

exchange. As most young European psychiatrists are looking for a research experience across the Atlantic, the presentation focuses on the specifics of doing research in the USA. Issues to be addressed include the following: At what stage of my career should I go, before or after completion of my residency? Where should I go? How can I get into touch with research institutions in the USA? How can I apply? What position can I expect? Which funding sources can I use? Are there only advantages or may there be some risks that I should be aware of? How do I keep in touch with my European institution? When is it time to return to Europe? Should I return at all?

This presentation is meant to be a stimulus for young colleagues considering a research fellowship in the USA, rather than a traditional lecture. A lively discussion is highly appreciated.

Plenary lecture: Pathways to integrative care in adults

PL02.01

Pathways to integrated care: Adults

N. Sartorius. *Association for The Improvement of Mental Health Programmes, Geneva, Switzerland*

This lecture will address the three types of pathways that have to be explored in efforts to improve mental health care. The first are the pathways that people who have a mental disorder (or fear that they might have one) will take to get help. Information about these pathways can be of immense value to public health decision-making and obtaining it is relatively simple but rarely done in a systematic way.

The second type of pathways are those that lead to an integration or at least a coordination of care provided by the various types of institutions and social sectors, that provide care in the community. Parallel to this effort is also the effort to integrate or coordinate the action by health professionals, psychologists, social workers and the many other professionals who are dealing with people with mental health problems. The integration of care provided by families and non-professional carers with that of the professional care system is a neglected area leading to a wasteful and sometimes harmful use of resources that are often very scarce.

The third type of pathways that need exploration (and creation) are pathways that lead from research and educational efforts to those directed to the improvement of care. The gaps that exist between these endeavours grow in parallel with the advances of science and with the separation between academic and clinical (particularly private) psychiatry that can be observed in many countries.

Satellite Symposium: A vision of future treatment paradigms in bipolar mania: The promise of new antipsychotics. Sponsored by Bristol Myers Squibb

SS03.01

Current treatment paradigms in bipolar mania: The European landscape

F. Bellivier. *Pôle de Psychiatrie (Pr. M. Leboyer), CHU Henri Mondor-Albert Chenevier, Créteil Cedex, France*

Despite converging treatment guidelines, current treatment practices in bipolar mania still vary greatly. We will review the evidence for various pharmacological options for bipolar mania – in the acute inpatient setting, in continuation therapy, and long-term in the outpatient maintenance setting as well as key treatment guidelines. Potential explanations for the existence of gaps between real life clinical practices and treatment guidelines will be presented. Although there is reasonable satisfaction with current treatments for bipolar mania among European psychiatrists, treatment resistance and early relapses are quite frequent. Thus, there is a need for improved treatments in both the acute and maintenance settings. Patients with an acute episode of bipolar mania often enter the healthcare system at the emergency room and are subsequently moved to a psychiatric hospital ward. Following resolution of an acute episode, prevention of relapse (manic or depressive) becomes the principal aim of treatment. Thus, the focus is moving toward evaluating differently the risk/benefit ratio in the acute inpatient setting and in the long term maintenance setting. The focus also moves towards achieving better patient functioning and long-term outcomes so that patients can achieve functional remission. Different treatment options for each stage of the illness will be reviewed. A core medical need in bipolar mania treatment paradigms in Europe is a rapid-acting efficacious agent, with low potential for excessive sedation. The potential for emerging options to fulfil this need will be reviewed.

SS03.02

Introducing Aripiprazole: Clinical evidence in the acute and long-term settings in bipolar mania

E. Vieta. *Bipolar Disorders Programme, Institute of Neuroscience, Hospital Clinic, University of Barcelona, IDIBAPS, Barcelona, Spain*

Aripiprazole is an atypical antipsychotic with a novel pharmacologic profile of potent partial agonism at D2 dopamine and 5HT1A serotonin receptors and antagonism at 5HT2A and 5HT2C serotonin receptors. Aripiprazole shows rapid efficacy in acute bipolar mania. Four 3-week studies have shown significantly greater symptom improvement than placebo; a recent study showed an onset of significance as early as Day 2. Aripiprazole also demonstrates sustained efficacy, providing maintenance of effect in two recent 12-week studies, each including a control arm (haloperidol or lithium). Adjunctive aripiprazole provides significant clinical benefits when used with lithium/valproate in patients with bipolar disorder who had an incomplete response to lithium/valproate alone. Aripiprazole was superior to placebo in preventing a new mood episode in a double-blind, placebo-controlled, 26-week study. Additionally, aripiprazole-treated patients had significantly fewer relapses than placebo-treated patients. Patients who completed the 26-week phase continued in a 74-week, double-blind extension (providing a total of 100 weeks of double-blind treatment), during which aripiprazole continued to delay the time to relapse. Aripiprazole demonstrates a good efficacy and tolerability profile in bipolar mania.

