according to their evidence-based treatment guidelines. Compared to the United States, current treatment system of alcoholism in Korea shows the lack of integrative treatment delivery system. These include the absence of an independent governmental administration on alcohol abuse, the lack of alcohol experts/personnel, unbalanced distribution leaning too much towards on admission care in a closed ward, and its disconnection to outpatient care in an open system. To establish integrative alcoholism treatment and rehabilitation service delivery systems, it is important to set up an independent governmental administration on alcohol abuse, to secure experts on alcoholism, and to conduct outpatient alcoholism treatment programs and facilities in an open system including some form of continuing care or after-care following completion of the initial phase of treatment.

NR12-4
A COMPLETED CIRCUIT AUDIT OF FOLLOW UP PSYCHIATRIC OUTPATIENT LETTERS TO GENERAL PRACTITIONERS(GPS).

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SUMMARY:
Background:
Communication between primary and secondary care is the cornerstone of patients' care. Good communication will be reflected on patients prognosis and quality of life.

Methods:
A questionnaire including 19 item included in the follow up letter was sent to GPs. They were asked to mark each of the 19 item as essential, can be included or irrelevant. The 19 item were used to audit existing practice in the outpatient clinic. The results were presented and recommendation were made including adding a template at the beginning of the letter identified items considered as essential in the GPs' opinion. Reaudit was carried out after 4 years later to review practice and assess whether practice has improved.
Results:
!6 out if 30 GPs replied.57% of the items were considered as essential by more than 87% of the GPs. The rest were considered essential by 50-70% of the GPs. No item was considered as irrelevant.
There was improvement of nearly all 19 item. There was significant improvement in some important item such as diagnosis from 20% to 92%, risk assessment from 0% to 90% , who prescribe 3% to 86% and change of medication from 30% to 95%.
Discussion:
This audit has demonstrated that communication between primary and secondary care is a two way traffic. GPs should have their opinion in this process. It also demonstrated that this process can be improved by dialogue between the two disciplines.
Conclusion:
Dialogue is essential between different disciplines and auditing clinical practice is important in improving patients' care.

NR12-5
A MULTISITE, LONGITUDINAL, NATURALISTIC OBSERVATIONAL STUDY OF TRANSCRANIAL MAGNETIC STIMULATION (TMS) FOR MAJOR DEPRESSION IN CLINICAL PRACTICE

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SUMMARY:
Objective: TMS is an effective and safe acute treatment for patients who fail to benefit from initial antidepressant pharmacotherapy. However, few studies have examined the longer term durability of this acute benefit. This study was designed to assess the long-term effectiveness of TMS in naturalistic clinical practice settings over 52 weeks following a clinically beneficial acute treatment course.
Methods: Three hundred and seven patients with a primary diagnosis of unipolar, non-psychotic major depressive disorder, who had failed to receive benefit from prior antidepressant treatment, received TMS treatment in clinical practice (66.8% women, 48.6 ± 14.2 years). Forty three clinical practices participated. TMS was provided as determined by the evaluating physician, consistent with labeled use. Two hundred sixty-four patients received benefit from acute TMS treatment, were tapered from their TMS regimen, consented to long-term follow up over 52 weeks, and were evaluable

for statistical analysis. Clinical assessments (CGI-Severity of Illness, PHQ-9 and IDS-SR) were obtained at 3, 6, 9, and 12 months. Two hundred four patients provided data across the entire study period. Concurrent medication use and TMS reintroduction for recurrent symptoms was recorded and summarized during the long-term follow up.
Results: Compared with baseline, there was a statistically significant reduction in mean [SD} CGI-S, PHQ-9 and IDS-SR total scores at the end of acute treatment (5.1 [0.9] vs 3.2 [1.5], 18.3 [5.2] vs 9.6 [7.0], and 45.7 [11.0] vs 27.4 [15.8], all P<0.0001), which was sustained throughout the 52 week follow-up (3.0 [1.5], 9.4 [7.2], and 27.3 [16.1], all P<0.0001), respectively. The proportion of patients who achieved remission at the conclusion of acute treatment remained similar to that observed following the conclusion of the long term follow up phase: CGI-S (total score 1 or 2), 37.1% (acute) and 40.4% (end of long term); PHQ-9 (total score < 5), 26.5% (acute) and 26.1% (end of long term); IDS-SR (total score <15), 28.7% (acute) and 33.6% (end of long term). Following the first long term assessment at 3 months, 30.2% of patients required subsequent reintroduction of TMS based on clinician decision for clinical worsening. In this group, the mean [SD] time to TMS reintroduction was 145 [74] days from entry into the long term follow up phase.
Conclusions: These data support the view that TMS demonstrates a statistically and clinically meaningful durability of acute response over 52 weeks of follow up. Maintenance of benefit was observed under a pragmatic regimen of continuation antidepressant medication and access to TMS reintroduction for symptom recurrence.

