, 75% were between the ages of 65 to 74 with the ratio of 25% female and 75% male, 67% were retired, 68% diagnosed with depression, and 72% resided in the city. Based on the view point of the subjects, the causes of depression were categorized as follows: 30% retirement, 25% loneliness; 13% losing a loved one, 7% being abused and not being cared for, 5% physical illnesses, 10% having economic problems, and 5% reporting previously depressive background. Thirty percent had suicidal ideas.

Discussion: According to the findings, to promote the quality of life of the old, they should be protected against vulnerability and mental pathology. Further, the medical problems which can cause depression in the elderly should also be considered.

P-10- Study on the Causes of Depression-Depressive Elders’ Perspective Referred to the University Clinics- Kermanshah, Iran 2010-2011
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Objective: Old age is a vulnerable and stressful time in life, and paying attention to the quality of life of the elderly is a fundamental principle of mental health. The old are especially vulnerable to such health problems as illness and disability, chronic or severe pain, cognitive decline, and damage to body image due to surgery or disease. Depression is a common problem in the old, and the symptoms of depression affect every aspect of their lives. Considering the mental health problems of this age group, we were encouraged to conduct the present study, hoping to promote their mental health and provide them with a satisfactory treatment.

Methods: Using the demographic questionnaire, the causes of depression check list were completed by both physicians and patients, and depression scale data from 214 elderly patients who referred to the University Clinics were collected and statistically analyzed through SPSS.

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Discussion: According to the findings, to promote the quality of life of the old, they should be protected against vulnerability and mental pathology. Further, the medical problems which can cause depression in the elderly should also be considered.

P-11- The Study of Psychological Concepts of Gustav Jung (Archetype and collective unconsciousness) in Sadegh Hedayat's Works
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Carl Gustav Jung (1961- 1875), a Swiss psychologist and founder of analytical psychology, brought new concepts (archetype and collective unconsciousness) to the domain of psychology. According to Jung, collective unconsciousness is a secondary psychological system which exists in all humans in a similar form worldwide. Collective unconsciousness cannot develop individually, but it can be inherited. Archetype is an image or symbol which originates from experiences of collective unconsciousness, and has a symbolic meaning.

Sadegh Hedayat is one of the most well known Iranian authors in Europe. He was familiar with Freud's writings and thoughts, but no evidence exists about him reading Jung's writings, as he passed away (1944) just a few years after the publication of Jung's articles. However, some signs of archetype and collective unconsciousness concepts can be found in his works. It seems that Jung's works present a finer way to understand Hedayat's works, life and suicide. In this article, we discuss whether some statements by Hedayat such as the following ("As our thoughts and imaginations are not out of nature, and our body gives back all has got from nature after our death, so why the thoughts and forms which are inspired from nature should be vanished? All these are analyzed after death, but not disappeared and might be affected later on somewhere else, for example a photo on the photography lens.") Could be considered an equivalent to Jung's concept of collective unconsciousness?

P-12- Characteristics of Psychiatric Visits in Rasoul-e Akram Emergency Ward
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Objective: In the past few years, we have witnessed increasing psychiatric visits, especially non-emergency visits, to emergency department (EDs) of general hospitals. The aim of this study is to analyze the characteristics of psychiatric visits of patients to the ED of Rasoul-e Akram hospital.

Methods: This was a cross sectional study and all patients who were visited by a physician in the emergency ward were studied in a 2-month period during April and May.

Results: 102 of the patients who referred to the ED needed psychiatric attention. Further, 50% of the total patients were male with average age of 36.41_+14.7; of them, 51% had the indication of emergency psychiatric visit, while 47% had been hospitalized in a psychiatric ward. Non - emergency visits were not related to
P-13- Compaction of Smoking Prevention Indexes and Effect of Individual, Family, and Peers Risk Factors in Adolescents' Smoking: Smoker and Non-smoker High School Students

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2 Psychologist, Department of Psychology, University of Tehran
3 Psychiatrist, Department of Psychology, University of Tehran
4 Psychologist, Department of Psychology, University of Stockholm

Objective: The purpose of the present study was to investigate the individual, family, school, and peers risk and protective factors related to smoking in smoker students (SS) and non-smoker students (NSS) in Tehran.

