

Symposia

Thursday, April 15, 2004

S11. Symposium: New Frontiers in Personality Research

(Organised by the AEP Section on Personality Disorders)

Chairpersons: Henning Sass (Aachen, Germany), Antonio Andreoli (Geneva, Switzerland)

08:30 – 10:00, Hall A

S11.01

Personality traits and brain function

S. Herpertz*. *Department of Psychiatry and Psychotherapy of the Medical Faculty, Aachen Technical University, Aachen, Germany*

Abstract not received

S11.02

The neuro-endocrine scars of childhood abuse in female borderline personality disorder patients

Th. Rinne^{1,*}, W. van den Brink², J. Goekoop⁴, R. de Rijk⁴, E.R. de Kloet³. ¹*Department of Psychiatry, University of Leiden Medical Center, Leiden.* ²*Department of Psychiatry, Academic Medical Center, Amsterdam.* ³*University of Leiden, Amsterdam Center of Drug Research, Department of Medical Pharmacology, Leiden.* ⁴*Rijngeest Groep, Leiden University Medical Center, Department of Psychiatry, Leiden, The Netherlands*

Studies of Borderline Personality Disorder report a high prevalence of a history of sustained Childhood abuse. BPD patients suffer also from concurrent disorders like PTSD, substance abuse and very often from major depression. Studies with animal as well as with human subjects indicate that early, sustained stress renders the Hypothalamic Pituitary Adrenal (HPA) axis hyperresponsive to stress. An increased central drive of Corticotropine Releasing Hormone (CRH) and its potent co-regulator Arginine Vasopressin (AVP) in the hypothalamus is hallmark of the HPA-axis hyperresponsivity. This alteration is found not only in childhood abuse victims but also in patients suffering from major depressive disorder. Therefore the increased central CRH/AVP drive may be an important interface between childhood abuse and depression during adulthood. Selective Serotonin Reuptake Inhibitor (SSRI) treatment has demonstrated to normalize HPA axis hyperresponsivity in BPD subjects with a history of sustained childhood abuse. Moreover SSRI's turn out to improve affect instability in BPD subjects. These, neurobiological data from empirical studies form an important cue for the development of a depression preventing treatment in the

subgroup of BPD patients with a history of chronic childhood abuse. Chronic SSRI treatment can support psychotherapeutic interventions focused on stress management and prevention.

S11.03

Developmental neurobiology and personality traits: Insights from animal models

K. Braun*. *Institute of Biology, Department of Zoology/Developmental Neuroscience, Otto Von Guericke University, Magdeburg, Germany*

The most important environmental factor for the newborn individual is its interaction with the parents, leading to the earliest emotionally modulated learning process in life, which is classically termed filial imprinting. The critical impact of the early socio-emotional environment on behavioral development is well documented by observations from clinical studies, which showed that a disturbance or interruption of the child-parent interaction leads to the so called hospitalism syndrome and later can result in severe and permanent deficits in speech behavior, personality development, intellectual and social capacity and mental disturbances. Parallel animal studies revealed strikingly similar behavioral disturbances and it became clear that emotionally modulated learning events are fundamental for the establishment and maintenance of neuronal networks in the developing brain. Our work revealed that juvenile positive (formation of emotional attachment) or negative (e.g. maternal separation or loss = stress) emotional experience carves a permanent trace into an immature synaptic network and thereby can extend or limit the functional capacity of the brain during later stages of life. Parental separation represents a very stressful experience to which also human infants might be repeatedly or chronically exposed. The development of therapies for the prevention or amelioration of detrimental long-term behavioral consequences of such juvenile stressful experiences can profit from the identification of the underlying neurobiological correlates in different areas of the brain.

S11.04

Functional MRI and borderline personality disorder

E. Seifritz^{1,*}, F. Di Salle², F. Esposito³, A. Lüthi⁴, J. Seelig⁵, G. Dammann¹. ¹*Department of Psychiatry, University of Basel, Switzerland.* ²*Neurological Sciences, Division of Neuroradiology, University of Naples Federico II.* ³*Second Division of Neurology, Second University of Naples, Italy.* ⁴*Friedrich Miescher Institute, Basel.* ⁵*Biozentrum, University of Basel, Switzerland*

Alteration of emotional regulation is among the core symptoms of Borderline Personality Disorder (BPD). Functional magnetic resonance imaging (fMRI) suggests hyperresponsiveness of amygdala

to emotional visual stimuli. Here, we used event-related fMRI in combination with emotional auditory stimuli (infant crying, laughing) in patients with BPD and control subjects. Whole-brain blood-oxygen level dependent (BOLD) signal response was examined using a) conventional general linear model analyses, and b) trial-by-trial analyses of single event-related stimulus responses. The stimulated BOLD signal averaged across entire experimental sessions was significantly greater in amygdala of patients compared to controls. The difference was related to dissociable response behavior across time. Normal controls showed a time-related decrease of single-trial responses consistent with known physiological habituation phenomena, while BPD patients showed a time-invariant level of response across repeated stimulations. Our data are a) consistent with exaggerated amygdala responsiveness to emotional stimuli in patients with BPD, and b) suggest that this effect may be related to dysfunctional neural adaptation in the context of repetitive emotional stimulation.

S02. Symposium: Risk and Protective Factors for Schizophrenia

Chairpersons: Heinz Häfner (Mannheim, Germany), Peter B. Jones (Cambridge, UK)
08:30 – 10:00, Hall B

S02.01

Genes as risk factors for schizophrenia and related disorders

M. Rietschel*. *Department of Genetic Epidemiology, Central Institute of Mental Health, Mannheim, Germany*

Schizophrenia belongs to the complex inherited disorders with genetic as well as environmental factors contributing to the disease. The search for the responsible genes has been frustrating as hardly any positive finding could consistently be replicated. Now again, vulnerability genes for schizophrenia have claimed to be identified, and commentators stated 'truly a landmark event in the history of psychiatry' and 'research crossed a major watershed'. What is actually new? In the past, most positive findings came from candidate gene studies. Considering the vast number of possible candidates, the odds to hit the right ones, were quite small. In contrast to this approach the newly reported genes have been identified in chromosomal regions prior implicated by genome-wide linkage studies of independent research groups. Fine mapping of these regions has so far let to the identification and independent replication of the following genes: Neuregulin 1, Dysbindin, G72, a novel primate-specific gene, and D-aminoacid oxidase (DAAO). All these genes are related to the glutamatergic transmission via N-methyl-D-aspartate receptors and they may function by lowering glutamate activity in the brain through different effects on the NMDA receptor pathway. It is intriguing that the results of this hypothesis free search have so far identified genes involved in a pathway which already for a long time has been hypothesised to play a major role in the aetiology of schizophrenia. The fact that G72 has also been found to be associated with bipolar affective disorder may indicate a genetic overlap between schizophrenia and bipolar affective disorder.

S02.02

Development-related risk factors through embryonal life, childhood and aging

P.B. Jones*. *Department of Psychiatry, University of Cambridge, UK*

Abstract not received.

S02.03

Causes hunting for cases: How the lucky ones get selected

J. Van Os*. *Department of Psychiatry and Neuropsychology, Maastricht University, The Netherlands*

The issue of social causation versus social selection in psychiatry has not lost any of its appeal but it is apparent that the strict separation between the two is rather less clearcut than was thought some decades ago. It is increasingly obvious that individuals not only select certain environments that therefore may have altered epidemiological parameters with regard to psychiatric outcomes, but also that individuals select environments on the basis of the risk-increasing properties of these environments, which thus subsequently may give rise to the phenomenon of social causation. Fascinating new insights have been developed on the role of genes mediating between social selection and social causation, and the application of these mechanisms to specific psychiatric disorders in children and adults.

S02.04

The psychosis continuum in the general population - a risk dimension?

M. Hanssen*, M. Bak, L. Krabbendam, R. de Graaf, R. Bijl, W. Vollebergh, J. van Os. *Department of Psychiatry and Neuropsychology, Maastricht University, The Netherlands*

The objective of the present study is to examine in the general population the 2-year outcome of incident psychotic experiences in terms of stability, impairment and need for care. This study is part of The Netherlands Mental Health Survey and Incidence Study (NEMESIS), a longitudinal general population study. In total 7076 subjects were interviewed with the Composite International Diagnostic Interview (CIDI) at three measurement points. Individuals were selected who had onset of incident self-reported psychotic experiences between baseline and T1 (n=83). In this sample, stability outcome of positive psychotic experiences at T2 was assessed by clinician-corrected CIDI lay interview (CIDI outcome, n=58) and by clinical interview both in terms of presence of any psychotic experiences measured by the BPRS (BPRS outcome, n=47), and in terms of clinical relevance using criteria of functional impairment and need for care (clinical outcome, n=11). The great majority of individuals with incident psychotic experiences at T1 had no detectable psychotic experience at T2. The 2-year predictive values of incident psychotic experiences at T1 were 18.1% (16.9-19.3) for the CIDI outcome, 16.5% (15.3 - 17.6) for the BPRS outcome and 7.6% (6.8 - 8.4) for the clinical outcome. Presence of distress connected with the T1 psychotic experience was associated with poorer outcome in terms of functional impairment and need for care. The great majority of incident positive psychotic experiences remits spontaneously, but a small proportion becomes clinically relevant, depending on type and emotional appraisal of the psychotic experience.

S02.05

Oestrogen - a protective factor?

H. Häfner*. *Central Institute of Mental Health, Schizophrenia Research Unit, Mannheim, Germany*

Analysing sex differences in schizophrenia, a representative sample of 232 first-illness episodes of schizophrenia spectrum disorder cases were assessed and a subsample of 115 followed up in six cross sections over five years. Women showed a 3 to 4 years higher mean age at onset and a second peak around menopause. Postmenopausal schizophrenics were more frequent and more severe among women. Men fell ill more frequently and more severely at young age. After animal experiments and a controlled clinical study the findings were explained by a protective effect of oestrogen. Oestrogen seems to act in an antagonistic balance with the degree of the predisposition to the illness: with higher familial load and with pre- and perinatal complications, age at onset is lower in premenopausal women but not in men. The stage of social development at onset of women - because of their higher age at onset - was more favourable than that of men, resulting in a more favourable social course. Disease variables: type of onset, core symptoms etc. did not differ between the sexes. But young men showed a highly significant excess of socially negative illness-behaviour with an unfavourable impact on social course. Women and older men showed a better social adjustment. The complete phenomenology and course of schizophrenia can obviously not be explained by the biological disease process alone. They seem to be governed by a complex pattern of interaction between biological disease variables, age- and sex-related determinants of cognitive and social development and behaviour.

S55. Symposium: Brain Stimulation as Treatment in Major Depression: Comparison of New Approaches

Chairpersons: Frank Padberg (Munich, Germany),
Thomas Schlöpfer (Bonn, Germany)
08:30 – 10:00, Hall C

S55.01

Electroconvulsive therapy (ECT): Outdated procedure or first-line treatment

L.J. Grunhaus*. *Department of Psychiatry, Chaim Sheba Medical Center, Tel Hashomer, Israel*

Electroconvulsive treatment (ECT) was introduced in 1938 and continues to be one of the most effective treatments in psychiatry. Proponents of ECT report on its highly effective profile in severe major depression and especially in delusional depression. Critics of ECT emphasize the detrimental effects ECT may have on cognitive function. This presentation will focus on recent studies that demonstrate the substantial beneficial effects this treatment has on patients suffering from major depression. In addition we will review recent studies that report on the cognitive effects of ECT. Finally, we will discuss a proposed algorithm for the administration of ECT in patients with major depression.

