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.

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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 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.

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