who are at once anger-prone, suicidal, unreasonable, manipulative, and moody (and these make up an important sub-set of BPD patients) do exist, and deserve a separate, and meaningful, label that (a) characterizes them adequately by its very term, and (b) is homogeneous with respect to optimal treatment.

DE01.02
POINTS CONCERNING THE UTILITY OF B.P.D.'s RELEVANCY FOR TREATMENT

H. Sass. *Clinic of Psychiatry and Psychotherapy, Technical University of Aachen, Germany*

There is a 110-year-old tradition in psychiatry, identifying certain clinical states as "in between" mild (Neurotic) & severe (Psychotic) levels of pathology.

BPD represents, as a long tradition in psychiatry & psychoanalysis, a clinical syndrome containing elements of marked personality aberration of the "Dramatic" type, and elements of symptom-disturbance, involving mostly mood instability.

Granted that the term "borderline" conveys no clue as to what kind of personality aberrations the term signifies, it has been difficult to find better alternatives: to change the name to "impulsive" personality disorder overlooks the striking degree of self-destructiveness BPD patients exhibit; the same is true if one renamed it "unstable" personality.

The constellation of characteristics that make up the BPD definition – chiefly, impulsivity, inordinate anger, self-destructive acts, marked moodiness – has been noted and described in many countries around the world. It has been shown to have construct validity.

There appears to be a close relationship between childhood trans-generational incest and the development of BPD in young women – in a manner not seen to nearly the same degree in the other DSM-personality disorders. There are other etiological routes to BPD, but this type of childhood trauma is important and helps explain the preponderance of women in most samples of BPD.

Clinically, BPD patients tend to exhibit "splitting" – envisioning themselves and other people as "all good" or "all bad" or else as alternating between these polarities.

This sets the tone for the course psychotherapy must take – in helping the BPD patient integrate these dichotomized perceptions.

There is also a set of pharmacological interventions that are useful in many patients with BPD – that are fairly specific to the condition, and seldom as useful with the other personality disorders (e.g., the SSRI's & the MAOI's).

Certain neurophysiological findings are beginning to emerge that are found with some regularity in BPD patients, but seldom in the other personality disorders.

PD01. AEP Board of Education: Panel discussion on the future of education in Europe

Chairs: M. Musalek (A), N. Sartorius (CH)

No abstracts received.

S11. The dysconnectivity hypothesis of schizophrenia

Chairs: K. Vogeley (D), P. Falkai (D)

S11.01
FROM EARLY MISCONNECTIONS TO ADULT MISCONCEPTIONS

R.M. Murray

No abstract was available at the time of printing.

S11.02
TRANSCALLOSAL MISCONNECTIVITY: THE CONSEQUENCE OF ANOMALOUS LATERALIZATION

T.J. Crow

No abstract was available at the time of printing.

S11.03
THE DISCONNECTION HYPOTHESIS: THEORETICAL UNDERPINNINGS

K.J. Friston. *Wellcome Senior Fellow in Clinical Science, Wellcome Department of Cognitive Neurology, Institute of Neurology, UCL, London, UK*

This talk reviews the disconnection hypothesis of schizophrenia and Presents a mechanistic account of how dysfunctional integration among neuronal systems might arise. This neurobiological account is based on the central role played by neuronal plasticity in shaping the connections and the ensuing dynamics that underlie brain function. The particular hypothesis put forward here is that the pathophysiology of schizophrenia is expressed at the level of modulation of associative changes in synaptic efficacy; specifically the modulation of plasticity in those brain systems responsible for emotional learning and memory, in the post-natal period. This modulation is mediated by ascending neurotransmitter systems that; (i) have been implicated in schizophrenia and (ii) are known to be involved in consolidating synaptic connections during learning. The proposed pathophysiology would translate, in functional terms, into a disruption of the reinforcement of adaptive behaviour that is consistent with the disintegrative aspects of schizophrenic neuropsychology.

S11.04
USING FUNCTIONAL NEUROIMAGING TO EXPLORE CONNECTIVITY AND DYSCONNECTIVITY IN SCHIZOPHRENIA

P. Fletcher

No abstract was available at the time of printing.

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