the doctors believe that this is too late. 68% of the doctors agree that the society does not have enough knowledge about dementias.

50 patients’ caregivers completed the surveys: 26% – AD, 28% – vascular dementia, 46% – non-defined. The first contact with their doctors varied greatly among different dementia patients: AD – waited for 2.8 y, vascular dementia – 1.46 y, non-defined – 0.87 y. Even though patients’ caregivers indicated that they received enough information from their doctor, they admitted that they had no or not enough knowledge concerning the disease before. They also highlighted that it was hard to find information in Lithuanian language.

**Conclusion:** The research showed that people do not have enough knowledge about dementias and have limited access to information. This is one of the main reasons why the diagnostics is late. Considering the mental health is a stigmatic topic in the world, the fact that people do not know about the dementias might be the problem in the whole world.1

**Reference**

1. [https://www.nia.nih.gov/newsroom/2016/03/worlds-older-population-grows-dramatically](https://www.nia.nih.gov/newsroom/2016/03/worlds-older-population-grows-dramatically)

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**PS101**

**Obsessive-compulsive behaviour tendencies among medical students in Poland**

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**Aim:** Determination of a need for educational program, focused at students’ knowledge and awareness of OCD.

**Introduction:** As medical students, we are familiar with terms such as professional burnout and workaholism on an every day basis. However other psychiatric disorders seem to be still stigmatized and not well perceived for this profession. It does not mean that they do not exist among future physicians.

Gabbard and Mayers believed that perfectionism is one of the most common personality traits for medics. Moreover, they assumed that perfectionistic physician might perform more often “obsessive triad”. Namely: self-doubt, guilt feelings, exaggerated sense of responsibility. Those personal features can lead to obsessive-compulsive behaviour. Authors also suggest that those traits are already widely pre-existing for medical students. How-ever no studies supporting this thesis were conducted.

**Methods:** Anonymous self-completion questionnaire, completed by students from different faculties who study at the Polish universities. Questions based on structuralized clinical questioner designed by the Polish psychiatrists (dr Bryńska and Wołańczyk, 2005).

**Results:** The questionnaire was completed by 855 students out of whom: 393 medical students (46%), 53% (454) students declared performing specific acts, although not purposely or despite their will (e.g. checking if the door are locked, cleaning hands, counting. Only 49.6% (194) of medical students answered positively, in respect to 56% (259) non-medical students. Persistent thoughts and fantasies, which are not wanted but occur very often and persistently return – admitted 53.5% (457) questioned. Among the future doctors only 43.5% (170) confirmed to have those thoughts. In contrary to 63% (287) non-medical students.

**Conclusion:** At first glance it seems that medical students less frequently admit to perform compulsive behaviour or to have obsessive thoughts. But what is the cause? Are they less prone to those behaviours? Or, as Gabbard and Mayers suggest, they have to be seen as “perfect” in front of themselves or others? To answer those questions further research is needed.

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**PS132**

**Assessing the prevalence of HBV and HCV infections in children under going hemodialysis and the related risk factors in a children’s Medical Center**

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**Aim:** Assessing the prevalence of HBV and HCV infections in children under going hemodialysis.

**Introduction:** Chronic hemodialysis is a life saving process in patient with end stage renal disease. Hemodialysis patients are at high risk for viral hepatitis infections due to the high number of blood transfusion sessions, prolonged vascular access and the potential for exposure to infected patients and contaminated equipments. Approximately 8% and 20% of hemodialysis patients have B hepatitis and C hepatitis respectively and this data varies from country to country. Hepatitis B virus (HBV) and hepatitis C virus (HCV) infections are important causes of morbidity and mortality in hemodialysis patients.

**Methods:** Based on the information gathered from the 149 hemodialysis children files, some special questionnaires were filled in, the obtained data was assessed and analyzed in SPSS software.

**Results:** A total of 149 hemodialysis patients with mean age 8.8 (range: 0.24–16.74) years were enrolled in the study. Out of the total 149 patients, 74 were male and 75 were female. The majority of the patients (51 people) were in the 7–10 years age range. After glomeropathies (34 cases – 22.8%), reflux nephrophaties (24 cases – 16.10%) were the main reasons in charge of renal impairment in our study population.

The results of our study in hemodialysis patients referring to the children’s Medical Center of Iran from 1991 to 2009 suggests that prevalence of B and C hepatitis were both 2.04% and the prevalence of the concurrent infections (B and C hepatitis) were 2.72%.

**Conclusion:** This study confirms that the prevalence of B and C hepatitis among hemodialysis children refered to children’s medical center are much lower than the adult hemodialysis patients in Iran and worldwide. This might indicate the higher health standards and the absence of intravenous drug abuse and unsafe sex among our study population. Screening donated bloods, treating anemia with erythropoietin, avoidance of dialyzer reuse, assigna-tion of dedicated dialysis rooms, machines, and staff for infected patients, new disinfection methods, screening the patients before entering dialysis program and vaccination of susceptible patients and staff all have been refered to as means of limiting hepatitis transmission within our dialysis unit.

The results of this study can be used in health programming and budget allocating for this group.

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