

It is therefore likely that a multi-modal biomarker approach stratified for ease of use, sensitivity and specificity will be needed in AD. This paper will focus on advances in the development of an immunotherapy for AD. In summary, clinically useful biochemical and imaging derived markers are clearly required in AD to inform regulatory and therapeutic decision making regarding candidate drugs and their indications in order to help bring new medicines to the right patients faster than they are today. Clearly, for AD a good biomarker could significantly reduce drug development timelines and optimize resources, thereby facilitating the evaluation of multiple molecules and therapeutic approaches. Currently, biomarkers, as well as novel therapeutic strategies need to be simultaneously developed and synergistically implemented in clinical AD research.

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## Symposium: Preventing depression

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### S26.01

Prevention of depression: Possibilities and challenges

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Depressive disorders are highly prevalent, have a high incidence, and are associated with huge losses in quality of life in patients and their relatives, with increased mortality rates, with high levels of service use, and with huge economic costs. Prevention is an alternative to treatment that has not been studied elaborately until now. In this presentation, the current state-of-the-art on prevention of depression will be presented. Some recent methods will be shown to identify high risk groups that can be target populations for these interventions. These studies have made it clear that the majority of the first-ever incident cases of depression can be predicted with some simple risk-indicators. In the next part of the presentation, the research that has been conducted on the effects of preventive interventions will be summarized. In the past decade, several randomised studies have examined the effects of preventive interventions on the incidence of depressive disorders. These studies show that indicated prevention (with subjects who already have some symptoms but no DSM-disorder) can reduce the incidence of major depression with about 30%. Finally, an overview of interventions that are used as prevention in routine practice will be presented. Most of these interventions are based on cognitive-behavior therapy and are aimed at subjects who have some symptoms of depression but do not meet diagnostic criteria for a mood disorder. New

developments in the prevention field and innovative interventions that are now being tested, will be presented.

### S26.02

Temperament, personality and depressions: The case of the melancholic type

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The melancholic type is a phenomenological construct useful to recognize and assess persons vulnerable to develop major depression. Its main features are consciousness, orderliness, hyper-heteronomia and intolerance of ambiguity. These features, which mainly describe the social behaviour and the value system of these persons, were first described in qualitative studies mainly developed in Continental and Japanese psychopathology, and later established through quantitative research. The evolution of this construct nicely illustrates how qualitative and quantitative methods may be integrated in an epistemologically sound research agenda.

### S26.03

Preventive strategies for depression: Conceptual, methodological, and practical issues

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While there is growing evidence for the efficacy of programs aimed at preventing depression, extensive variability exists in related research designs and methodology. The present contribution focuses on conceptual, methodological and practical considerations relevant to prevention research and practice in depression. First, it will outline characteristics of particular types of prevention (universal, selected, and indicated prevention) along with their strengths and weaknesses. It will also address the problem of reliable case identification, the adequate assessment of key symptomatology and relevant risk, protective, and vulnerability factors, the significance of preceding comorbidity which may affect the course of depressive symptoms, and, finally, the necessity for instruments allowing the longitudinal examination of subjects over long time periods or over developmental transitions. Furthermore, it will discuss the use of different outcome criteria (e.g., case status, symptoms, risk factors) and related implications, as well as effects of base rates and length of follow-up intervals on the efficacy of interventions. Finally, it will address the evidence of targeted intervention components in relation to particular risk groups, and will point to adequate implementation and related adherence measures. Recommendations for future prevention research and clinical work will also be provided.

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## Core Symposium: Alcoholism, from neurobiology to new treatment approaches

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### CS05.01

Neurobiology of alcoholism, an update

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