patient samples. The identification of relevant predictors related to course and outcome is of particular importance for tertiary prevention. In this study, we aim to assess factors influencing the prospective three-year course and outcome of illness in depressed patients. In parallel, predictors of the course of quality of life in these patients will be determined.

Methods: A cohort of 85 patients suffering from major depression or dysthymia was comprehensively assessed one, six, and 36 months after discharge from inpatient treatment. Measures included demographic and clinical variables, quality of life as well as cognitive vulnerability and psychosocial measures.

Results: Data collection of this study is still ongoing. The main results will be presented at the conference.

Conclusions: Conclusions, clinical and research implications will be discussed.

S18.04

Recurrent depression: An overview

F. Hardeveld [1,2], J. Spijker [1,2], R. de Graaf [2], W.A. Nolen [3], A.T.F. Beekman [4]. [1] *De Gelderse Roos, Mental Health Care, Ede, The Netherlands* [2] *Trimbosinstitute, Utrecht, The Netherlands* [3] *University Medical Centre Groningen, Groningen, The Netherlands* [4] *Buitenamstel Mental Health Care, Vrije University, Amsterdam, The Netherlands*

Major depression is a highly recurrent and disabling disorder. At least 60% of first depressed individuals will have another episode. Knowledge of the predictors of recurrence is crucial in advising continuation and/or maintenance treatment.

Over the last 20-30 years a number of studies identified several sociodemographic-, psychosocial-, personality-, and clinical factors associated with the recurrence of major depression.

This presentation will give an overview of the most important predictors associated with recurrence of depression. Relevant articles were obtained through a search in Medline, Embase, and PsycINFO with the keywords recurrence, relapse, and major depression. This search covered the period from 1980 to 2007. Criteria to select the best studies will be presented.

The studies were further divided in general population studies, primary care and specialised mental health care studies.

YP Symposium: Job satisfaction and job profiles of young psychiatrists in Europe

YP03.01

Train the trainee to be a trainer: How to survive the transition from residency to responsibility

V.J.A. Buwalda. *Free University, Amsterdam, The Netherlands*

Trainees are during there residency under a lot or pressure. In there first years of training they are busy to adapt to the sometimes extreme circumstances: dealing with complicated patients, who struggle with depressions, psychoses, drugs and suicidal ideas; the trainee will be overwhelmed. How to deal with al these problems in the difficult field of psychiatry?

In the years of training the trainees have to learn to deal with these new responsibilities. If not, they might not survive the training program. Therefore they have to learn not to deal with al these problems by them selves, but to share there experiences with there nearest colleagues in a save environment: the peer group. Such a peer group can be used as a tool to survive but also gives the resident the possibility to keep the joy in the daily work.

This presentation will show the attendees how to built a 'strong' peer group, that will help them to keep up during residency and to learn to deal with the responsibility of their daily work. The peer group will also learn the trainee how to help to train the trainee to be a trainer during these sometimes difficult times.

YP03.02

Burn-out in young psychiatrists: A specific risk?

U. Volpe. *Free Department of Psychiatry, University of Naples SUN, Naples, Italy*

Most medical professionals are at risk to experience stress and negative emotions in the workplace (1), but the risk of high levels of burn-out seems to be particularly high among psychiatrists (2). Early career psychiatrists are probably at higher risk of burnout due to several factors such as lack of experience, work isolation, role conflicts, etc. (3). At present, however, no data are available on workplace conditions and burnout risk among young psychiatrists. The aim of this study is to evaluate burn-out and work-place associated conditions among young psychiatrists. Fifty young psychiatrists were enrolled among different sites in Italy and standardized self-reported questionnaires to evaluate burnout and workplace violence syndromes were administered. The results showed moderate to high levels of burn-out among young psychiatrists. This may imply that young psychiatrists working conditions may represent a major cause for concern and thus further studies are strongly needed in this area. Causative and protective factors for workplace stress among young psychiatrists need to be identified and specific intervention strategies, aimed at improving psychological well-being among young medical professionals, have to be developed.

1) Daly M.G., et al. (2006) MJA, 177: S14-S15. 2) Fischer J. et al. (2007) Australas Psychiatry, 15: 417-21. 3) Ratanawongsa N., et al. (2007) Med Educ, 41: 273-280.

YP03.03

Doing research in the USA: Chances and challenges for young European psychiatrists

T.G. Schulze [1,2]. [1] *Unit on The Genetic Basis of Mood and Anxiety Disorders, NIMH, NIH, Department of Health and Human Services, US Government, Bethesda, MD, USA* [2] *Department of Genetic Epidemiology in Psychiatry, Central Institute of Mental Health, Mannheim, Germany*

Even before ''globalization'' has entered our everyday's vocabulary, science and research have always been global. Great scientists of the European Renaissance, such as Nicolaus Copernicus or Andreas Vesalius did not only cross intellectual boundaries set by tradition and dogmas but would perform their work irrespectively of national territories or languages. Science has always benefited from a globalized world and its progress critically hinges on the possibility of the exchange of ideas and people. In no time, modern technology has propelled the possibilities of communication and exchange between researchers across the globe in a way that Copernicus or Vesalius would never have dared to dream of.

This presentation wants to discuss the various ways European researchers in psychiatry can actively participate in such global

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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 by 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

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