- Exclusion criteria: COPD and other respiratory diseases.
- Variables: Age, sex, BMI.
- Diagnostics criteria: OMS definition of smoker, History of smoker included CMDP (SEPAR), Richmond test, Fagerström test, Charlson Index (co morbidity; co morbidity –age) and Goldberg General Health Questionnaire (GHQ-28) including 4 subscales A (somatic symptoms), B (anxiety and insomnia), C (social dysfunction) and D (severe depression).
- Statistical Method: The data obtained were treated statistically with the SPSS statistical Package (version 12.0).

Discussion: These results may be attributable to tobacco consumption because the Charlson Index are very low in the two groups compared and no differences were observed in BMI. **Results:** The characteristics of smoker group are intense degree of tobaccoism, variable degree of physical dependence, precontemplation phase of abandon, High risk, Richmond test ($4'55 \pm 1'39$), Fagerström test ($4'37 \pm 2'86$), Charlson Index (co morbidity; co morbidity –age) very low, BMI ($25'42 \pm 4'85$).

Conclusion:

- 1- We observed significant differences in subscale B (anxiety and insomnia) of GHQ-28 normal and corrected between the two groups and this scale is pathological in smokers.
- 2- In smokers, a positive association between tobacco and anxiety or insomnia was observed ($OR > 1$).
- 3- Equally no differences were observed in subscales A, C and D of GHQ-28, that corresponding to somatic symptoms, social dysfunction and severe depression respectively.
- 4- Fagerström and total GHQ-28 tests give highest values in smokers who need smoke in the first 30 m after wake-up.
- 5- Fagerström and D subscale GHQ-28 test give significant differences ($p=0.000$ and $p=0.01$ respectively) with increasing values in parallel to the increase physical dependence.

Conflict of interest and funding

None.

doi:10.1016/j.pcrj.2006.04.184

ABS93: Parental anxiety about croup syndrome

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Introduction: Croup (laryngotracheobronchitis) is a common upper respiratory infection in children aged 3 months to 3 years and its classic clinical table characterized by a harsh, barking cough, hoarseness and stridor is generally frightening for the parents. **Aims and objectives:** The aim was to explore disease related anxiety of parents of children with croup syndrome and to investigate the views of families on managing croup in primary care settings. **Methods:** Parents of 11 children with croup syndrome were interviewed just after acute symptomatic treatment of the children in the emergency room. The conversations were especially focused on satisfaction of the parents with the treatment (content of the therapy, information provided etc); their opinion on the possibility of managing such cases in primary care settings; and their fears about development of a serious illness like asthma in the future. **Results:** The cases (9 boys, 2 girls) were 9 to 25 months of age. The parents of 6 children who had experienced similar attacks before were less worried about acute treatment procedure than first-time visiting parents. The most significant cause of parental anxiety was the risk for development of a serious disease like asthma in the future and no information was provided by the doctors on this issue. All the parents but one believed that croup attacks were indicators of upcoming diseases. They all believed that such attacks could be managed in primary care settings, even at home by a professional, for example a family physician. Such an approach is also supposed to provide opportunity of talking on disease related concerns of the parents and decrease parental anxiety. **Conclusion:** Parental anxiety about

the treatment of croup attacks seems decreasing in recurrent cases. But the anxiety about the future course of the disease remains even in experienced families. Better communication skills with the parents and more explanation about the disease seem to be the key points to relieve parental anxiety.

Conflict of interest and funding

None.

doi:10.1016/j.pcrj.2006.04.185

ABS94: The Macklin effect- case series of spontaneous pneumomediastinum

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We present a case series of spontaneous pneumomediastinum from presentation until resolution. A short review will follow to introduce the Macklin effect as a possible pathophysiology and how this understanding can help improve clinical understanding and management.

Conflict of interest and funding

Nil.

doi:10.1016/j.pcrj.2006.04.186

ABS95: Mental disorders and asthma: have mental disorders an influence on asthma morbidity?

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Introduction: Asthma is a chronic inflammatory pulmonary disease which is under-diagnosed, under-treated, and with a prevalence over 5%. It is associated with increased physical comorbidity, mortality, high rates of health service utilization, and occupational disability. There is also some evidence which suggests its relation to an increase in psychiatric symptomatology and mental disorders (MD) [1]. However, the validity, strength and specificity of these relations haven't been established, even less in primary care settings. **Aims and objectives:** To describe the prevalence of MD in our asthmatic population and to know whether these patients show a worse evolution in their pulmonary pathology. **Subjects and method:** Transversal descriptive study developed in a Primary Care Centre of Barcelona. A sample of 338 asthmatic patients was studied. They were randomly selected between 675 registered in the centre informatic program. The period of study goes between 2000 and 2004. Clinical histories were revised using GINA 2004 [2] and DSM-IV criteria [3]. **Results:** The average age of patients was 48,2 (SD 21,6). 67,8% were women. Focusing on asthma type, we observed: 41,1% of intermittent asthma, 16,3% of mild persistent asthma, 37,9% of moderate persistent asthma and 4,7% of severe persistent asthma (SPA). 31,1% of studied patients showed MD diagnosis. Among them: depressive disorder 53,3%, anxiety disorder 49,5%, somatoform disorder 4,8%, bipolar disorder 0,9% and others 13,3%. Patients with severe types of asthma showed more prevalence of MD ($p=0,01$). Asthmatic people with MD suffered more crisis ($p=0,005$) and needed more recovery bronchodilator medication ($p=0,053$). **Conclusions:** There is a high prevalence of MD in our asthmatic population, with predominance of depressive disorders. Patients diagnosed with SPA show higher prevalence of MD than the others. Asthmatic patients with diagnosis of MHD show more crisis and need more recovery medication.

Conflict of interest and funding