professional communication especially when we want to focus on functional problems caused by persisting mental health conditions. ''Functioning? concerns all areas of life of affected persons and represents that side of their illness which interests patients mostly. Before this background an additional classification system has been developed aside from the International Classification of Diseases. The International Classification of Health and Functioning describes not only the deficits of disabled persons but also their resources. As such this classification system is not just an add-on to another classification system but it also expresses a new treatment approach directed toward recovery and remission. It also involves affected persons in their rehabilitation und treatment and indicates a new relationship between patients and professionals.

CS04.02

Assessing disability – methodological issues

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The usual diagnostic systems of the ICD and the DSM offer no adequate solution to the problem of classification and assessment of social dysfunction. Social dysfunction as a consequence of disease or disorder has been conceptualised in terms of (social) disabilities, and (role) handicaps (according to the ICIDH 1980) and as activities limitations and participation restrictions (according to the ICF 2001). Conceptual models of disability or social dysfunction reflect various ways of a normative perspective on a person's integration in the community and determine to a large extent its measurement, which has been criticised because of this perspective but also with respect to the independence of psychopathology, actual behaviour, opportunities, criteria of assessment, source of information, etc.. These crucial issues in the assessment of disability will be addressed from a methodological point of view.

CS04.03

Disability and clinical course of severe mental illness

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Background: Social disability is a key outcome measure for severe mental illness, being a pivotal variable, that modulates the effectiveness of treatments and might be modified by the treatments themselves.

Objectives: The aims of the studies presented were: 1) to determine changes overtime in symptoms and social disability in a 1 year treated prevalence cohort of subjects affected by psychosis vs. those affected by non psychotic disorder receiving community-based mental health care, and to explore 2) predictors of clinical and social outcome; 3) the effect of clinical course on disability and quality of life.

Methods: Three hundred fifty four patients treated in the South-Verona CMHS were followed-up over 6 years (with assessments made at baseline, at 2 and 6 years) by using a set of standardised measures exploring psychopathology (BPRS), social disability (WHO-DAS) and quality of life (LQoLP). GLLAMM models were used to explore longitudinal predictors of clinical and social outcome. The effect of clinical course on disability was explored by consulting retrospectively the clinical records.

Results: In psychotic patients relationships with partners were more frequently severely impaired, followed by dysfunction in the occupational and parental role. Longitudinal analyses displayed a clinical and social outcome characterized by complex patterns of exacerbation and remission over time; however a clear trend towards a deteriorating course was not found, thus challenging the notion that psychotics are not fatally prone to a destiny of chronicity. Models explained 69% of the total variance for social disability. Predictors for disability were clearly differentiated from those for clinical status, but the two domains appeared entwined: the main clinical predictor of social disability was the negative component of psychotic symptoms (the higher negative symptoms, the lower social functioning) and higher disability predicted in turn a worsening of negative symptoms. Continuous course was associated with higher disability and lower quality of life.

Conclusions: Psychopathology and disability are distinct outcome domains only partially overlapping, which do not directly co-vary overtime and are influenced, at least in part, by separate predictors susceptible to specific interventions. However, they are entwined in a vicious cycle leading overtime to a progressive reciprocal worsening with deleterious effect on patients' daily living and independence. Modern mental health services should be capable of shaping treatments to address these patients' multifaceted problems.

CS04.04

Daly's - a concept useful in mental health care?

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The disability adjusted life year (DALY) concept has been developed as a universal measure of the burden of disease at the country or regional level. The DALY combines years of life lost due to premature death and quality of life lost due to disability to a sum of total lost years of healthy life. First applied in the burden of disease studies conducted in 1990 and 2001, the DALY concept allowed the first international comparison of the burden caused by the most important acute and chronic diseases. Mental disorders were identified in these studies as the most important causes of lost healthy life years worldwide. Meanwhile the DALY concept has been established as basis of effectiveness measures in the international health economic evaluation of health care interventions by the WHO-CHOICE programme. Resulting from the CHOICE studies data on cost-effectiveness of the most important standard interventions for depression, bipolar disorder, schizophrenia and alcohol abuse are available for all WHO regions. In recent studies the DALY concept has been used to predict the consequences of optimizing the mental health care resource allocation on the efficiency of mental health care systems at the national level. Regarding these research activities the DALY concept can be considered as an important methodological tool for mental health services research and the improvement of international mental health care systems.

