

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 and 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.

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## Presidential Symposium: Ethical issues related to integrative psychiatry

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### PS01.01

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