Method: “Adolescents Substance Use Prevention Scale” was administered upon 698 high school age students (14-19 years old), including 366 boys and 332 girls, who were selected based on the multistage cluster sampling. The collected data were analyzed by chi-square and MANOVA.

Results: Research findings indicate that the individual risk factors, including impulse control, acting out of anger, intra-inter emotional intelligence, desire and curiosity to try new substance in SS were higher than NSS. Among family factors, attachment to parents, having a smoker in the family, family structure and maternal employment in SS was higher than NSS. Among the factors related to school and friends, attitudes to school, academic status of students during the last 12 months, academic status of friends and their attitude to substance, having smoker friends, and inhibitive behavior of friends toward smoking and substance were higher in SS than NSS. The risk indicators of smoking were significantly higher in boys than girls.

Conclusion: According to the results of this study, it can be concluded that prevention programs should be offered to parents to enhance their awareness about the importance of parent-children interaction, to reduce teenagers' behavioral problems (impulsive and violent behavior), and to increase negative attitudes of parents towards smoking. As a result of such programs, parents could provide feedback to their teenagers and guide them to choose their friends, and monitor their friendship.

P-14 The study of a Relation between Emotional Maturity of Mothers and Behavioral Disorders of Their Children in Tabriz

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2 Islamic Azad University of Tabriz Branch, Tabriz

Objective: Studies have demonstrated that emotional disturbance of mothers plays a major role in behavioral disorders of their children. The aim of the present study was to study the relationship between mothers' emotional maturity and the behavioral disorders of their primary school age children.

Method: Correlational study was employed in this research. Sample consisted of 1032 children at primary school age. Mothers responded to CSI-4 scales and EMS. To analyze data, Pearson and Spearman correlation test was used.

Results: Pearson correlation test showed a significant correlation between mothers' emotional maturity and their children's behavioral disorder (r= 0.434, p<0.01). There was also a significant correlation between all components of emotional maturity with behavioral problems of the children.

Conclusion: This study demonstrated a relation between emotional disturbance of mothers and behavioral disorders of their children. The present study also established the fact that the less emotional maturity of mothers led to the more behavioral disorders of their children.

P-15 Anxiety Assessment in Third Trimester and its Relation with Post Partum Anxiety and Post Traumatic Stress Disorder

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2 Department of gynecology, Islamic Azad University
3 Bahman Hospital

Objective: Pregnancy and delivery can be considered as the most important events in every woman's life; and they are accompanied with many biological, physiological and psychical changes. Childbirth can cause anxiety in women. Furthermore, experience of difficult, painful labor and childbirth as a trauma can cause post traumatic stress disorder in post partum.

The main goal of this study was to assess anxiety disorder in third trimester of pregnancy and its relation to anxiety disorder and post traumatic disorder in postpartum.

Method: This descriptive-analytic study was done on 90 women who referred to 22 Bahman Hospital. The study was carried out submitting a questionnaire to pregnant women twice. When the subjects were in the...
third trimester of their pregnancy, they completed stat-trait anxiety inventory, and they completed stat-trait anxiety inventory and SIP questionnaire in 4-8 weeks after childbirth.

**Result:** 13.3% of women had PTSD. Anxiety in pregnancy had a direct relation with anxiety and PTSD in postpartum. Satisfaction with the sex of the new born, and giving birth to a boy had direct relations with a decrease in PTSD.

**Conclusion:** Anxiety in third trimester is related to anxiety in post partum and PTSD. Childbirth as a stressor event can cause PTSD.

**P-18- Effectiveness of Integrative Reminiscence Therapies on Reducing Depression Symptoms of Old Women in Nursing Homes**

**Objective:** Iran will face the problem of increasing population of old adults in the next decades. Depression is prevalent among those old adults who live in nursing homes. Despite medical treatment, the psychotherapeutic approaches can be effective in decreasing the levels of depression in this population. The main purpose of this study was to investigate the effectiveness of integrative reminiscence therapy in reducing symptoms of depression in old women residing in nursing homes.