Presidential Symposium: Ethical issues related to integrative psychiatry

PS01.01

Integrative approaches to treatment: Ethical issues arising in the care for children

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Ethical issues around the use of integrative approaches in child and adolescent psychiatry arise in relation to diverse aspects of practice but especially in collaborative work with other disciplines. Child and adolescent psychiatrists work with nurses, social workers, psychologists, psychotherapists, family practitioners, paediatricians, those working in the juvenile justice system and educationists. Different ethical issues arise in relation to work with different disciplines and examples will be given. But there are common ethical issues arising from different standards of confidentiality and the communication of information as well as in the exercise of medical responsibility. Ethical issues can sometimes hinder the delivery of effective, evidence-based care. This is paradoxical for failure to deliver such care itself offends against ethical principles.

PS01.02

Collaboration between industrialized and developing countries in psychiatry

D. Moussaoui. *Ibn Rushd Niversity Psychiatric Centre, Casablanca, Morocco*

There is no possibility of progress for psychiatry in the world if there is a too wide gap between the quality of psychiatric practice and research in developing and in industrialized countries. The reason for that is because bad image which might emerge from developing countries, in a media globalized world, impacts negatively on the mental health work all over the world. Examples will be given for such statement.

On the other hand, collaboration existed for a long period of time between these two categories of countries in the education of psychiatrists. It is necessary, but at the same time creates major problems, such as the brain drain which is a direct consequence of learning psychiatry abroad for students coming from developing countries. There are more psychiatrists from Pakistan, India or South Africa practicing in the UK or the USA than in their country of origin. Another problem is the lack of transcultural sensitivity, making the training of these students insufficient when they come back home.

On the other hand, collaboration in research must take into account the cultural specificities of the developing country, and in anyway should avoid a ''safari research''. Respect of ethical guidelines in all collaborative studies is an essential ingredient of success.

PS01.03

Ethical questions in integrating standard therapies and alternative therapies in psychiatry

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Increasing predominance of evidence-based therapies and standardisation of their clinical application as well as financial limitations narrow the therapists view and leaving out of account the patients' individual specificities and demands. Consequently patients try to get their subjective needs met by alternative approaches, such as self-medication, procedures of unknown quality, consultation of healers outside the medical professions. According to the prevailing ethical principles the following ethical questions will be discussed:

- Respect of the patients' dignity and autonomy means to take him/her seriously. However, what are the limits of taking the view of the patient, particularly in cases of a discrepancy between the patients will and his welfare, and especially in cases of incapacity to decide competently on therapeutic alternatives?
- Harm avoidance should keep away from the patient unproven approaches with both the risks of unknown unwanted effects and of omission of an efficient treatment. But how to sail safe through the narrowness of Skylla and Charybdis: to convince the patient of the advantages of the proposed quality proven approach without chasing him away out of medical services to unqualified and uncontrolled approaches?
- With regard to justice it seems clear that approaches without proven quality should not be paid by insurance companies in order not to reduce the limited resources for the whole of all its members. However, will this be acceptable also in cases in which there are no efficient treatments, but the alternative approach demanded by the patient may improve his quality of life?

Symposium: ADHD across the lifespan: Genetics, learning, comorbidity and circadian rhythm

S21.01

Attention deficit/hyperactivity disorder and dyslexia: evidence for shared genetic susceptibility

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Objective: Many individuals ascertained for developmental dyslexia (DD) are also diagnosed with attention-deficit hyperactivity disorder (ADHD) and approximately 20% of individuals with ADHD will have evidence for DD. The basis for this overlap is not completely understood but twin studies have provide support for common genetic influences, particularly for inattention symptoms. Genetic linkage studies have found significant evidence for linkage of DD to chromosomes 1p34-p36, 15q, 6p21.3-22, 2p15-16, 6q11.2-q12 and 18p11.2. Evidence for linkage/association to ADHD has also been found to overlap for some of these regions. The objective of this study is to identify genes contributing to both.

Methods: We examined evidence for the involvement of specific genes in these chromosomal regions using two samples of families, one ascertained through a proband with DD (n= 273 families) and the other through a proband with ADHD (n= 390 families).

Results: Our studies of the 6p region indicate that the sample of DD families is associated to markers in this region and to ADHD but not to the same markers within the linked region. For the 15q region, we have found significant evidence for association for both the ADHD and reading phenotypes in both samples (Wigg et al., 2004; Wigg et al., 2005). We have also found evidence for the gene for the dopamine receptor D1 to be associated to the inattention symptoms in both samples

Conclusions: While the studies of the overlap in ADHD and DD are preliminary, they are promising in that they will ultimately help to disentangle the causal relationship.

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