S55.02

Repetitive transcranial magnetic stimulation

F. Padberg*, P. Zwanzger, R. Ella, S. Rodax, R. Rupprecht, H.-J. Möller. *Department of Psychiatry, Ludwig-Maximilian University, Munich, Germany*

Repetitive transcranial magnetic stimulation (rTMS) has become a major research tool in experimental clinical neurophysiology due to its potential to non-invasively and focally stimulate cortical brain regions. Currently, studies are being conducted to investigate whether rTMS-mediated modulation of cortical function may also provide a therapeutic approach in neurological and psychiatric disorders. Preclinical findings have shown that prefrontal rTMS can modulate the function of fronto-limbic circuits, which is reversibly altered in major depression. rTMS has also been found to exert effects on neurotransmitter systems involved in the pathophysiology of major depression. To date numerous open and controlled clinical treatment trials, with widely differing stimulation parameters, have explored the antidepressant potential of rTMS. Though conducted with small sample sizes, the majority of controlled trials demonstrated significant antidepressant effects of verum rTMS compared to a sham condition. Larger multicenter-trials, which would be mandatory to demonstrate the antidepressant efficacy of rTMS, have not been conducted to date. A putative future application of rTMS may be the treatment of patients who did not tolerate or did not respond to antidepressant pharmacotherapy prior to more invasive means as electroconvulsive therapy and vagus nerve stimulation. Theoretically, rTMS may be also applied early in the course of disease in order to speed up and increase the effects of antidepressant pharmacotherapy. However, this application has not been a focus of clinical trials to date.

Reference

- [1] Padberg F, Möller HJ. Repetitive transcranial magnetic stimulation: Does it have potential in the treatment of depression? *CNS Drugs* 2003;17:383–403.

S55.03

Magnetic Seizure Therapy (MST)

T.E. Schlöpfer^{1,2,3,*}, S.H. Lisanby⁴, M. Kosel^{1,2}, H.U. Fisch², W. Maier¹. ¹*Department of Psychiatry, University Hospital, Bonn, Germany.* ²*Department of Psychiatry, University Hospital, Bern, Switzerland.* ³*Department of Psychiatry, The Johns Hopkins Hospital, Baltimore, MD.* ⁴*Department of Psychiatry, Columbia University, Columbia, NY, USA*

Despite advances in psychopharmacological treatment, major depression remains a significant public health problem and a substantial proportion of patients fail to respond to conventional treatments. Electroconvulsive therapy (ECT) plays an important role in the treatment of the severely depressed, and especially those who do not respond to antidepressant medications, but its use is limited by cognitive side effects. Magnetic Seizure Therapy (MST) refers to the use of repetitive transcranial magnetic stimulation (rTMS) to perform controlled seizure induction under anesthesia. MST has the potential to limit the cognitive side effects of convulsive therapy by

focusing seizure induction in specific cortical regions and avoiding current spread to areas implicated in amnesic side effects. The first use of therapeutic MST in a psychiatric patient took place at the University Hospital in Bern, Switzerland, in 2000. Results of a recent randomized, within-subject, double-masked trial comparing ECT and MST in 10 patients indicate that MST appears to have less subjective and objective side-effects, is associated with faster recovery of orientation and is superior to ECT on measures of attention, retrograde amnesia and category fluency. Although ECT has an unparalleled and well-documented efficacy in severe depression it is associated with cognitive side effects. MST is currently under study in several centers with respect to its antidepressant efficacy, while it's more benign side effect profile has been established already.

S55.04

rTMS, MST and VNS? Synopsis of possible applications in depressive disorders

K.P. Ebmeier*. *Department of Psychiatry, University of Edinburgh, UK*

Brain stimulation treatments in psychiatry have a somewhat stormy history with reversals, even abolition in some countries, but have nevertheless persisted over the last half century. Over the previous decade, 'gentle' brain stimulation antidepressant treatments have been promised using a number of novel electro-magnetic techniques, in part invasive, partially non-invasive; 'gentle' here usually means an absence of side effects on memory - antidepressant has to be established by the generally accepted standard controlled and randomised designs for treatment studies. In order to evaluate the clinical usefulness of these new techniques, there has to be a critical evaluation of the evidence base on their efficacy (i.e. RCTs, other controlled studies), the safety database (all reported studies, the threshold for stringency criteria has to be lower) and a comparison of such data with those for the 'gold standard treatments' currently in use for the patient group concerned. This talk will attempt to draw some practical clinical conclusions on the basis of the published evidence and from a clinician's point of view.

S55.05

Changes in regional cerebral blood flow by therapeutic vagus nerve stimulation in depression

A. Zobel^{1,*}, A. Joe², K. Broich¹, N. Freymann¹, W. Maier¹. ¹*Department of Psychiatry*. ²*Department of Nuclear Medicine, University of Bonn, Germany*

Changes in regional cerebral blood flow (rCBF) are reported for depressive episodes; they are at least partly reversed by antidepressant treatment. Treatment specific as well as response related changes in rCBF are reported. We explored the changes in rCBF induced by vagus nerve stimulation (VNS), a recently proposed antidepressant strategy, by application of ^{99m}Tc-HMPAO-SPECT measurements in otherwise treatment refractory patients by region of interest (ROI) and statistical parametric mapping (SPM) analysis. Decrease of rCBF bilaterally in the amygdala, in left hippocampus, left subgenual cingulate cortex, left and right ventral anterior cingulum, right thalamus and brain stem were observed; increase of blood flow was only found by SPM analysis in the middle frontal gyrus. This pattern shares communities with changes of rCBF under treatment with selective serotonin reuptake inhibitors. Similarities to other brain stimulation strategies in antidepressant treatment were less pronounced.

S25. Symposium: Heredity and Heterogeneity of Obsessive-Compulsive Disorder

Chairpersons: Hans Jürgen Grabe (Stralsund, Germany), Daniela Di Bella (Milan, Italy)
08:30 – 10:00, Hall D

S25.01

Familiarity of Obsessive-Compulsive Disorder

H.J. Grabe^{1,*}, S. Ettelt¹, K. Meyer¹, S. Ruhrmann², M. Wagner³, W. Maier³, P. Falkai⁴, H.J. Freyberger¹. ¹*Department of Psychiatry, University of Greifswald, Stralsund*. ²*Department of Psychiatry, University of Cologne*. ³*Department of Psychiatry, University of Bonn*. ⁴*Department of Psychiatry, University of Homburg, Germany*

Obsessive-compulsive disorder (OCD) is assumed to be an etiologically heterogeneous disorder with familial, genetic and psychosocial influences. Since 2001, a large scale family study on OCD is conducted in 5 sites in Germany which will be completed by the end of 2003. Diagnoses are made by direct-interview with SADS-LA-IV which has been updated for OCD-spectrum disorders according to DSM-IV. By the date of July 2003, n=133 subjects with OCD and n=294 first degree relatives and n=97 controls and n=257 first degree relatives had been included in the study. Methods of analyses were linear regression and Cox-regression models. In this sample, first degree relatives of OCD-probands and an increased hazard ratio (HR) of 3,1 of also developing OCD compared to control-relatives. In 35% of the families with an OCD index, at least one other family member also reported on severe OCD symptoms. Our results demonstrate a high familial load of OCD and support a genetic contribution to OCD. In further analyses, a putative cosegregation of axis-I disorders and personality traits like impulsivity with OCD in families will be evaluated.

S25.02

OCD subtypes from a familial perspective

G. Nestadt^{1,*}, J. Samuels¹, M. Riddle¹, M. Grados¹, B. Cullen¹, K.-Y. Liang², R. Hoehn-Saric¹. ¹*Department of Psychiatry*. ²*Bloomberg School of Public Health, Johns Hopkins University, Department of Biostatistics, Baltimore, MD, USA*

Obsessive-compulsive disorder (OCD) is characterized by obsessions and/or compulsions. However there is evidence that OCD may be a heterogeneous diagnosis. There are several approaches that may be useful to identify homogeneous subgroups. In this presentation we will employ familial transmission as the criterion for this purpose using results from the Hopkins OCD Family Study sample. In this study 80 case and 73 control families were assessed thoroughly. We will present four groups of clinical characteristics that may be useful from this point of view. These characteristics include: age-at-onset of OCD symptoms; personality dimensions; specific OCD symptom dimensions derived by factor analytic techniques; and co-morbid psychiatric disorders such as affective, anxiety, and impulse control disorders. The identification of subgroups with putatively distinct etiologies would be a boon to both research and clinical practice.

S25.03

Obsessive compulsive disorder with autistic traits - an important subgroup

S. Bejerot^{1,*}, M.B. Humble². ¹*Department of Clinical Sciences, Section of Psychiatry, St. Görans Hospital, Stockholm.* ²*Psychiatry of Northern Dalecarlia, Mora Hospital, Mora, Sweden*

Objectives: Autistic traits occur in 20% of OCD patients. OCD has been suggested to index an underlying liability to autism spectrum disorders (ASD). Also, repetitive routines and rituals are frequently seen in ASD. Schizotypal personality disorder may be identical to OCD with 'autistic traits', at least according to the definition given by Shedler-Westen Assessment Procedure-200 (SWAP-200) for assessing personality pathology. In addition there is a significant comorbidity between OCD and tic disorders, as well as between tics and ASD (including Asperger syndrome). Previous studies have shown that both subjects with Asperger syndrome and OCD differed in regard to personality dimensions in the Temperament and Character Inventory (TCI) with higher harm avoidance and lower self-directedness.

Methods: 64 patients with OCD were included in this study. Autistic traits were assessed by means of High functioning autism/Asperger Global Scale (HAGS), a simple clinician-rated global scale. Personality dimensions were defined according to the Temperament and Character Inventory (TCI).

Results: The TCI could successfully differentiate three subtypes of OCD, comprising 'pure' OCD, tic-related OCD, and OCD with autistic traits. Hoarding was significantly more common in the OCD group with autistic traits. Also this group scored lower on global functioning, had more personality disorders and was less likely to have a family than other OCD patients.

S25.04

Familial associations between Obsessive-Compulsive Disorder and eating disorders

D. Di Bella*, M.C. Cavallini, P. Cavedini, S. Erzegovesi, L. Bellodi. *Department of Neuropsychiatric Sciences, Fondazione Centro San Raffaele del Monte Tabor, Vita-Salute University, Milan, Italy*

Several disorders characterized by the lifetime presence of obsessions and compulsions are included in the Obsessive-Compulsive Disorder (OCD) spectrum. Nevertheless, clinical differences in the course, the treatment and the onset did not suggest a complete common aetiology. Our data from familial and segregation studies support the hypothesis that OCD and Eating Disorders (ED) belong to the same spectrum of liability. Dysfunction in neuropsychological performances at frontal tests seem to characterize both OCD and ED patients independently from treatment, suggesting that the two disorders share a common neuropsychological alteration. The prefrontal dysfunction measured by the neuropsychological test may therefore be the expression of the same liability in ED and in OCD patients. A complex segregation analysis is performed on families of patients affected with OCD, ED, OCD+ED in order to estimate the genetic contribution to this phenotype.

