

Packing therapy is a part of therapeutic approach for children and adolescents with autistic disorder, especially in the case of self-injurious behaviour, and who do not respond to usual psychotropic drugs or who cannot tolerate them. This method consists in wrapping the patient with his under-clothes several times a week, using towels previously wet in cold water. The patient is then wrapped with blankets to help the body warm up in a few minutes. Members of staff are always looking after the patient and are carefully attentive to the quality of the relation with the patient who achieve a greater perception and integration of his body, and a growing sense of containment.

Self-injurious behaviours have previously been related to pain reactivity in autism. The effectiveness of packing could rest on the mobilization of thermo-algic sensitivity. There is a short-circuit of the painful sensations on which the child seems to focus his attention. A sensation, to which the patient has become particularly dependent, is therefore replaced by another type of sensation, which uses the same neuro-physiological pathway.

As there is currently no scientific data available, a randomized, blind and controlled study (supported by the National Grant “Programme Hospitalier de Recherche Clinique PHRC 2007/1918”) is taking place to confirm the effectiveness of packing in clinical practice. We have chosen the methodology used to verify the effectiveness of risperidone in children with autism suffering of severe behavioural disorders. This study should help us specify the therapeutic indications of packing in autism.

P0363

Role of psychoeducation in treatment of psychotic patients

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A structured psychoeducation is a method of treatment of patients and their families with the approved therapeutical effect.

Background and Aims: In our hospital psychoeducation is a part of early interventions directed to first episodes of psychotic patients (that includes first 5 years of psychosis). Duration of the programme is one year and it has been influenced by similar experiences in Great Britain and PORT's recommendations (Schizophrenia Patient Outcomes Research Team). A specific quality of the programme is collaboration of group psychotherapy approach conducted by group analysts and psychoeducation conducted by cognitive-behavioral therapists. All therapists involved in the programme have been supervised monthly by professionals.

The psychoeducation is common for all patients and their family members.

Number of hospitalisations, cognitive, emotional and social functioning, changes of basic beliefs and present symptoms have been estimated during the programme.

Methods: The aim of the poster presentation is to evaluate the efficacy of treatment and rehabilitation of patients that participate in the programme together with pharmacotherapy in order to achieve better treatment efficacy. Patients that have been involved in the both psychoeducation and pharmacotherapy are compared to patients treated with drugs only. Questionnaires that measure self-esteem and loneliness have been used.

Results and Conclusions: Since actual psychoeducation ends at the end of this year, the first results of two first grades are expected at the beginning of 2008.

P0364

The comparison of therapeutic touch and physiotherapy in patient with low back pain in Hafez hospital, Shiraz-Iran

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Aim: To evaluate therapeutic touch versus physiotherapy effects on chronic low back pain in female referred to physiotherapy ward of Hafez hospital in Shiraz- Iran.

Method: The sample included 63 female with low back pain for at least 6 months. The participants divided in two groups: there were 30 patients in case and 33 in control groups. The case group received therapeutic touch; 15-20 min daily for 5-10 days. Physiotherapy way conducted for each patient with hot pack and diathermy or hot pack and Transcutaneous Electrical Nerve Stimulation for 15-20 min daily in 10 sessions. Another person on a double blind fashion compared the effect of treatments by interviewing the patients of both groups. A 10-degree visual analogue scale measured the severity of pain for 3 times. 30 min before intervention, immediate and 1 month after the last session of intervention in both groups.

Result: there was no significant differences between two groups on reducing of pain immediately after the last session of treatment ($p=0.1$) follows up of the patients after 1 month showed that the severity and duration of pain were decreased in therapeutic touch group ($p=0.02$). The result after one month of treatment showed significant differences between two groups according their level of activities $p=(0.04)$ the usage of analgesic drugs. And sleep disturbance ($p:0.06$) in- other hands. Touch therapy has more effective than physiotherapy 1 month after treatment in patients with low back pain.

Conclusion: We conclude that therapeutic touch is a safe of effective intervention in reducing of pain.

P0365

Lifetrack therapy - treating personality

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Objective: To demonstrate through 5 classic case examples that major psychiatric symptoms such as anxiety, anger, physical symptoms, depression, and symptoms of borderline personality disorder can be predictably overcome through ‘Breakthrough Intimacy’ - closeness between committed couples far greater than their previous maximum level. The result of this study proves the vital need for and power of, an accurate and comprehensive tracking of each patient’s progress on a daily basis.

Method: Lifetrack therapy works with couples (the patient and his/her partner in life) bringing them far closer than ever before, guided by their own daily self-rating on 41 parameters that allow accurate graphic tracking via Internet of subtle changes in their personalities and dynamic mental status during each therapy session. Working in three-way teamwork, the therapist actively helps the couple to achieve closeness far greater than their previous maximum level, overcoming waves of symptom spikes until they disappear by exhaustion, as the couples undergo personality transformation.

Results: Of the 1,170 patients treated over the last 20 years, 48% of patients reached a level of adjustment beyond their previous maximum level. 31% reached a level more than twice, 24% reached more than three times, 20% reached more than four times, 16% reached more than five times, and 7.6% reached more than ten times their previous maximum level of adjustment according to their own daily subjective self-rating.