**Method:** This study was experimental with a pretest-posttest control group design. Old women with mild, moderate to severe depression symptoms who were living in nursing homes constituted the sample. They were randomly assigned into three groups: two experimental groups and one control group (active social group). The intervention was implemented in a short-time group format. Six sessions were administered for each group; each of which, were 90 minutes weekly. The instruments utilized for data collection were Geriatric Depression Scale (GDS), and Mini Mental State Examination (MMSE). Data were analyzed using T test.

**Finding:** Data analysis revealed that integrative reminiscence therapies led to significant reduction in

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**P-16- Change of Antipsychotic Use from Polypharmacy to Monotherapy in Old Patients with Chronic Schizophrenia**

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**Department of Psychiatry, University of Social Welfare and Rehabilitation Sciences**

**Objective:** The aim of this study was to investigate the effects of changing the pattern of antipsychotic use from polypharmacy to monotherapy in old patients with chronic schizophrenia.

**Methods:** This study was conducted on elderly patients with schizophrenia who took more than one antipsychotic medication with at least 500 mg/day chlorpromazine equivalent. After changing the antipsychotic polypharmacy to risperidone monotherapy, we assessed all patients with BPRS, GAF and EPS questionnaires weekly for 36 weeks.

**Results:** Based on the results of the study, only one of the subjects was taking four antipsychotics, and 11 and 40 were taking three and two antipsychotics, respectively. The most prevalent component of antipsychotic polypharmacy consisted of risperidone, fluphenazine decanoate and risperidone, chlorpromazine and then risperidone, haloperidol respectively. There was a significant decrease in BPRS scores in all the subjects, but no significant relation was found between age, duration of illness, hospitalization and decrease in BPRS scores.

**Conclusion:** This study suggests that switching from antipsychotic polypharmacy to risperidone monotherapy on elderly patients with chronic schizophrenia is a suitable clinical practice.
symptom of depression (P<0.0001) among the study sample.

**Conclusion:** Based on findings of this study, it can be concluded that integrative therapy can be applied along with other medical therapies.

**P-19- A Comparative Study of General Health Level among Medical and Paramedical Students**

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3 Student research center, Behavioral sciences research

**Objective:** Entering University, being away from home, incompatibility with other people, inadequate facilities, examination distress, and lack of interest in the field of study can lead to decrease in educational outcomes and psychological problems of students. The aim of this study was to compare general health between medical and paramedical students.

**Method:** A cross-sectional study with simple random sampling was conducted on 115 students, including 80 medical and 35 paramedical students of Baqiyatallah Medical University. For surveying general health, 28 question forms were used. General health questionnaire (GHQ) includes four subscales (somatic symptoms, anxiety and insomnia, social withdrawal and depression) whose validity and reliability have been proved in IRAN. Cut-off points for each subscale of GHQ are as follows: none or least (0-6), mild (7-1), moderate (12-16), sever (17-21); and 22 was determined the cut off point for the total score.

**Result:** Mean and standard deviation (SD) of age were 20.9±1 for medical students and 23.2±2 for paramedical students (p=0.001). The mean of total general health was 23.9±14 and 19.7±12 (P=0.12); and in subscales of GHQ were as follows: somatic symptoms 5.7±4 and 4.5±2 (P=0.13), anxiety and insomnia 5.9±4 and 5.1±4 (P=0.07), social withdrawal 8.3±3 and 6.9±3 (P=0.03) and depression 3.9±2 and 3.1±2 respectively (P=0.45).

The findings of this study revealed that medical students gained a higher score in the total and all subscales of general health. However, a significant difference was found in social withdrawal.

**Conclusion:** Medical students gained a higher score in the total and all general health subscales, and this may be due to high home work pressure and younger age in medical students. Therefore, this issue calls for more support and planning on part of University officials, particularly the deans.

**P-20- Arizona Sexual Experience Scale (Asex): Persian Translation and Cultural Adaptation**

Raisi F, Mehdizadeh Z, Nejatisafa A, Asadi M, Saadat S

**Objective:** The purpose of this study was to translate Arizona Sexual Experience Scale (Asex) in to Persian in order to adapt it for Iranian culture and to investigate the performance and psychometric characteristics of the Persian version.