S25.05

Co-morbidity of DSM-IV axis-I disorders in OCD patients and their first-degree relatives

S. Ruhrmann¹, R. Pukrop¹, M. Wagner², P. Falkai⁴, C. Reck¹, S. Buhtz², A. Hochrein², H.J. Grabe³. ¹*Department of Psychiatry*

and Psychotherapy, University of Cologne. ²*Department of Psychiatry and Psychotherapy, University of Bonn.* ³*Department of Psychiatry and Psychotherapy, University of Greifswald, Stralsund.* ⁴*Department of Psychiatry, The Saarland University, Homburg/Saar, Germany*

Patients suffering from obsessive compulsive disorder (OCD) may show co-morbidity with several DSM IV axis-I disorders, e.g. depression and anxiety. An increased risk for a co-morbidity with a certain disorder may point to common biological factors. To further explore such an association it is necessary to investigate the families of the patients, as an enhanced prevalence of the co-morbid disorder within the biological relatives may indicate a common genetic background of both disorders. However, if in a family the co-morbid disorder occurs mainly independent from OCD, it could mean that the presence of this disorder in the index OCD patient is only based on a separate familial burden. In a multicentre study funded by the German Research Society (DFG) OCD patients and their first degree relatives are investigated in comparison to a sample of families drawn from the general population. DSM IV diagnoses are made using modified versions of the SADS-LA and the FISC. In an in-between analysis OCD patients showed increased odds ratios for affective disorders and certain OCD spectrum disorders. Among first degree relatives odds ratios were also elevated for different disorders with the highest value for OCD itself. First results of the still ongoing study will be presented and discussed.

W18. Workshop: Psychiatric adapted approaches for persons with learning disability and psychiatric troubles (in French)

Chairpersons: Giuliana M. Galli Carminati (Geneva, Switzerland), Olivier Baud, Collonge-Bellerive (Switzerland)
08:30 – 10:00, Hall E

W18

Psychiatric approaches adapted for persons with learning disabilities and psychiatric disorders

O. Baud², N. Constantin¹, G.M. Galli Carminati¹, F. Gerber¹, V. Guerdan³, Y. Legay¹, L. Peyruchaud¹. ¹*UPDM-HUG, Geneva.* ²*EPSE, Collonge-Bellerive.* ³*AIRHM, Geneva, Switzerland*

The population with learning disabilities (LD) and psychiatric disorders (PD) is especially vulnerable to different somatic and psychiatric diseases. Evidence exists that important medical problems have not always been recognized, treated, or adequately managed. The UPDM (Units of Developmental-Psychiatry-Department of Psychiatry-HUG Geneva) offers specially adapted psychiatric care to persons with LD, in the Geneva area (Canton de Geneva) starting from the 70th, and specifically targeting adults with LD starting from the 80th. Our aim is to create the main therapeutic tools in psychiatric structures, taking into account not only the different 'dual' approaches: crisis and rehabilitative, psychopedagogical and psychopharmacological, group and individual, but also the different 'dual' realities: the affordability and quality of care. The goal of our work is to support the conditions that assure a reasonable quality of

life with a maximum of autonomy for our patients, while respecting the needs of the familial and/or socio-educational environment. The speakers of this thematic conference will present some aspects of the tools of care and the interactions with the environment in the population with LD and PD.

S16. Symposium: European Research Projects in Psychiatry

Chairpersons: Christian Haasen (Hamburg, Germany), Mirella Ruggeri (Verona, Italy)
08:30 – 10:00, Hall F

S16.01

Quality of life following adherence therapy for people disabled by schizophrenia and their carers

J. Bindman^{1*}, G. Thornicroft¹, M. Tansella², A. Schene³, M. Knapp⁴, T. Becker⁵. ¹Health Services Research Department, Institute of Psychiatry, London, UK. ²Department of Medicine and Public Health, Section of Psychiatry, Verona, Italy. ³Academic Medical Centre, Department of Psychiatry, Amsterdam, The Netherlands. ⁴Personal Social Services Research Unit, London School of Economics, London, UK. ⁵Department of Psychiatry II, University of Ulm, Günzburg, Germany

Adherence with prescribed antipsychotic medication is of utmost importance for people suffering from schizophrenia in order to reduce symptoms and the risk of relapse, and thereby maintain good quality of life. However, rates of non-compliance are high (appr. 50%), and success of interventions to increase compliance has been limited so far. Since January 2002, a comprehensive longitudinal multicenter European randomised controlled trial (participants in London, Verona, Amsterdam, and Leipzig) has been studying the effectiveness and cost-effectiveness of Adherence Therapy, a pragmatic intervention aimed at increasing compliance to medication based on motivational interviewing. A total of 400 subjects across the 4 sites have been randomly assigned to either eight sessions of Adherence Therapy or a health educational control intervention and are being followed up for one year. Baseline recruitment has been successfully completed in September 2003, and follow-up assessment is ongoing. Preliminary results will be presented and discussed.

S16.02

Integrating mental health promotion interventions into countries policies, practice and the health care system: A European research project

E. Jane-Llopis*. *Prevention Research Centre, Department of Clinical Psychology and Academic Centre of Social Sciences, Nijmegen, The Netherlands*

The European Commission funded project 'IMHPA: Implementing Mental Health Promotion Action' aims to disseminate evidence-based mental health promotion (MHP) and mental disorder prevention (MDP) strategies across Europe and to facilitate their integration into countries' policies, programmes and health care professionals' daily clinical work. The IMHPA project is developing: (1) A standardized Internet database of evidence-based mental

health promotion and mental disorder prevention interventions for different problem areas and groups, with standardized descriptions of programs, outcomes and implementation conditions; (2) A training manual for health care professionals to increase their awareness and skills to promote mental health and tackle depression and stress related problems in primary health care; and (3) A European Policy action plan presenting a set of implementation and recommendation guidelines for policy makers and practitioners to develop effective action plans for mental health promotion and mental disorder prevention; This set of tools for health professionals, practitioners and policy makers is expected to increase future European countries' feasibility and accountability for the development and implementation of actions to promote mental health and prevent mental disorders. This presentation will outline the three strands of development of the IMHPA project and present the results of a survey about the policy situation and availability of infrastructures for prevention and promotion in mental health across European Member states and some of the accession countries.

S16.03

Addiction research projects on cocaine and opiate dependence within the 5th framework programme of the European Community
C. Haasen*. *Klinik für Psychiatrie, Universitätsklinikum Hamburg-Eppendorf, Germany*

The European Commission is supporting two separate research projects in the field of addiction, that can be considered a potential basis for a coordinated European public health strategy in these areas. One project, with the title 'Support needs for cocaine and crack users in Europe', is dedicated to broadening the research base on cocaine addiction. The other project, with the title 'Management of high risk opiate addicts in Europe', is aimed at investigating those opiate addicts that are not sufficiently benefiting from the existing treatment settings. Both projects include an assessment of epidemiological evidence, interviews of cocaine and crack users in different settings, as well as interviews with experts concerning the health care system. The research projects have shown some of the similarities between the European countries, while at the same time making evident, that not all the settings are comparable at that patterns of use vary from one European city to the next. Several difficulties as well as chances have arisen, that will be discussed in the presentation.

S16.04

Prevalence and risk factors on depression in the elderly: A European research project

J.R.M. Copeland*. *Department of Psychiatry, University of Liverpool, UK*

EC Concerted Action (BIOMED 1). Nine centres used AGE-CAT and the Geriatric Mental State. A further five centres used other instruments from which was developed the EURO D Scale. All the centres had urban random samples except Iceland and Gothenburg which had cohorts. Some included nursing home residents. Using standardised differential diagnosis, substantial differences in the prevalence of depression were apparent. Iceland had the lowest level at 8.8% but an older sample; Liverpool, 10.0%; Zaragoza, 10.7% Dublin, 11.9%; Amsterdam, 12.0%; Berlin, 16.5%; London, 17.3%; Verona, 18.3%; Munich, 23.6%. When all five of the AGE-CAT depression levels (subcases and cases) were added together,

five high scoring centres emerged, Amsterdam, Berlin, Munich, London and Verona (30.4–37.9%) and four low scoring centres Dublin, Iceland, Liverpool, Zaragoza (17.7–21.4%). Women dominated over men in all centres but one. There was no constant association between prevalence and age. A meta-analysis of the pooled data from the nine centres (N. = 13, 808) gave an overall prevalence of 12.3% (95% CI 11.8–12.9). The clinical picture of depression varied little between centres but striking differences in the prevalence of symptoms concurred. When the five additional centres were added using the Euro D Scale a small rise in the prevalence of symptoms was noted with age. Fewer depressive symptoms were found in Catholic countries with high rates of church attendance. Considerable variation occurs in the levels of depression, approximately 62% to 82% of persons in centres had no depressive level but substantial opportunities for treatment exist.

S16.05

The WHO/EURO Multicentre Study on Suicidal Behaviour

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The collaborative multicentre study on Parasuicide was initiated by the WHO Regional Office for Europe in Copenhagen. A first informal meeting of experts in suicidology took place in 1985. Since then, the study has been growing into a multicentre research project continuously monitoring rates, trends, risk factors and social indicators of attempted suicide, involving 28 catchment areas from 24 European countries, comprising more than 10 million people. In spite of methodological and geographical limitations, the multicentre study has proven to be a successful project, and has led to an ongoing international cooperation. Similar methodology, definitions and case-finding criteria are used in each centre. The results are related to the size and characteristics of the catchment areas, revealing some enormous differences in rates between study areas (range from 542 suicide attempts/100,000 in Cergy-Pontoise, France, and 72 in Guipuzcoa, Spain), as well as differences in the use of methods, calling for differentiated preventive actions aimed at reducing the availability and attractiveness of certain means. Gathering epidemiological data on suicide and attempted suicide by itself does not save lives. Therefore, the multicentre study has now developed into the WHO European Network on Suicide Prevention and Research. All EU countries as well as candidate countries are members. Large differences in terms of national awareness and prevention programs have been found. It has to be seen how much the network can induce or implement new strategies of suicide prevention.

Free Communications: Psychotic Disorders I

08:30 – 10:00, Hall G

The effect of gender in diagnosing early schizophrenia - an experimental case description study

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Aim: The aim of the study was to investigate whether there is a systematically biased interpretation by psychiatrists concerning gender and schizophrenia diagnosis, based on a written case description.

Materials and methods: The study is cross-sectional, based on two cohorts of psychiatrists in Norway and Northern Russia. All psychiatrists in Norway and psychiatrists in the Arkhangelsk region were presented a written case description. The patient described had symptoms that could be interpreted as schizophrenia in an early phase, giving room for doubt. The clinicians were invited to participate in a study of psychiatric practice among psychiatrists and they were specifically informed that there was no 'medically correct' answer to be given. The questionnaire also included background variables. The clinicians were, however, not informed that half of them received the case description describing a female patient, the other half a male patient. Apart from the patient being described as 'he' or 'she' the stories were identical.

Results: 467 psychiatrists (392 in Norway and 75 in Russia) answered the questionnaire. Schizophrenia diagnosis was given significantly more often to the male story than to the female story, $p=0.004$. In a logistic regression analysis with schizophrenia being the dependant variable and patient gender, clinicians gender, country and working area being dependant variables, patient gender was the only variable that remained significant ($\text{sig}=0.007$). Odds ratio was 1.9 (CI 1.2 - 2.9).

