

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

J. Cooper¹, N. Sartorius². ¹ *Nottingham, UK* ² *Geneva, Switzerland*