SS03.03

From study to practice in bipolar mania: Recommendations for optimizing the clinical benefits of new antipsychotics

A. Fagiolini. *Department of Psychiatry, University of Pittsburgh School of Medicine, Western Psychiatric Institute and Clinic, Pittsburgh, PA, USA*

The safety and efficacy of newer atypical antipsychotics have been demonstrated in recent short- and longer-term studies in patients with bipolar mania. Overall, three key principles for the use of newer atypical antipsychotics in bipolar mania are (1) consider the pharmacological profile of previous medications, (2) switch gradually – avoid abrupt discontinuation of previous medications, and (3) expect a different response with less-sedating antipsychotics. This presentation will provide practical guidance on the use of such agents in bipolar mania. Choosing the right starting dose, titration schedule and adjunctive medications are the key to successful treatment; and it should be remembered that a single dose or treatment algorithm is unlikely to be effective for all patients. Dose adjustments based on response and tolerability can be made, if necessary, in order to maximise treatment outcomes. In situations where additional symptoms or initial side effects are present, adjunctive medications may be useful, including benzodiazepines, anticholinergics, propranolol, antihistamines, and sedatives/hypnotics. Ultimately, the goal is to treat the patient as effectively as possible in the acute period with minimal side effects and achieve a smooth transition to long-term maintenance treatment. Switching to a newer atypical antipsychotic may be of benefit to patients experiencing inadequate efficacy or intolerable side effects with their current medication.

Core Symposium: Development of classifications of mental disorders

CS09.01

Progress towards the development of the DSM-V

D.A. Regier. *American Psychiatric Institute for Research and Education, Arlington, VA, USA*

A major goal for the next edition of the APA Diagnostic and Statistical Manual for Mental Disorders (DSM-V) is to take advantage of the multidisciplinary research advances in mental health that have occurred worldwide since the publication of DSM-IV and ICD-10. Toward this end, APA has devoted an extended period of time for research planning in advance of DSM-V. This process involved an assessment of the current state-of-the-science in relevant fields, an assessment of knowledge gaps, and the production of short- and long-term research agendas to stimulate new research. To accomplish these goals, we initiated a “White Paper” process focusing on cross-cutting issues, followed by a National Institutes of Health (NIH)-sponsored conference series coordinated with the American Psychiatric Institute for Research and Education (APIRE) and the World Health Organization (WHO)—to assess the emerging research basis for revising specific diagnostic categories. We have now initiated the DSM-V Task Force and Diagnostic Workgroups, which will build on these past developments in an ongoing collaborative effort with the international research community and the WHO-guided ICD-11 advisory process. The developmental process for this edition of DSM will be discussed as will the potential changes in a conceptual framework for the classification of mental disorders.

CS09.02

Ensuring contributions to the revision of the classifications from the world scientific community: Example of German speaking countries

W. Gaebel. *Department of Psychiatry, University of Dusseldorf, German Society of Psychiatry, Psychotherapy and Nervous Diseases (DGPPN), Dusseldorf, Germany*

The future development of the classification of mental disorders (ICD-11, DSM-V), is a challenge for joint international scientific activities, allowing contributions from various scientific schools and language areas. The Global Scientific Partnership Coordination Group (GSP), led by Norman Sartorius, supports the WHO process of revising the International Classification of Diseases. From this expert network, both research findings and practical experiences from a range of countries with different languages shall give input to the revision process.

The respective scientific group assembling experts from German speaking countries is currently developing. Past and present German language psychiatry has in many ways influenced psychiatric diagnosis and classification. The group, building on this history, shall be led by a steering committee of experts from Germany, Austria and Switzerland. It will consist of sub-groups on various topics including experts with different expertise from German-speaking countries and those familiar with German psychiatry working in other countries. The topics covered include:

- Classificatory Concepts
- Diagnostic Methodology
- Input from Sub- and Neighbouring Disciplines
- Areas of Clinical Application/Setting Specific Needs
- Spectrum of Disorders
- Implementation/Training

The German members will also be members of a Task Force on Diagnosis and Classification of the German Society of Psychiatry, Psychotherapy and Nervous Diseases to contribute country-specific knowledge to the GSP-related German speaking group. Each subgroup of the latter will develop a working plan in close relationship with the steering group and the GSP.

The presentation will give examples and details of the group work achieved so far.

CS09.03

Participation of users of psychiatric services in the classification of mental disorders

D. Rose. *Service User Research Enterprise, Institute of Psychiatry, King's College, London, UK*

This presentation will focus on two things. First, the process of receiving a psychiatric diagnosis and the reactions that users of psychiatric services might have to this. These reactions vary – they are not homogenous. They include relief, rejection and denial. The presentations will also look at what happens when users receive more than one diagnosis, either concurrently or over time. Secondly, the presentation will consider how users and user organisations may contribute to changes in the system of classification of diagnosis itself. Communication between psychiatrists involved in changing classification systems and organisations of service users will be considered. Recommendations will then be made.

CS09.04

Images of mental illness in central Asia: Casebooks as educational tools

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