Conclusion: Gender as such predicts diagnostic practice. Possible reasons and implications are discussed.

Relation between patterns of response and neurocognitive functioning in first-episode psychosis

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Aims of the study: To compare neurocognitive functions in relation to patterns of response in First Episode Psychosis (FEP) patients treated only with second-generation antipsychotics.

Methods: First admitted FEP patients ($n=59$) were divided into three groups by a priori criteria of remission of positive symptoms (BPRS-24), i.e. early responder (remission after 2 weeks), delayed responder (remission after 8 weeks) and non-responder group. A battery of 8 neurocognitive (NC) tests were applied after 8 weeks of treatment. NC data were reduced to 4 factors by factor analysis: memory/fluency, executive functions, perceptual discrimination, reaction time (analogue to Green et al, Biol Psychiatry 2002). For comparison, a group of 29 gender and age matched healthy controls was tested with the same NC battery.

Results: In each of the three groups, memory/fluency functions were impaired (> 1.5 SD). Perceptual discrimination, executive functions and reaction time reached normal levels for the early responder and delayed responder groups. Non-responders had deficits in executive functions, but not in perceptual discrimination and reaction time.

Conclusions: FEP is a heterogeneous group not only for patterns of response, but also for patterns of NC functioning. In our study, memory/fluency factor corresponding to NC functioning of short-term storage and retrieval of information is reduced in all FEP patients. However, the non-responders had not only

difficulties in storage and retrieval of information, but also its manipulation (executive functions). This group needs a special pharmacological and psychosocial approach from the beginning of treatment.

Long-term clinical course of acute polymorphic psychotic disorders without symptoms of schizophrenia

T. Abe*, K. Otsuka, S. Kato. *Department of Psychiatry, Jichi Medical School, Tochigi, Japan*

Background: Few studies have investigated the long-term course of acute polymorphic psychotic disorders, despite their clinical relevance. This study focused on the frequency of acute polymorphic psychotic disorder without symptoms of schizophrenia (F23.0) and prognosis over a >10-year period.

Methods: A total of 392 inpatients with psychotic symptoms were examined and cases with F23.0 were retrospectively investigated as to clinical course over 10 years with reference to clinical charts.

Results: A total of 20 cases were diagnosed with F23.0 according to first episode. After 10 years, 6 cases were rediagnosed with schizophrenia, and 1 case with BPD. Among 5 cases with more than 3 repeated episodes of F23.0, four displayed the same clinical picture as in the first episode, while one showed continuous residual symptoms.

Conclusion: F23.0 is not a homogeneous clinical entity, but some cases display repeated F23.0 episode. Such cases that meet the criteria for neither schizophrenia nor other major mood disorders should be diagnosed as recurrent 'atypical psychotic episode'.

Longitudinal symptom patterns in psychotic episodes are related to neurocognition and outcome

Z. Kupper*, W. Tschacher, H. Hoffmann. *University Hospital of Social and Community Psychiatry, Bern, Switzerland*

Longitudinal patterns of psychopathology in psychotic episodes may reveal information on underlying factors and processes. This notion can be tested empirically on symptom courses by utilizing methods of dynamical systems research, such as time series analysis. In the 'Schizophrenia Process Study' performed at the University of Bern, Switzerland, symptom courses of 114 schizophrenia spectrum patients were observed using daily ratings of psychopathology (mean duration of observation: 88 days). A 10-item scale for daily symptom assessment was applied (Today's Evaluation of Psychopathology, TEP). The rating scale was composed of three factors: positive symptoms, negative symptoms and anxiety-depression. The courses were analyzed by time series methods using vector autoregression (VAR) which models the day-to-day interrelations between symptom factors. Comprehensive neuropsychological assessments were performed at the beginning and at the end of the observed course. Associations between the day-to-day patterns of symptoms, and neurocognition and outcome were calculated. Results revealed specific relationships between the longitudinal symptom patterns and both outcome and neurocognition. The interactions between positive and negative symptoms were related to outcome. If positive symptoms predicted negative symptoms outcome tended to be unfavorable. In cross-sectional studies, different symptom domains as well as symptoms and neurocognition are

often found to be independent. The results of this study, however, suggest that different symptom domains as well as symptoms and neurocognition are associated if longitudinal patterns of symptoms in individual patients are examined.

Cannabis use and abuse in patients at high risk for psychosis

H.E. Becker*, D.H. Nieman, M. Brands, P.M. Dingemans, D.H. Linszen. *Department of Psychiatry, AMC/DeMeer, Amsterdam, The Netherlands*

Cannabis use and misuse is frequent in schizophrenia patients. There has been much speculation if and how the course of schizophrenia and the onset of symptoms are related to drugs use, especially cannabis. Few data are available on the prevalence of cannabis use in patients at high risk for psychosis. In the current study, cannabis use was investigated in a group of patients at high risk for psychosis (n=26) and an age-matched group of patients with recent onset schizophrenia (n=24). This study is part of the European Prediction of Psychosis Study (EPOS). High risk patients were interviewed with the Structured Interview for Prodromal Symptoms (SIPS). Schizophrenia patients were interviewed with the PANSS. Cannabis use was common in patients at high risk for psychosis. 10 subjects were using cannabis at the moment of investigation, 16 patients did not use cannabis. In the group of patients with schizophrenia 8 were cannabis users and 16 were not. Cannabis users in the high risk group had a higher score on the SIPS item 'Problems with attention and concentration' than noncannabis users (t=-2.20, p<0.04). In addition, high risk cannabis users had higher scores on the SIPS item 'disorganised communication' (t=-1.95, p<0.05). In the schizophrenia group, cannabis users showed a higher score on the PANSS item 'Unusual thought content' than noncannabis users (z=-2.3, p < 0.02). 40% of the high risk subjects is expected to develop a psychotic episode in the near future. Cannabis use as a risk factor for developing psychosis will be discussed.

The Bruderholz Study: A prospective pilot study of patients at-risk for schizophrenia in North Western Switzerland

A.E. Simon^{1,*}, F. Schultze-Lutter², D.N. Dvorsky^{1,3,4}, J. Boesch¹, D. Umbricht³. ¹External Psychiatric Services, Bruderholz, Switzerland, ²University of Cologne, Germany, ³University of Zurich, ⁴University of Basel, Switzerland

Individuals suffering from early psychosis often receive adequate assessment and treatment only after considerable delays. Besides illness-related factors, inconsistencies in the current mental health systems cause such delays. General practitioners (GP) are often contacted first by these individuals (Lincoln et al. 1998; Addington et al. 2002). However, in a large, nationwide study, GPs (n=1089) were mostly found to detect psychosis only when florid symptoms were present (Simon & Umbricht 2003). Furthermore, substantially more GPs wished specialised and highly accessible referral and outreach services rather than educational programs. In a North Western region in Switzerland, a low threshold referral service has been established which offers assessments at GPs' practices and at patients' homes. Each GP (n=232), mostly individually, was sensitised about warnings signs of emerging psychosis. A newsletter is sent to GPs every three months. Simultaneously, public posters and publications regularly increase public awareness. In order to assess patient load and needs and to control for changes in diagnostic

knowledge among GPs, a brief questionnaire was sent out prior to and after conclusion of the pilot phase. Referred at-risk patients are included in a prospective study and comprehensively followed-up at monthly to 3-monthly basis, narrowly focusing on prodromal symptoms, particularly on basic symptoms. Subjects are assessed with the SCID (DSM-IV), SPI-A, SIPS/SOPS, PANSS, SUMD, PAS, an obstetric questionnaire and a comprehensive neuropsychological battery. Patients then either enter the first-episode, at-risk or control group. Clinical and neuropsychological characteristics between these groups are compared. One-year results of the pilot phase will be presented.

S49. Symposium: Psychoneuroimmunology: From Basic Research to Clinical Applications

Chairpersons: Manfred Ackenheil (Munich, Germany), Norbert Müller (Munich, Germany)
08:30 – 10:00, Hall H

S49.01

Cellular immune system and schizophrenia

B. Sperner-Unterweger*. *Department of Biological Psychiatry, Innsbruck University Clinics, Austria*

It has been hypothesized that the immune system may be involved in the pathophysiology or even etiology of schizophrenia. Based on epidemiological observations of schizophrenia-like psychoses following influenza pandemics, different viral infections have been regarded as possible disease causing mechanisms. There is also some evidence that viruses or other infections are capable of triggering or promoting autoimmune diseases of the CNS. Alterations due to viral and/or autoimmune processes would primarily affect the T-cell mediated immune system. Although numerous studies examined T-cell related functions the results are inconsistent, especially those dealing with the cellular components of the T-cell system. Despite controversial studies, immune alterations in schizophrenia have been reported for more than a hundred years. Recently, a more comprehensive immune theory has been considered: Based on an early immune insult caused by infectious and/or autoimmune mechanisms following neurodevelopmental, neurochemical and neuroendocrine changes could be induced in the brain leading to psychotic manifestations in later life. Cytokines are interesting targets for such investigations, as they provide communication between neuronal, endocrine and immune structures. Furthermore, activation markers like neopterin could also be used as screening tool for alterations in these complex interacting systems.

S49.02

Immunological effects of lithium salts: Possible clinical applications

F. Boufidou^{1,*}, C. Nikolaou¹, G.N. Christodoulou². ¹*Department of Immunology.* ²*Department of Psychiatry, University of Athens, Eginition Hospital, Athens, Greece*

Immunoregulatory effects of psychotropic drugs are relevant to clinical medicine as they could be helpful in elucidating mecha-

nisms involved in the pathophysiology of mental disorders, in discovering new side-effects of widely used medicines and even new agents for immune modulation. Lithium's immunomodulatory effects have been found to be conflicting: they appear to be time and dose dependent and to distinguish between patients and healthy volunteers. It seems that lithium effects a variety of second messenger systems in a sophisticated, time dependent way, besides the alterations that it may cause at the genomic level. In an attempt to explore possible immunoregulatory effects of lithium and their clinical application we evaluated the effects of lithium on two T helper 1 (IL2 and IFN-gamma), one T helper 2 (IL-10) and a proinflammatory (IL-6) cytokine production, using ELISPOT as a sensitive tool. With this method we can evaluate cytokine concentrations derived from single cells under near in vivo conditions, after using different kinds of stimulators. We found out that effective lithium administration decrease the percentage of peripheral blood monocytes that produce cytokines. Possible downregulatory effects of lithium on the immune system are discussed.

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S49.03

Liquorpheresis as a therapeutical method in psychosis

K. Bechter^{1,*}, V. Schreiner¹, H. Tumani², S. Herzog³. ¹*Department of Psychiatry II.* ²*Department of Neurology, University of Ulm.* ³*Institute of Virology, Justus-Liebig-University, Gießen, Germany*

Introduction: CSFF has been shown to be as effective as plasma exchange to treat the autoimmune neurological disorder Guillain-Barré syndrome (Wollinsky et al 2001). In patients with therapy resistant affective or schizophrenic spectrum psychoses, showing antibodies against Borna disease virus (BDV), CSFF appeared also to be effective in experimental studies (Bechter et al 2000, 2003).