**Method:** Asex was translated in to Persian using an elaborated methodology according to world health organization (WHO) guideline. In addition, understandability and feasibility of the measure were investigated in 160 women in Tehran. To measure the test – retest reliability of the questionnaire, a random sample of 75 women were selected and retested one week later.

**Results:** Few changes were made to attain cross – cultural comparability. The Asex questions were generally understandable and acceptable for women in Tehran. The internal consistency of the scale was α = 0/85.

The test – retest reliability was r = (0/94, p<0/001)

**Conclusion:** The Asex Persian version appears to be a good cross – cultural equivalent of the original American version. Understandability, internal consistency, test– retest reliability and applicability of the instrument were good.

**P-21- Comparison of Aggression between Adolescent Perpetual Players of Computer Games with Normal Adolescents**

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MSc in Psychology

**Objective:** The aim of this study was to compare aggression between perpetual players of computer games with normal adolescents.

**Method:** The study community consisted of all normal adolescents (12 to 16 years old), and adolescent players in the game nets of Tabriz. Of whom, 40 adolescent perpetual players and 40 normal adolescents were selected, using cluster multistage sampling. Data were collected using the Demographic Questionnaire and the Buss and Perry Aggression Questionnaire. To analyze the data, descriptive statistics and inferential statistics of t test were used.

**Results:** Results demonstrated a significant difference between the two groups in terms of aggression and its sub-scales; namely, verbal aggression, physical aggression, anger and hostility (p<0/05). The results also indicated that perpetual players are more aggressive than their normal counterparts.
Conclusion: The findings of this study revealed that continuous exposure to computer games, particularly violent ones, will cause aggression in adolescents. Therefore, attending to this issue could reduce aggression in this stratum of the society and could also provide a guide to emotional problems of the players.

P-22- Examining the Brainwave Pattern of Brain Injury Patients using QEEG and Effectiveness of Neurofeedback Treatment in Normalization of QEEG of TBI Patients

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The aim of this study was to examine the effectiveness of neurofeedback therapeutic method on brainwave pattern of patients with moderate traumatic brain injury. Twelve patients with moderate brain injury were selected using purposive method. On the basis of an age match, patients were assigned in to two experimental and one control group. Then, all the subjects were assessed by quantitative electroencephalography (QEEG). Patients in the experimental group received 25 sessions of neurofeedback therapy in a five week period (six sessions weekly). During this period, patients in the control group were in a waiting list. At the end of the course, all the subjects were assessed by QEEG test.

The results of Wilcoxon Analysis showed that after the course, a significant improvement was observed in theta (frontal, central), alpha (central, parietal), beta (frontal, central, parietal), and SMR (frontal, central) brain waves of the experimental group compared to the control group. Therefore, it can be concluded that neurofeedback treatment can be used to improve the cognitive sequel in patients with brain injury.

P-23- Metabolic and Other Side Effects of Olanzapine and Risperidone In Patients with Psychotic Disorders

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Objectives: Atypical anti-psychotic drugs are new medications for treating psychotic disorders. This study was designed to investigate the metabolic (blood sugar and lipid) and adverse effects of olanzapine and risperidone in psychotic patients.

Methods: In this randomized double-blinded clinical trial, psychotic patients were randomly categorized to be treated with olanzapine and risperidone. All the subjects were initially assessed for blood sugar and lipid at 1 week and at 3 months after initiation of the therapy, and they were assessed for other complications as well. Data were subsequently analyzed using SPSS software.

Results: The level of blood sugar, cholesterol and triglyceride rose significantly after one week and 3 months of therapy (p< 0.001). The difference in blood sugar rise of cholesterol and triglyceride in the olanzapine and risperidone groups was significant (p< 0.001), whereas the difference in blood sugar rise was not significant (p >0.05). Other complications including restlessness, impotence, weight gain, edema and drowsiness were significantly different between the two groups.

Conclusion: Based on the study findings, more caution be taken in application of atypical antipsychotic drugs in high risk patients.

P-24- Psychiatric Evaluation of Heart-Lung Transplant Candidates at Masih Daneshvar Hospital

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4 GP
5 Psychologist

Objective: Psychiatric disorders in patients, who are waiting to receive a transplant, could decrease quality of life, and affect compliance for following treatment, and it may also affect post transplant outcomes. Thus, it is important to ensure that these patients do not have considerable mood or behavioral disorders or are not under treatment.