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NR12-6
UNIVERSAL HEALTH COVERAGE LEGISLATION IN MASSACHUSETTS: EFFECTS ON PSYCHIATRIC INPATIENT REPORTS OF PRIMARY CARE AFFILIATION

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SUMMARY:

A primary goal of Universal Health Coverage proposals in the United States is to encourage better access to care, with the potential to have both a healthier population and reduced healthcare costs. In particular, it was hoped that the move to Universal Health Coverage (UHC) in Massachusetts would shift vulnerable populations away from receiving care in the costly emergency medical system and towards primary and preventive care. Individuals with severe psychiatric illness constitute a highly vulnerable population with traditionally high rates of emergency room use and lack of access to primary care. People with chronic psychiatric illnesses as a group tend to receive less medical care and have higher morbidity and shorter life-expectancy. Medical care for this population is typically more expensive due to both an elevated risk for several chronic, comorbid illnesses and worse medical illness outcomes when a severe psychiatric illness is present. Preventive and early care for this group, particularly in the treatment of cardiac disease and diabetes, might have a significant impact on the health of patients with chronic psychiatric illness.

Massachusetts implemented a Universal Health Coverage program in 2006. Success for this program's goals can be examined by looking at rates of insurance coverage, access to a primary care physician, and lower incidence of preventable disease. This study looked specifically at the success of the UHC program among individuals with psychiatric illness severe enough to warrant inpatient hospitalization at a tertiary care academic treatment center. We examined clinical and demographic factors and noted whether a primary care physician was identified for each patient. Data from patients in this study indicate that patients requiring psychiatric hospitalization in 2008 (post-implementation of Universal Coverage) experienced a shift towards commercial insurance coverage. However, implementation of UHC did not result in higher rates of primary care physician affiliation than in 2005. In 2008, fewer patients reported a primary care physician on admission compared with 2005. Although there was an overall reduction in primary care affiliation, patients in different diagnostic categories were variably impacted. This analysis is an important step for crafting targeted interventions in order to improve primary care affiliation and establish meaningful use of preventive care use in this vulnerable population.

NR12-7
ASSOCIATION BETWEEN CHILDHOOD NEGLECT AND DEFICITS IN RELATIONAL FUNCTIONING IN PSYCHIATRIC INPATIENTS.

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SUMMARY:

Introduction:
Childhood neglect is a significant and prevalent problem in the United States. Furthermore, the literature links childhood neglect to the development of personality and psychiatric disorders in adulthood. (Draijer & Langeland, 1999; Johson et al., 2000). As childhood neglect implies lack of intimate relationships with primary attachment figures, it has been hypothesized that neglect may be associated with impaired relational functioning-having the interest in and capacity for close social relationships. Therefore, the current study aims to explore the association between four types of childhood neglect and deficits in the capacity for relational functioning.
Method:
Data were gathered from 114 non-psychotic inpatients between the ages of 18 and 65 in a large urban hospital. Relational functioning was measured using the Severity Indices of Personality Problems (SIPP-118), a self-report questionnaire that measures (mal)adaptive personality functioning. Childhood neglect was measured using the Multidimensional Neglect Scale (MDNS), a self-report questionnaire that measures neglect of physical, emotional, supervisory and cognitive