Methods: In an open clinical trial, approved by the Ethical Committee, University of Ulm, BDV seropositive patients (n=10) with therapy resistant (after consensus criteria; Souery et al 1999; Peuskens 1999) affective or schizophrenic psychoses are treated by CSFF; clinical status measured over months before and after filtration by BPRS, PD-S, HAMD, MADRS, SCL-90-R, ZVT, Stroop, D2, reaction times, continuous performance; BDV antibodies by indirect immunofluorescence, BD-Virus by nested RT-PCR and RT-PCR; CSF analyzed repeatedly (cells, proteins, oligoclonal IgG bands, peptides). Medication remained unchanged from 4 weeks before, during and for 8 weeks after filtration. Filtration was performed by a lumbar catheter and automatic pump system, 300 ml CSF filtered daily over 5 consecutive days.

Results: 2/3 of patients, treated up to now, improved, some dramatically, with filtration, as evident in clinical status and test performance. Relapse rates are further observed.

Conclusion: A role of inflammation in schizophrenia and affective spectrum psychoses was suggested by previous findings and

BDV seropositive patients may represent such subgroup. CSFF improved therapy resistant psychoses in 2/3 of these patients, but may represent subgroup effect, but our findings may have impact for developing new immune modulatory treatments in therapy resistant psychosis.

S49.04

Anti-inflammatory agents in the therapy of schizophrenia

N. Müller*, M. Riedel, M. Ackenheil, M.J. Schwarz. *Hospital for Psychiatry and Psychotherapy, Ludwig-Maximilians-University, Munich, Germany*

Recent advances in immunological research regarding the differentiation between the type-1 and type-2 immune response and the specific and unspecific arms of the immune system are discussed. The unspecific 'innate' immune system shows signs of an overactivation in unmedicated schizophrenic patients. Increased levels of Interleukin-6 (IL-6) and the activation of the IL-6 system in schizophrenia might be the result of the activation of type-2 monocytes/macrophages, too. In contrary, several parameters of the specific cellular immune system are blunted, e.g. the decreased type-1 related immune parameters in schizophrenic patients both, in-vitro and in-vivo. This is in line with an immunogenetic defect in the process of antigen-presentation and macrophage-activation. A type-1 / type-2 imbalance with a shift to the type-2 immune response is associated with schizophrenia. There are indications that the type-1/type-2 imbalance is reflected in differential activation of astrocytes and microglial cells in the CNS, which is associated with a different activation of the tryptophane-kynurenine metabolism. During therapy with antipsychotics, the specific type-1 related immune answer becomes activated, but also the B-cell system and the antibody production. Especially atypical antipsychotics such as clozapine have a strong immunomodulatory effect. On the other hand, COX-2 inhibitors which downregulate the type-2 immune response and activate the type-1 immune-response have advantageous therapeutic effects in schizophrenia.

IMS1. Interactive Main Session: Conflicts of Interest in Psychiatry

Chairpersons: Mario Maj (Naples, Italy), Norman Sartorius (Geneva, Switzerland)
10:30 – 12:00, Hall A

IMS1

Introduction to the Interactive Main Session "Conflicts of Interests in Psychiatry"

Mario Maj¹ and Norman Sartorius². ¹*Department of Psychiatry, University of Naples, Italy.* ²*University of Geneva, Switzerland*

A conflict of interests occurs when a professional (e.g., a physician) is unduly influenced by a secondary interest (e.g., financial gain, political commitment, or the desire to favour a relative or friend) in his decisions concerning the primary interest to which he is committed (e.g., the health of the patients, the progress of science or the education of students). Conflicts of interests may be actual, poten-

tial or apparent; permanent or punctual. Since the early 1980s, one specific type of conflicts of interests has been extensively covered in the medical literature, i.e., the financial conflict of interests (conflict between the primary interest represented by the health of the patients or the progress of science and the secondary interest represented by financial gain). This type of conflict of interests has been largely discussed and documented also in the field of psychiatry. Several possible remedies to this problem have been proposed, including disclosure of potential conflicts and the adoption of a code of conduct by both physicians and industry. However, it has been observed that disclosure may fail as a remedy if dishonest individuals lie about the nature of their relationships with industry, and that there is no clarity about those relationships which actually generate a conflict of interests. Other types of conflicts of interests are beginning now to be discussed, especially those created by the political commitment of some psychiatrists. This session aims to debate the various forms of conflicts of interests which are relevant to psychiatric practice and research.

S04. Symposium: The 'European Prediction of Psychosis Study' (EPOS) – Outline and First Results

Chairpersons: Joachim Klosterkötter (Cologne, Germany), Max Birchwood (Birmingham, UK)
10:30 – 12:00, Hall B

S04.01

Overview on the European prediction of psychosis study

J. Klosterkötter^{1,*}, M. Birchwood², D.H. Linszen³, S. Ruhrmann¹, R.K.R. Salokangas⁴ and the EPOS Group^{1,2,3,4}. ¹*Department of Psychiatry and Psychotherapy, University of Cologne, Germany.* ²*Early Intervention Service, University of Birmingham, UK.* ³*Academic Medical Centre, University of Amsterdam, The Netherlands.* ⁴*Department of Psychiatry, University of Turku, Finland*

Background: Early detection and indicated early intervention in the initial prodromal phase should considerably improve the course of schizophrenic psychoses. Yet, the current database is insufficient for a conclusive, evidence-based evaluation of the benefits of such programmes.

Aims: This report presents the rationale and design of EPOS, an European multi-centre field-study of the initial prodrome.

Method: Across six centres, 250 putatively prodromal persons are recruited. At baseline, 9- and 18-months follow-up, identical psychopathological, neurocognitive and neurobiological assessments are carried out.

Results: Retrospective data on symptom development, illness onset and pathways to care, as well as prospective data on the course of prodromal symptoms, disabilities, neurobiological parameters, kind, benefit and costs of offered support and transition rates to first-episode psychosis are collected.

Conclusions: These data will give a first sufficient foundation for an evaluation of the applicability and cost-benefit ratio of an integrative European early detection and intervention programme.

S04.02

Pathways to emotional dysfunction in 'non-affective' first episode psychosis

M. Birchwood*. *Early Intervention Service, Harry Watton House, Birmingham, UK*

Emotional dysfunction and schizophrenia have long been uncomfortable bedfellows. It was Bleuler who first argued that problems of affect lie at the heart of schizophrenia and that the symptoms we all focus on, the delusions and hallucinations, are merely 'accessory' and common to many forms of disorder. This view gave way to the now familiar distinction between affective and non-affective psychosis. Yet, emotional dysfunction is pervasive in non-affective psychosis! Sometimes (and unhelpfully) referred to as 'comorbidity' these include: depression and suicidal thinking, social anxiety, problems in forming relationships and traumatic symptoms. There is also the distress attached to the experience of psychotic symptoms. In this paper I will argue that, in order to understand the development of emotional disorder in non-affective psychosis, we need to distinguish between three overlapping pathways including those which are: intrinsic to psychosis, those which are a psychological reaction to psychosis and patienthood, and those arising from the anomalies of childhood and adolescent development, triggered by an episode of psychosis, childhood trauma or both. Evidence for these pathways will be presented and implications for CBT in psychosis - in particular the problems of viewing CBT as a quasi-neuroleptic - will be explored. Early data from the EPOS high-risk group will be presented as it bears on this topic.

S04.03

Predictors of poor outcome in early psychoses

D.H. Linszen^{1,*}, P.M. Dingemans¹, EPOS Group². ¹*Academic Medical Center of the University of Amsterdam, The Netherlands.* ²*Cologne, Germany, Birmingham, UK*

Schizophrenia has a characteristic onset in young adulthood and mostly a course with multiple psychotic episodes with increasing impairment. This unfavourable long-term course takes place in the early phase of the disorders, which may be defined as a critical period. Male gender, insidious and early age of onset, long duration of untreated psychosis and low education have been found to be unmalleable risk factors for poor outcome. Cannabis use and lack of compliance turned out to be malleable risk factors for poor outcome. The rate of substance use in schizophrenia is high: recent abuse for community samples is estimated to range from 30-50% (Soyka et al., 1996; Fowler et al., 1998). Cannabis use has also been found to be an independent risk factor for the onset of psychoses (BMJ, 2002). Dual diagnosis patients have been found at risk for serious complications, including suicide, poor compliance with antipsychotic medication, more admissions and violence (Negrete et al., 1986; Cleghorn et al., 1991). In a twelve month Dutch follow-up study with young first-episode patients cannabis use was a significant risk factor for relapse (Linszen et al., 1994). Intermediate results after 18 months of our current five year intervention study in first episode psychoses and schizophrenia (n=168) showed a 40% relapse rate or continuing psychosis. Main outcome predictors turned out to be cannabis abuse (OR 9.34; 4.02-21.72), lack of insight (OR 4.80; 1.41-12.26) and non-compliance (OR 5.06; CI 1.85-10.28) during the first six months of the intervention with cannabis abuse predicting low compliance.

S04.04

Subjects vulnerable to psychosis in psychiatric outpatient care. Results of the EPOS project

R.K.R. Salokangas^{1,2,3,*}, M.L.A. Heinimaa^{1,3}, T. Suomela^{1,2}, J. Korkeila^{1,2,3}, T. Ristkari¹, A.-M. Heinisuo^{1,2}, J. Rekola¹, J. Hutunen¹, T. Ilonen^{1,2}, J. Klosterkötter⁴, S. Ruhrmann⁴, M. Birchwood⁵, D.H. Linszen⁶, H. von Reventlow⁴. ¹*Department of Psychiatry, University of Turku.* ²*Psychiatric Clinic, Turku University Central Hospital.* ³*Turku Psychiatric Clinic, Finland.* ⁴*Department of Psychiatry and Psychotherapy, University of Cologne, Germany.* ⁵*Early Intervention Service, Birmingham, UK.* ⁶*Academic Medical Centre, Amsterdam, The Netherlands*

Genetic loading, pregnancy and birth complications, as well as the factors disturbing development of the central nervous system during childhood and adolescence increase the risk of schizophrenia and other psychoses. The predictive power of these risk factors is so low, however, that the preventive measures basing on them are not defensible. The same reservation concerns psychotic or psychotic-like symptoms in general population. A more specific and reliable strategy to detect vulnerable subjects suitable for preventive interventions is to focus on patients attending psychiatric care and try to detect from them those who are vulnerable to psychosis (VTP). We describe a procedure applied to the psychiatric treatment system of Finland and a screening instrument (PROD screen) for detecting possible VTP subjects. So far, more than 600 psychiatric outpatients, aged 16 to 35 and starting their new outpatient treatment period, have been screened. According to the symptom descriptions, 24% of the patients were assessed to be VTP subjects. In an interview including detection of Basic Symptoms and a standardised assessment of prodromal symptoms (SIPS/SOPS), 60% of the VTP subjects were assessed to be at Current Risk Of Psychosis (CROP). Thus, about 14% of patients attending psychiatric outpatient care seem to be CROP subjects, young subjects more often than older and in need of a special examination and preventive treatment measures. The final rate of subjects converting to psychosis will be found in follow-up of the CROP subjects.