Materials and methods: This cross-sectional study-analysis was conducted in 2010 on 48 patients who were in lung or heart transplant waiting list. A demographic questionnaire and SCL-90 test were completed for all the patients after their interview with a psychiatrist.

Results: Of the subjects, 18 (38%) were female and 30 were (62%) male with mean (SD) age of 41 ± 13 year, 34 (70%) were married, and 19 (40%) were living in Tehran, 21 (49%) were smokers, and 8 (19%) used narcotics. The mean (SD) of psychiatric disorders based on SCL-90 questionnaire were: Obsession, 18.6 ± 5.7; Depression, 28.2 ± 10.1; Anxiety, 20.4 ± 7.1; Anger, 10.8 ± 4.4; Phobia, 12.2 ± 3.9. and Paranoia, 10.4 ± 3. With respect to psychiatric disorders, no significant difference was observed between males and females, singles and couples, smokers and non-smokers, substance users and non-users.
Discussion and conclusion: Findings of this study revealed that patients who are waiting for lung or heart transplant have considerable degrees of psychiatric disorders. Therefore, these patients are in need of serious somatic and psychiatric attention.

P-25- Study of Effect of SSRI on Stages of Sexual Functioning in Patients with Mood Disorders Safa M1, Sadri S2, Saki M3, Talischi F4
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Objective: Depression is one of the most common psychiatric disorders worldwide. Prevalence of depression in lifetime is 15% in men, 25% in women, and up to 50% in the elderly. Diagnosis of depression by physicians who are not specialized in psychiatry may be difficult particularly when physical symptoms are present.

Materials and Methods: This was an observational cross-sectional-analytic study. Those patients who were diagnosed with depression after psychiatric interview and based on DSM-IV-TR diagnostic criteria, with no prior history of depression, sexual dysfunction or uses of psychiatric medications were selected. All patients were evaluated at start of the study, and at second, fourth and eighth weeks post treatment.

Results: Of the patients (N=100), 75% reported sexual dysfunction whose mean age was 31.33±7.80 years. Of whom, 66.7% were male and 79.7% were female. Based on kind of prescribed medication, those who used the following medicines had sexual dysfunction: Fluvoxamine (74.1%), Fluoxetine (100%), Sertraline (75%), and Citalopram (71.4%). Considering the various stages of sexual dysfunction based on gender, 33.33% of men and 41.17% of women had trouble reaching orgasm.

Conclusions: According to DSM-IV-TR, sexual dysfunction could be a symptom of depression. As a result, it should be separated from sexual dysfunction and decreased desire due to medication side effects. Furthermore, this point should be carefully considered when prescribing medications.

P-26- The Study of Psychiatric Symptoms of Addicts with Backache in Clinics of Kermanshah University of Medical Sciences

In 2010-2011
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Backache is the most common cause of inability in people under age of 45, and second cause of referring to doctors. Almost 80 percent of people experience backache in their lifetime. Unfortunately, the use of calmative drugs (especially opium) as a pain reliever is increasing. Continuous use of opium increases duration of usage, and gradually creates physical and mental problems for consumers.

Materials and methods: In this sectional descriptive study, the study sample was selected among those who abused drugs due to backache and referred to Kermanshah addiction clinics, and from those interested to take part in the study. After signing the informed consent, the subjects completed the inquiry checklist which contained two parts (demographic and specific). The specific part determines psychiatry and psychology signs of the inquiry.

Results: Among the 538 cases with backache, 88/5 were male and 11/5 were female. Average age of the inquiry units was 37/42±11/33 with average age of 17 and 75 in all subjects. Of the subjects, 11/3 were addicted to simultaneous use of opium and psychotropic drugs, 13/9 used opium and calmative drugs, 1/1 percent used Norjizak, and 73/3 percent were addicted to crack, opium and heroin and were under treatment with methadone at the time of the inquiry.

