

were held afterwards about the possibility that this category could simply be considered a subtype of schizophrenia or affective pathology, or placed in a continuum between both disorders, or individualized as a distinct clinical entity.

Now-a-days, the controversy still exists, being quite probably the most controversial diagnosis in the international classifications.

The authors make some theoretical considerations about the theme and present two clinical cases that illustrate these diagnostic difficulties.

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A model for analysis of non verbal parameters in n-dimensional space
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Cartesian model of thinking request certain norms difficult to apply in psychiatry. We consider much interesting to realize informatics programs aimed to defining clusters of pathology in a different manner than medical judgment. These clusters must be defined by experts (psychiatrists) familiar to the geographic area and the socio-cultural characteristics of it. In concordance with these conditions, the diagnosis must be viewed as a variable distance from the center of gravity area of cluster that defined certain disorder. Also, the course and prognostic must be consider as status modification vector during the serial investigations and the normal status is considered to have more typologies but in essence to represent a liberty of movement in behaviour's space with a correspondence between the input and output status from the psychic's system. The probe itself will represent a paraclinic measure to support the doctor's experience and to argument the diagnosis and to follow the treatment evolution.

The paper continue the workshop presented in Nice, last year, where we presented the automatic analysis of gait, voice, gestures, writing, etc.

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Psychiatric morbidity of employed mothers 6-weeks and one year after childbirth: A prospective study of adaptation

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Objective: To assess the adaptation of employed mothers one year after childbirth depending on 6-weeks psychiatric status and received treatment.

Method: A prospective study was designed. A randomly stratified group (according to EPDS score) of 325 employed mothers was interviewed at 6-weeks postpartum to establish psychiatric diagnosis according to DSM-IV criteria (SCID-I). Some cases were treated (mostly diagnosed of major depressive and panic attack disorders). 258 mothers were reassessed with the same procedure one year later. Chi-square was calculated to determine if psychiatric diagnosis one year after childbirth is related with psychiatric diagnosis at 6-weeks postpartum. Odds ratio (OR) were calculated to determine the increased risk of having a disorder at one year according to 6-weeks psychiatric diagnosis.

Results: At one year, 50% of women in our sample were psychiatric cases and were significantly associated with clinical diagnosis at 6-weeks ($X^2=52.91$; $g1$ 2, $p<0.001$). The risk of being a psychiatric case at one year was three times higher (OR: 3.35; CI95%: 1.62-6.93) for non treated cases and nine times (OR: 9.46; CI95%: 4.96-18.06) for treated cases.

Conclusion: Half of our sample received a clinically relevant psychiatric diagnosis at one year.

Our results support the hypothesis that maternity is a vulnerable period for psychiatric disorders. Additionally many cases receiving treatment do not remit or remit partially and tend to chronification. The special characteristics of this population suggest that specific treatment units with specialized professionals are needed.

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Bibliometric analysis about the diagnostic criteria used in psychiatry (1980-2005)

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The present versions of Diagnostic and Statistical Manual of Mental Disorders (DSM) and International Classification of Diseases (ICD) is being revised and their update will be published in a close future. In this sense, our purpose was to know the use of diagnostic criteria, in the Psychiatry area, since a bibliometric perspective.

The material studied was selected using databases (EMBASE & MEDLINE) during 1980-2005 period. Those documents that include the descriptors DSM*, ICD*, diagnostic criteria, Psychiat*, drug* were selected. We applied some bibliometric rules as Pricés Law of increasing in scientific literature.

A total of 11916 (DSM), 2019 (ICD), 30 (Chinese Classification of Mental Disorder), 5 (Cuban Glossary of Psychiatry and Latin American Guide for Psychiatry) documents were obtained in Medline database. Our results show nonfulfilment of Pricés Law because production on DSM or ICD does not grow exponential ($y_{DSM}=54.576e0.1255x$; $r_{DSM}=0.95$; $y_{ICD}=4.2643e0.1616x$; $r_{ICD}=0.93$), after linear adjustment ($y_{DSM}= 35.381x-50.295$; $r_{DSM}=0.98$; $y=7.7221x-34.931$; $r_{ICD}=0.98$). Journals of American and European associations with the highest IF were selected from EMBASE database: American Journal of Psychiatry (IF=8.286; PaIDSM=12.39; PaIICD=0.58) and British Journal of Psychiatry (IF=4.956; PaIDSM=5.62; PaIICD=1.88).

During last years, the uses of diagnostic criteria (DSM or ICD) have increased in scientific literature. Nevertheless, documents that use other classifications are rather little.

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Prediction of violent behavior in acute psychiatric inpatients

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Background and aims: Violent behavior is a serious complication in acute psychiatric inpatients. Several risk factors are known that facilitate such behaviors, preventive measures are however difficult to evaluate, since prevented violent events usually are not recorded.