S04.05

Functional disability in the prodromal phase of psychosis

S. Ruhrmann¹, F. Schultze-Lutter¹, H. von Reventlow¹, H. Picker¹, S. Tschinkel¹, B. Bühler¹, M. Birchwood⁴, D.H. Linszen³, R.K.R. Salokangas², J. Klosterkötter¹. ¹*Department of Psychiatry and Psychotherapy, University of Cologne, Germany.* ²*Psychiatric Clinic, Turku University Central Hospital, Finland.* ³*Adolescentenkliniek AMC/De Meren, Amsterdam, The Netherlands.* ⁴*Early Intervention Service, University of Birmingham, UK*

Loss of social and vocational functioning is one of the major problems of schizophrenia and related psychotic disorders and impairs the chances for rehabilitation. It leads to a high burden for the patients, their relatives and the community. Treatment is difficult and successes can be marginal. Retrospective studies indicate that this decrease of functioning starts before the onset of overt schizophrenia and may arise already more than one year before the first psychotic symptoms, i.e. in the prodromal phase. First results from prospective high risk for psychosis research seem to support these observations, as global functioning is markedly lowered across studies. A better understanding of the kind and sequence of such deteriorations and their interrelations with other, e. g. psychopatho-

logical and neurocognitive variables may serve to develop more appropriate intervention strategies. Furthermore, these data are needed for cost-benefit calculations of such interventions with regard to health economics. Thus, such data which will play an essential role for the implementation of any prevention programme in the future. Therefore, within the European Study for the Prediction of Psychosis (EPOS), disabilities are thoroughly assessed and followed-up over 18 months in persons putatively in the high risk phase. As inclusion criterion not only the Melbourne 'ultra-high risk' approach is used, but also the German basic symptom concept. It covers a wider range of the prodromal phase, thus enhancing the chance to detect persons at risk already when functional levels just start to worsen. First results of the ongoing study will be presented.

S27. Symposium: New trends in Affective Disorder Research

(Organised by the AEP Section on Epidemiology and Social Psychiatry)

Chairpersons: Martin Preisig (Lausanne, Switzerland), Christine Helena Kühner (Mannheim, Germany)

10:30 – 12:00, Hall C

S27.01

Current status of genetics of bipolar disorder

N. Craddock*. *Department of Psychological Medicine, University of Wales College of Medicine, Cardiff, Wales, UK*

A robust body of evidence from classical family, twin and adoption studies demonstrates the importance of genes in the pathogenesis of bipolar disorder (manic-depressive illness). Occasional families may exist in which a single gene plays a major role in determining susceptibility, but the majority of bipolar disorder involves more complex genetic mechanisms such as the interaction of multiple genes and environmental factors. Molecular genetic positional and candidate gene approaches are being used for the genetic dissection of bipolar disorder. Several genomic regions of interest have been identified in linkage studies. Candidate gene association studies using both case-control and family-based paradigms are ongoing. Findings with "traditional" candidates have been inconsistent but some, including the genes encoding COMT, MAOA and the serotonin transporter, find some support from meta-analyses for the existence of modest influences upon illness susceptibility. Recent reports arising from positional and candidate studies implicate several genes, including BDNF, G72/G30 and GRK3. These are interesting and await robust replication. There is increasing use of sub-phenotypes of Bipolar Disorder in an attempt to refine the process of genetic dissection. Examples include Rapid Cycling, puerperal triggering of episodes, lithium response and presence of psychotic features. The latter has particular relevance to exploring the increasing evidence for an overlap in genetic susceptibility across the traditional Kraepelinian dichotomy. This presentation will give an overview of the current state of knowledge and the directions in which the field is moving.

S27.02

Mortality and affective disorders: A prospective life-long patient study

J. Angst*, F. Angst, R. Gerber-Werder, A. Gamma. *Research Department, Zurich University Psychiatric Hospital, Switzerland*

Background: The life expectancy of patients with mood disorders is shortened by about ten years mainly on account of suicides. There is sparse lifetime data from follow-up studies which would enable us to answer the question whether the suicide risk in such patients increases or decreases over lifetime.

Methodology: The total sample of 406 patients hospitalised at some time between 1959 and 1963 consisted of 186 unipolar (D), 60 bipolar II (Dm), 130 nuclear bipolar I (MD) and 30 preponderantly manic patients (M/Md). Follow-ups were carried out in 1965, 1970, 1975, 1980, 1985; mortality data were collected in 1991, 1997 and 2003.

Results: By 2003, 330 (81.3%) of the 406 patients had died, 45 (11.1%) by suicide. Suicide rates were highest among D patients (Standardised mortality ratio, SMR=24.4), DM (SMR=13.6), Dm (SMR=10.6) and lowest among M/Md patients (SMR=4.7). Prospectively, the suicide rate decreased over the 45 years' follow-up, with about half of all suicides occurring within the first ten years. There was no significant gender difference in suicides (survival analysis). There were significantly fewer suicides among lithium treated bipolar patients than among non-treated patients; the same was true of depressed and bipolar II patients treated with antidepressants; an effect of clozapine in BP-I was not significant. In Cox regression models suicide attempts were strong predictors of suicide in major depressive patients but not in bipolar patients.

Conclusions: Suicide mortality is higher among depressives than bipolars and can be substantially reduced by long-term medication in both groups. Bipolar I disorder is heterogeneous.

S27.03

New trends in diagnosing and classifying mood disorders

M. Preisig^{1,*}, F. Ferrero². ¹*Département de Psychiatrie Adulte, CHUV, Lausanne.* ²*Département de Psychiatrie, HUG, Geneva, Switzerland*

Objective: As a consequence of recent epidemiological studies of mood syndromes that argued for a dimensional rather than a categorical approach to the classification of mood disorders, the definition of subthreshold syndromes of mood disorders has gained increasing interest. There is ample evidence that unipolar and bipolar syndromes are part of a wide mood disorder spectrum. Such a spectrum was initially suggested by Akiskal, Cassano and Angst and includes both threshold conditions as defined by current diagnostic systems as well as subthreshold syndromes. Besides comorbidity and course patterns an important diagnostic validator in psychiatry is the degree of familial aggregation of a postulated category.

Method: As part of a family study, we recruited 159 probands with threshold bipolar or bipolar schizoaffective disorder, 30 with subthreshold bipolar disorder, 121 with MDD, 14 with subthreshold depressive disorder and 75 medical controls, with their 1535 adult first-degree relatives. Diagnostic assessment according to a best estimate procedure was based on direct interviews, family history information and medical records.

Results: Relatives of bipolars with both threshold and subthreshold bipolar disorders were found to be at an increased risk of mood disorders. However, only relatives of bipolar-I and bipolar schizoaffective probands revealed an elevated risk for bipolar-I

disorder. Moreover, subthreshold bipolar disorders tended to be more frequent among relatives of bipolar-II probands. With respect to unipolar mood disorders, only threshold depression showed familial aggregation.

Conclusion: Our results support the hypothesis of a mood disorder spectrum as well as the validity of algorithmically defined subthreshold bipolar syndromes.

S27.04

New trends in pharmacotherapy of affective disorders

E. Vieta*. *Director of Research, Clinical Institute of Psychiatry and Psychology, Hospital Clinic, University of Barcelona, Spain*

The new trends in pharmacotherapy of affective disorders include the development of evidence-based treatment guidelines, the optimization of the currently available medications and combinations of those, and the emergence of a number of new and novel agents, including CRF antagonists, substance P antagonists, antigluco-corticoids, glutamate agonists, atypical antipsychotics, and novel antiepileptics. Although a number of new compounds will get to the market as antidepressants, most of them display traditional mechanisms of action, such as amine-reuptake inhibition. As far as we begin to understand the mechanism of action of lithium and the role of second messengers, of glucose-synthase-kinase-3 selective inhibitors and inositol-related drugs may play a role in the treatment of bipolar disorders. These are exciting times as novel approaches, not solely based on traditional 'me-too' powerful marketing supported drugs, will most likely get into the armamentarium of psychiatry for the coming years.

S27.05

New trends in psychotherapy research of affective disorders

C. Kühner*. *Department of Genetic Epidemiology, Central Institute of Mental Health, Mannheim, Germany*

This paper provides a systematic review on recent findings in Cognitive Behaviour Therapy (CBT) for depression focusing on acute treatment as well as on relapse and primary prevention. CBT has been shown to be efficacious in the treatment of depressive disorders by a large number of clinical trials. It is now considered a "well established treatment" that yields comparable effects as antidepressant medication in achieving acute remission. However, there is disagreement as to whether the latter also holds true for the severe end of the depressive spectrum. Meta-analyses have identified similar efficacy for individual and group CBT, but a majority of studies conducted in group settings suffer from poor methodological quality so that further well-designed studies are warranted before firmer conclusions can be drawn regarding this issue. A number of studies indicate that CBT is also efficacious in preventing depressive relapses. While related work has mainly been conducted in individual settings, a study by our group revealed satisfactory short-term but weak long-term effects of group CBT for relapse prevention. Future work should identify subgroups in particular need of relapse prevention and compare the efficacy and effectiveness of individual and group interventions as well as health-economic aspects of such measures. CBT-studies on primary prevention of depression revealed mixed evidence, partly due to different definitions and associated symptom levels at pretest. Clearly, further large scale studies are needed in order to assess the impact of preventive CBT variants on incidence reduction and reduction of proximal risk factors with sufficient statistical power.

S84. Symposium: World Health Organization's Programme on Evidence-Based Assistance on Mental Health to Countries

Chairperson: Benedetto Saraceno (Geneva, Switzerland)

10:30 – 12:00, Hall D

S84.01

The burden of mental disorders in Europe

J.L. Ayuso-Mateos*. *Department of Psychiatry, Universidad Autónoma de Madrid, Servicio de Psiquiatría, Hospital Universitario de La Princesa, Madrid, Spain*

The Global Burden of Disease study was conducted in the 1990s by the WHO to provide a set of summary health measures which aims to provide information, including health outcomes other than mortality (i.e. disability), for international health policy. The summary measure used was the Disability Adjusted Life Year (DALY). DALYs are a common metric for fatal and non-fatal health outcomes and are based on years of life lost because of premature death (YLL) and years of life lived with disability (YLD). The WHO has embarked in a new assessment of the Global Burden of Disease for the year 2000 (GBD 2000). The results of the GBD 2000 shows that neuropsychiatric disorders account for 12.3% of the total DALYs worldwide. From an analysis of trends, it is evident that this burden will increase rapidly in the future. Projections indicate that it will increase to 15% in the year 2020. Three neuropsychiatric conditions rank in the top twenty leading causes of DALYs for all ages. Within the European region, unipolar depressive disorders account for 6.13% of total DALYs, Alzheimer and other dementias for 3% and alcohol use disorders for 2.9%. The GBD study provides a groundbreaking common framework for the comparison of mental disorders with physical disorders. These results have provided the most powerful scientific and advocacy support for mental health. It is now time to see how these findings can be applied to policymaking, planning, and programme implementation.

S84.02

To bridge information gap in mental health: A WHO instrument for monitoring mental health systems and services

A. Lora*. *Mental Health Evidence and Research, World Health Organization, Geneva, Switzerland*

WHO has also recently developed an instrument for monitoring mental health systems and services. The instrument collects systematic data on selected indicators addressed to all the parts of the mental health system, from primary care to mental health services, from treatment to prevention and promotion, and from policy to monitoring and research. The indicators are organized around the 10 recommendations of the World Health Report 2001, each taken as a domain of mental health system. Through the indicators in the monitoring instrument it is possible to describe the strengths and the weaknesses of the local mental health systems and also to identify areas needing immediate action. The monitoring instrument has been developed during 2003. Two consultations with experts and a

meeting with key focal points in developing countries were performed to assess clarity, validity and feasibility of the indicators. A pilot study, using this set of indicators was carried on at the end of 2003 to collect the indicators in thirteen countries with medium and low level of resources (three in Europe and nine in the other WHO Regions). Data from this project are presented, comparing European and non-European countries, and the use of the data to develop achievable targets for mental health systems enhancement demonstrated.