Of the subjects, 25/8 experienced weak backache, 48/9 medium backache, 23 extensive backache, and 3 percent had severe backache. Overall, 46/3 of the cases had medium anxiety and 39 percent experienced weak anxiety. Furthermore, 44/8 percent had signs of depression, 30/9 had signs of weak depression, and 23/2 had signs of severe depression. Based on the findings of this study, the highest reported statistical rate belonged to self employed males with age range of 35-45, with low educational background (elementary and middle school), who abused opium, heroin and crack (73.7%), suffered from medium backache, and had mental disorders (depression and medium anxiety).

P-27- The Relationship between Four Dimensions of Identity, Emotional Intelligence and Defensive Mechanisms in Junior and Senior High School Students

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Objective: Emotional intelligence is considered as the power to manage feelings and emotions, and has a significant role in success and life of every individual. Defensive mechanisms unconsciously affect emotions and their management, and change the level of emotional intelligence.

The aim of this study was to investigate the relationship between four dimensions of identity,
emotional intelligence and defensive mechanisms in junior and senior high school students.

**Methods:** In this study, 180 students (90 girls, 90 boys) were selected by cluster sampling, and completed the questionnaire of Extended Objective Measure of Ego Identity Status (EOM – EIS – 2), Bar-On Emotional Quotient Inventory (EQ-i) and Defensive Style Questionnaire (DSQ). One-way analysis of variance and scheffe test were used for data analysis.

**Results:** Based on the results of the study, no difference was observed between the rates of identity access, scurry crisis, follow up, confusion and controlling emotions in terms of use and rate of defensive mechanisms. Nevertheless, a difference was observed between emotional awareness and independence in terms of use of defensive mechanisms. Those adolescents, who used developed defensive mechanisms, had higher emotional awareness and were more autonomous.

**Conclusions:** The use of developed defensive mechanisms by adolescents result in developing awareness and understanding their emotions and establishing higher sense of independence and individuality.

**P-28- Relationship Between Perceived Sleep Quality and Polysomnographic Profile Among Chemically Injured Veterans: The Subjective Measurement As a Predictor of the Objective Measurement**

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**Objective:** Although many researches have been conducted on sleep quality, both in terms of personal perception and objective measures of sleep, the correlation between personal perception of sleep quality and objective measurements of sleep has been less investigated. The aim of this study was to investigate the relationship between perceived sleep quality and profiles of polysomnography in chemically injured veterans.

**Method:** The research sample consisted of 91 chemically injured veterans who referred to Baqiyatallah Hospital; they were selected randomly. First, participants completed questionnaires about demographics, clinical information and the Pittsburgh Sleep Quality Index (PSQI). Then, the objective sleep assessment was implemented using polysomnography (PSG). Data were analyzed using Pearson correlation coefficient and, regression analyses.

**Results:** The results indicated that there is no significant relationship between perceived sleep quality (Pittsburgh Sleep Quality Inventory score) and poly polysomnographic profile.

**Conclusion:** Based on the findings, it can be concluded that dissatisfaction with the quality of sleep is not necessarily indicative of an objective sleep disorder. Also, personal satisfaction with sleep quality is not indicative of a good sleep. On the one hand, such findings reflect the importance of objective evaluation for the diagnosis of sleep disturbance in chemically injured veterans. On the other hand, these findings indicate the important role of psychological variables (e.g., personality, cognitive bias and psychological flexibility) in the perception of quality of sleep.

**P-29- The Effectiveness of Metacognitive Group Therapy on Mental Health of Students of Ahvaz Jundishapur University of Medicine Sciences**

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The aim of this study was to investigate the effectiveness of metacognitive group therapy on mental health of students of Ahvaz Jundishapur University of Medicine Sciences. The sample consisted of 30 students who were selected by random sampling. Subjects were randomly assigned into one experimental (15 subjects) and one control group (15). The study design was pre-test and post-test with control group. Subjects in the experimental group participated in 12 sessions of metacognitive group therapy. The two groups answered the General Health Questionnaire (GHQ) in the pre-test and post-test stages. The results of MANCOVA analysis showed that this treatment enhanced general health of the students and changed anxiety and insomnia, depression and body symptoms of GHQ subscales, but no significant change was observed in scores of social dysfunction. Therefore, based on the study findings it can be concluded that metacognitive group therapy can be used to enhance the mental health of students. Further, practical application of this research could help increase the mental health of students.