

and treatment factors account for much of the poor physical health, but also the organisation of health care access and provision.

Conclusion: Due to the extensive somatic morbidity and excess mortality of schizophrenic individuals, schizophrenia can be classified as a severe and complex to mind and body pertaining illness requiring comprehensive integrated care. This care is not yet well established and has to be accomplished at the interface of psychiatry, psychosomatics, internal and general medicine. Therefore, the CL-services are currently still of particular importance. But especially the co-treatment requires special skills in treating the specific schizophrenic contact behaviour disorder.

doi:10.1016/j.jpsychores.2013.06.012

81 - The use of IM in research: The IM-SA study

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Objective: The INTERMED method consists of a face-to-face interview (IM-CAG) that effectively identifies patients with multiple care risks, needs and negative health outcomes, in order to assess their biopsychosocial complexity and support integrated care. A self-assessment version was derived (IM-SA) providing a complementary tool for clinical and research applications, and a multicentric European research project is ongoing within the INTERMED working group of the EAPM, to test the IM-SA predictive validity, reliability and feasibility in research and clinical practice. Preliminary analysis of data from recruitment at the Modena site is here presented.

Methods: 100 outpatients with liver disorder from local outpatient clinics of the Modena University Hospital underwent the protocol of evaluation, including: IM-SA, IM-CAG, CIRS, HADS, SF-36 and EuroQol. Clinical and socio-demographic data were also collected for all patients. After a first evaluation at the baseline, a follow-up was performed after three and six months, which included SF-36, EuroQol and health care utilisation indexes.

Results: Both IM-CAG and IM-SA were found to be able to identify complex patients and showed similar correlations to the other measurements. Some differences also emerged i.e. IM-CAG total scores higher ($p = 0.000$), particularly for the prognostic dimension ($p = 0.001$); IM-CAG's variance at variation of SF-36 scores was lower than IM-SA's (0.87 vs. 2.91). IMSA score positively correlates with indicators of complexity at follow-up.

Conclusions: IM-SA may be a feasible and reliable self-assessment method to evaluate biopsychosocial complexity, and more confirmations are expected when the results from the European project will be available.

doi:10.1016/j.jpsychores.2013.06.013

102 - The schizophrenic dilemma – Concerning not only patients

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Objectives: Schizophrenic patients often behave in a strange, difficult and incomprehensible way, for the schizophrenic disorder of the self is attended by a basic contact behavior disorder. Concurrently, schizophrenic patients are prone to many severe physical health problems and require an integrated care that has still to be established.

Methods: The presentation gives an overview of the present-day state of psychodynamic theory and treatment of the schizophrenic contact disorder and discusses their import for an integrated care.

Results: Schizophrenia has differently been conceptualised as a basic disorder of interpersonal relationships. Recent concepts describe this disorder as need-fear-dilemma (Burnham) or dilemma between object-relating (fusion) and self-relating (autism) tendencies (Mentzos): because of their psychic vulnerability, schizophrenic patients are particularly dependent on their relations with other persons; at the same time they fear those relationships, because they threaten the existence of their own self and identity. Therefore, the greater the need for relationships, the smaller the tolerance for them. This dilemma is dysfunctionally regulated by psychopathology (delusion, hallucination, thought disorder). Health care providers are inevitably involved in this contact dilemma, for working with psychotic patients comprises a range of strong countertransference reactions.

Conclusions: The relationship with schizophrenic patients is difficult because of a specific relationship dilemma that inevitably involves the health care provider. An active, empathic and yet distant enough shaping of relationships is necessary. Precisely, an integrated care requires special emphasis on the schizophrenic contact disorder.

doi:10.1016/j.jpsychores.2013.06.014

108 - Collaborative care with a trauma center surgery service: Assessing and reducing risk of violent re-injury among victims of urban violence

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Objective: Victims of urban violence face adversity beyond their acute physical injuries. For many, violent trauma is a recurrent event, with up to 44% of urban violence victims experiencing later hospitalizations due to another intentional injury. The victims often have histories of violence perpetration themselves, and there is a heightened risk for violence following the injury. Given these risks, collaborative care interventions to reduce the risk of violence perpetration and violent re-injury may be vitally important for this patient population at trauma centers. Motivational Interviewing (MI) may be a particularly promising intervention for encouraging violently injured patients to take action to reduce their risks. MI has not yet been evaluated as a brief intervention for critically injured adults who may be at highest risk for violence and violent re-injury.

Methods: A single-group, within-subjects longitudinal design is employed for this pilot study. Enrollment, baseline assessment, and the motivational interview occur during the patient's hospitalization. Patients are then followed prospectively for three months post-discharge.

Results: Up-to-date pilot data will be presented. Results will describe the sample at baseline and report initial evidence of change in outcome variables over time.

Conclusions: Collaborative care with trauma centre surgery services may allow for an opportunity to impact the outcome of violence and potential violent re-injury among victims of urban violence.

doi:10.1016/j.jpsychores.2013.06.015

112 - Health anxiety and illness behaviour in children of mothers with severe health anxiety

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