S84.03

Comparative analysis of the (cost)-effectiveness of mental health care interventions in WHO regions

D. Chisholm*. *Global Programme on Evidence for Policy, Department of Mental Health and Substance Dependence, World Health Organization, Geneva, Switzerland*

In order to combat the existing burden of mental disorders and stimulate new investment into their appropriate management, there is an evident need to demonstrate that interventions are not only effective and sustainable, but also cost-effective. WHO has embarked on a new initiative to assemble databases on the cost-effectiveness of key health interventions in 14 epidemiological sub-regions, including pharmacological and psychosocial interventions provided in primary care or outpatient settings for burdensome psychiatric conditions (schizophrenia, bipolar affective disorder, depression and panic disorder). Effectiveness has been converted into the metric of DALYs averted (i.e. reduced burden) and costs expressed in international dollars. Results indicate that combined drug-psychosocial interventions represent the most cost-effective response to the burden of these disorders, even in resource-constrained settings. These regional data are now being tested and refined within selected countries.

S84.04

Developing achievable targets for action within countries

S. Saxena*. *Co-Ordinator, Mental Health Evidence and Research, World Health Organization, Geneva, Switzerland*

Health planning at country level involves complex decision making. A variety of factors, scientific as well political, play their role. The process of advising and assisting countries to make plans for mental health and then to implement them needs to take all these into account. WHO is well placed to work with the Ministries of Health in countries to assist them enhance their mental health system and services. Information on the existing mental health resources within the country is available from WHO's ATLAS for mental health resources and on the assessment of mental health system and services. Magnitude and type of burden caused by mental and behavioural disorders is available from country level epidemiological information and regional burden estimates. Some preliminary information on likely cost-effectiveness is also available from WHO. This information will be the starting point for negotiation with the Ministries of Health of countries that are interested in enhancing their system and services. A certain degree of interest and commitment is a precondition to further work that is undertaken as a collaborative exercise. Domains (representing the WHR-2001 recommendations) that require maximum and urgent attention are identified and targets set for time-bound action on them. An estimate is made for the amount of resources (both- financial and

human) required to achieve the targets on each of the domains. The Ministry of Health is then requested to agree to one or more of the targets and find the necessary resources to achieve the targets within the specified time limit. Responsibilities of the Ministry and WHO are agreed upon and clear mechanisms for working identified.

S84.05

Evidence-based assistance to countries

B. Saraceno*. *Director, Department of Mental Health and Substance Dependence, World Health Organization, Geneva, Switzerland*

Good information is a prerequisite for better decisions and this is particularly true in the case mental health system and services within countries. The information available within WHO on burden of disease, mental health systems and services within countries and cost-effectiveness of mental health interventions makes it possible for WHO to provide evidence based assistance to countries. WHO has also produced a variety of generic products that can be used as a starting point for application within countries. These include the mental health policy and service guidelines modules, material on emergency mental health, material on child mental health services and on suicide prevention and programmes for epilepsy. However, it is seen that these generic materials are not optimally utilised without contextualising them to the needs within countries. Within the framework of mhGAP, country level achievable targets are being developed and all technical assistance by WHO is being channelled within this collaborative framework. Focused technical assistance is provided by WHO to achieve these targets. This assistance consists of advice on policy and legislation, generic technical material adapted/translated to local situation and training programmes to health personnel on cost-effective interventions. Monitoring and evaluation of the programme is conducted to assess the progress made. This process of evidence based assistance to countries will be illustrated by case studies from European countries. The guiding principle of this assistance is scientific evidence and its integration within the country's existing system and services.

S45. Symposium: Phytotherapy in Psychiatry: Myths and Facts

Chairpersons: Edith Holsboer-Trachsler (Basel, Switzerland), Alexandra Delini-Stula (Basel, Switzerland)

10:30 – 12:00, Hall E

S45.01

The psychopharmacology of phytotherapeutics - An overview

A. Delini-Stula*. *ADI International Institute for Advancement of Drug Development, Basel, Switzerland*

Increasingly solid evidence of clinical efficacy of herbal extracts, particularly of St. John's Wort (*Hypericum perforatum*) and Ginkgo in psychiatric indications such as depression and Alzheimer's disease, has been an important impetus for the research of their pharmacological properties and mode of action. Recent extensive studies have revealed a large spectrum of pharmacological and

biochemical effects of hypericum in a variety of in vitro and in vivo experimental models. These encompassed potent synaptosomal inhibition of re-uptake of noradrenaline, serotonin and dopamine, considerable affinity for a various receptors, stimulation of GABA, L-glutamate and aspartate release and, among others, inhibition of substance P-induced cytokin synthesis. The increase of intrasynaptic concentrations of monoamines by hyperforin, the main active principle of hypericum, offers a rational explanation for its clinical antidepressant efficacy. New findings (1) suggest, however, that the mode of action of hyperforin is fundamentally different from that of conventional re-uptake inhibiting antidepressants. This opens new avenues for further research of not only novel antidepressants but also of depression in general. Ginkgo, like St John's Wort possesses a variety of pharmacological properties. Its antioxidative and neuroprotective effects are of particular interest. Recent investigations suggest that several mechanisms could be implicated in these effects: a) direct free radical scavenging (flavonoids, terpenoids), b) mitochondrial stabilization (mainly bilobalide), c) modulation of chloride conductance (bilobalides, ginkgolides) and d) enhanced expression of genes encoding oxidative enzymes. These effects plausibly explain the polyvalent psychotropic action of Ginkgo and therapeutic efficacy in age-associated diseases.

[1] Müller WE, *Pharmacopsychiatry* 2003;36:249–50.

S45.02

Phytotherapy in clinical practice

S. Kasper*. *Department of General Psychiatry, University of Vienna, Austria*

Herbal medicine has been used for a long time for treating depression. However, only for the past 15 years, rigorous placebo-controlled studies have been conducted with hypericum extract. Based on these studies, it emerged that there is a therapeutic profile for hypericum extract, probably depending on the composition of various components (e.g., hyperforine content). The drug's therapeutic profile has recently been studied in a meta-analysis of the original data of three double-blind, randomized multi-center trials, in which 544 out-patients suffering from mild to moderate depression according to DSM-IV criteria received 3x300 mg/die hypericum extract (WS 5570 or WS 5572) or placebo over a double-blind treatment period of six weeks. Two clusters of items were identified which were stable in several independent subsets of the full data set. Cluster 1 can be interpreted to represent the core symptoms of depression, such as depressive mood, loss of drive, including somatic aspects. Cluster 2 is primarily composed of items assessing depression-related anxiety and insomnia. In both clusters, hypericum extract reduced the symptoms of depression more effectively than placebo. There is a need for placebo-controlled long-term data and future results of on-going, placebo-controlled long-term studies will help to establish the role of hypericum extract for the necessary long-term treatment of depression.

S45.03

Phytotherapeutics and sleep

U.M. Hemmeter^{2,*}, M. Hatzinger¹, E. Holsboer-Trachsler¹. ¹*Department of Depression Research, Sleep Medicine and Neurophysiology, Psychiatric University Hospital, Basel, Switzerland.*

²*Clinic of Psychiatry and Psychotherapy, University of Marburg, Germany*

Some phytotherapeutics are active alternative medications in patients with sleep disorders. Evidence for efficacy of herbal substances on disturbed sleep is predominantly found for valerian and kava, which received the most research attention. Further herbs, such as hops, lavender and passionflower, are supposed to act as mild sedatives or hypnotics. However, experimentally proved data are missing. In two own exploratory studies we could show that also Ginkgo biloba (EGb) and St. John's Wort exert substantial effects on sleep architecture in depressed patients, suggesting profound neurobiological effects by these herbs. In the first study an adjunct therapy with EGb (240 mg/d) has been applied for four weeks in depressed patients treated with a constant monotherapy of 200 mg trimipramine. After short-term treatment (one week) EGb significantly improved sleep pattern by an increase of sleep efficiency and a reduction of awakenings, REM-density was additionally reduced. After long-term treatment (four weeks) slow wave sleep, predominantly sleep stage 4 increased, while discontinuation of EGb reversed these effects. In the second study 7 patients with major depression were treated with a monotherapy of 900 mg St. John's Wort. After one and six weeks of treatment sleep efficiency was improved and awakenings were reduced. Furthermore, REM-sleep increased predominantly in the second part of the night after six weeks, suggesting a normalization of the cyclic NonREM-REM alteration. These findings show that phytotherapeutics exert major effects on sleep-EEG pattern. They may reflect a neurobiological action by these substances which can be beneficial in disorders with concomitant sleep disturbance.

S45.04

Phytotherapy and stress regulation: Neurobiology of stress regulation and effects of phyto-antidepressants

M. Hatzinger*, U.M. Hemmeter, S. Brand, E. Holsboer-Trachsler. *Psychiatric University Hospital, Depression Research Unit, Basel, Switzerland*

A body of evidence indicates that the hypothalamic-pituitary-adrenocortical (HPA) system plays a crucial role in the pathophysiology of depression: During the acute depressed state the most characteristic endocrine changes encompass an overactive HPA system as reflected e.g. by the combined dexamethasone (DEX) / corticotropin releasing hormone (CRH) test. These alterations are believed to be closely related to the disease process with respect to the development and the course of depression. Moreover, in acute depression the HPA hyperactivity may resolve in parallel with psychopathological improvement. By contrast, persistency of an abnormal HPA regulation seems to be associated with either non sufficient response to antidepressant treatment and/or increased risk of relapse. Among the substances with antidepressant properties phytotherapeutics reached substantial attention within the recent years. E.g. Hypericum extracts are now among the most widely used antidepressants in Europe. However, underlying mechanisms of its antidepressant action are unclear. Thus, in search for a possible mode of action we investigated in an exploratory open pilot study over 6 weeks the effects of hypericum extract Li 160 (900 mg/d) on HPA axis regulation in patients with mild to moderate depression. Our results indicate that hypericum extracts may exert strong effects on HPA regulation during acute treatment. Thus, we conclude that

not only classical antidepressants but also phytotherapeutics with antidepressant properties may act over effects on HPA system regulation as underlying mechanisms of antidepressant action.

S42. Symposium: Cultural Factors in the Management of Mental Disorders

Chairpersons: Christian Haasen (Hamburg, Germany), Marianne Kastrup (Copenhagen, Denmark)
10:30 – 12:00, Hall F

S42.01

Cultural aspects in the treatment of neurotic disorders among migrants

W. Machleidt*. *Medizinische Hochschule Sozialpsychiatrie, Hannover, Germany*

Abstract not received.

S42.02

Cultural aspects in the treatment of psychotic disorders among migrants

C. Haasen*, Y. Oktay. *Klinik für Psychiatrie, Universitätsklinikum Hamburg-Eppendorf, Germany*

Several studies in the past have implied cultural differences in the psychopathology of schizophrenia between migrants and natives, leading to problems in diagnosis and treatment. It has been hypothesised, that misdiagnoses are frequent due to language problems. However, in a strictly controlled study, including comparison of diagnosis with a migrant and native speaking psychiatrist, results showed that the rate of potential misdiagnosis is higher among Turkish migrants in Germany, yet not strongly correlated to poor second language proficiency. Paranoid ideation had the lowest correlation between the two interviewers, while in a regression analysis poor correlation also was associated with late age of migration. Furthermore, there was evidence that not all psychotic migrants preferred treatment by the native speaking psychiatrist. Psychosocial interventions need to be based less on the individual and more on the family around the patient. Subjective experiences need to be considered in the treatment.

S42.03

Cultural aspects in the management of posttraumatic stress in refugees

M.C. Kastrup*. *Centre Transcultural Psychiatry, Rigshospitalet, Copenhagen, Denmark*

Up to the Second World War, the prevailing thought was that traumatic life events per se did not leave lasting consequences for mental health. Subsequent studies of e.g. concentration camp survivors revealed that exposure to different forms of extreme stress may induce fairly comparable mental problems across cultures among previously well individuals. PTSD is a nosological entity attempting to unite different stress responses across cultures. Refugees

seeking asylum have a high frequency of traumatic experiences. Such events include pre-flight experiences such as persecution, internment or torture as well as post-flight experiences, such as language barriers, discrimination, alienation, or social problems. Consequently a high prevalence of PTSD is reported among refugees. Mental health professionals meeting refugees should be aware of this, but also of therapeutic challenges due to among other things language barriers, and different concepts of illness. Furthermore, refugees may exhibit resistance as to the treatment of PTSD as they may not see the condition as an individual problem but as a normal reaction to a given socio-political context. The paper will discuss these factors as well as outlining ways to improve the cultural competence and sharpen the cultural sensitivity of psychiatrists.

S42.04

Cultural aspects in the treatment of problems of abuse among migrants

M. Casas, A.S. Qureshi*, F. Collazos. *Servei de Psiquiatria, Hospital Universitari Vall D'Hebron, Barcelona, Spain*

Research indicates that migrants seek treatment for substance abuse at lower rates than warranted by problem prevalence. Treatment, when accepted, is marked by high attrition and poor outcome. Low help-seeking rates are related to external impediments such as lack of awareness of services, as well as access problems due to language barriers and immigration status. Cultural meanings concerned with notions of intoxication, abuse, and acceptable means of problem resolution, along with the stigma associated with substance use and mental health problems tend to lower identification of treatment needs and help-seeking. Modification of services to overcome barriers constitutes an important part of cultural competence, as do organisational changes and treatment adaptation to meet the needs of migrants. Examples of organisational change include culturally appropriate diffusion of information about services, the availability of cultural mediators and/or the provision of services in the patients' native language, and on-going education of professionals. Service adaptation involves the possible modification or rejection of Occidental treatment models such as Motivational Interviewing and Harm Reduction which may be inappropriate for use with migrants with non-Western cultural values. The psychiatric interview also requires adjustment given differences in communication styles and role expectations. Finally, adaptive biological differences can result in erratic responses to pharmacologic treatment. Many of these challenges can be resolved or reduced by comprehensive application of the principals of cultural competence.

S42.05

Gender specific aspect in the treatment of migrants

A.-M. Pezous*, C. Musa, J.-P. Lépine. *Hôpital Lariboisière, ECIMUD-Service de Psychiatrie, Université Paris, France*

For reasons of political or economic nature the 21st century is still the theater of big population migrations. These expose people to traumas due to the context and causes of their departure and the migration itself, with violence, separation and many other difficult conditions implied. Migrant women may face different kind of traumatic life events than men, and may have different consequences in mental health. According to current data, in migrants like

in the general population, women have a higher risk to develop a PTSD, but PTSD does not summarize psychiatric disorders related to migration. The talk will give an overview of gender specific prevalence of mental disorders in migrants. We will also highlight gender differences in the type of traumatic events related to migration, access to care in the country of exile and also psychiatric outcome. These differences could be directly related to gender, but also to gender differential impact on social, cultural, or religious conditions.

Free Communications: Other Issues I

10:30 – 12:15, Hall G

Cost-effectiveness of psychotherapy and paroxetine for severe irritable bowel syndrome

F. Creed^{1,*}, L. Fernandes², E. Guthrie¹, S. Palmer⁴, J. Ratcliffe¹, N. Read², C. Rigby³, D. Thompson³, B. Tomenson¹. ¹*School of Psychiatry and Behavioural Sciences, Manchester Royal Infirmary.* ²*Centre for Human Nutrition, Northern General Hospital, Sheffield.* ³*Section of Gastrointestinal Science, Hope Hospital, Manchester.* ⁴*Centre for Health Economics, University of York, UK*

Background and Aims: Psychotherapy and antidepressants are effective in patients with severe irritable bowel syndrome (IBS), but the cost-effectiveness of either treatment in routine practice has not been established.

Methods: Patients with severe IBS were randomly allocated to receive 8 sessions of individual psychotherapy, 20 mg daily of the specific serotonin reuptake inhibitor (SSRI) antidepressant, paroxetine, or routine care by a gastroenterologist and general practitioner. Primary outcome measures of abdominal pain, health-related quality of life, and health care costs were determined after 3 months of treatment and 1 year later.

Results: A total of 257 subjects (81% response rate) from 7 hospitals were recruited; 59 of 85 patients (69%) randomised to psychotherapy and 43 of 86 (50%) of the paroxetine group completed the full course of treatment. Both psychotherapy and paroxetine were superior to treatment as usual in improving the physical aspects of health-related quality of life (SF-36 physical component score improvement, 5.2 [SEM, 1.26], 5.8 [SEM, 1.0], and -0.3 [SEM, 1.1.17]; $p < 0.001$), but there was no difference in the psychological component. During the follow-up year, psychotherapy but not paroxetine was associated with a significant reduction in health care costs compared with treatment as usual (psychotherapy, 829 Euros [SD, 835 Euros]; paroxetine, 1,063 Euros [SD, 1,372 Euros]; and treatment as usual, 1,412 Euros [SD, 2,697 Euros]).

Conclusions: For patients with severe IBS, both psychotherapy and paroxetine improve health related quality of life at no additional cost.

Mental health, social relations and quality of life among refugees before during and after treatment at the Rehabilitation and Research Centre for Torture Victims

J.M. Carlsson^{1,2,*}. ¹*Research Department, Rehabilitation and Research Centre for Torture Victims.* ²*University of Copenhagen, Denmark*

Background: The Rehabilitation and Research Centre for Torture Victims (RCT) was founded in 1982 and has since then been working with rehabilitation of tortured refugees. There are few longitudinal studies published concerning tortured refugees and how their symptoms or situation change over time. The purpose of this research project is to describe the changes over time in mental symptoms, social relations and health-related quality of life in refugees referred to RCT and to identify predictors for these changes.

Material and method: The research project consists of two studies:

1. A concurrent cohort study including 68 refugees that attended a preliminary examination at the RCT from 1 January 2001 to 15 May 2002. Data was collected by questionnaires and interviews shortly after the preliminary examination and after 8 months.
2. A historical cohort study. Data concerning background and symptoms had been collected on 232 persons attending a preliminary examination at RCT in 1991-1994.

In 2002-2003 these persons were localised and interviewed about their life situation and present health ($n=151$). The questionnaires used in the two studies were the Hopkins Symptoms Checklist-25 (HSCL-25), the Harvard Trauma Questionnaire (HTQ), the Hamilton Depression Rating Scale (HAM-D) and the WHO Quality of life-Bref (WHOQOL-Bref).

Results: The results from these studies are currently being analysed and will be presented (101103).

Work integration of people with mental illness

M. Corbière^{1,*}, C. Mercier², A.D. Lesage³. ¹*Department of Psychiatry, MHECCU, University of British Columbia, Vancouver, B.C.* ²*Department of Preventive and Social Medicine.* ³*Department of Psychiatry, University of Montreal, QC, Canada*

A prospective study was conducted with 254 individuals with mental illness registered in prevocational programs, in order to identify the best determinants of their work integration process. Data was gathered by collecting assessments at the time of their inscription to a prevocational program (Phase 1) and nine months later (Phase 2). Phase 1 consisted of assessing participants in different areas, which include demographic variables (e.g. age, gender), psychosocial aspects (e.g. self-esteem, social support), variables related to work (e.g. past work experience, attitude toward work), clinical aspects (e.g. diagnosis, symptoms), and cognitive variables (e.g. verbal memory, selective attention). In Phase 2, nine months later, participants were contacted by telephone in order to ascertain their vocational path. On one hand, the results showed that variables related to work (such as work motivation, career search efficacy, using work search strategies) allowed to distinguish between individuals obtaining a job and those who did not obtain employment. On the other hand, specific variables predicted the level of work autonomy of those having obtained work, enabling us to create a work autonomy continuum (from 1 = non-paid work experience to 11 = competitive employment). The variables that were the strongest predictors of competitive employment were the following: work motivation, coping efficacy to overcome potential barriers to employment, self-esteem, and previous work experience. This regression model explained almost one third of the variance of work autonomy. These results will be discussed in further details.

Migration and stigma – possibilities of a specialised programme

A.E. Baumann*, W. Gaebel. *Department of Psychiatry, Heinrich-Heine-University, Düsseldorf, Germany*

The process of migration and the accompanying stressors are associated with an increased likelihood of developing a mental illness. The migration experience, cultural alienation, language barriers and loss of status are investigated to function as causes of mental illness. There is also a lower contact with psychiatric services in migrants compared to the host population. One of the most likely reasons for the under-representation of migrants seeking help from mental health services is the stigma associated with mental illness. The diagnosis of a mental illness and the perceptible characteristics of the disorder can have the effect that the heterogeneity of behavior due to the illness is negatively judged and leads to social exclusion and disadvantage. The markers that trigger stigmatization vary among societies, but the contents of the stigma are similar across the world. By addressing their aims cross culturally, antistigma-programs can be developed to reduce the stigma in a culturally sensitive way for different ethnic groups. Possibilities of an anti-stigma-programme such as the World Psychiatric Associations' Program 'Open the doors' will be discussed.

Language learning and posttraumatic stress disorder in refugees

H.P. Söndergaard^{1,2,3,*}, T. Theorell^{2,3}. ¹*Center for Trauma and Crisis, Danderyds Sjukhus*. ²*The National Swedish Institute for Psychosocial Factors and Health (IPM)*. ³*Department of Public Health Sciences, Karolinska Institutet, Stockholm, Sweden*

PTSD is highly prevalent among refugees. Problems concentrating is a core feature of PTSD. For non-Scandinavian immigrants in Sweden, language training is mandatory. In a longitudinal study of refugees from Iraq with data collection during 1997-2000, data could be retrieved for the study of self-reported symptoms of PTSD and PTSD diagnostic status, on-going life events, and progress in language training (n=48). Forty percent of males and 30 per cent of females had a PTSD diagnosis. Data was collected on school attendance (number of hours present). Progress was recorded on four levels; level four corresponded to the final exam required for access to unskilled labour or to certification courses for participants with graduation. Participants were followed every 3 months. PTSD was diagnosed by clinician-assessed interview for PTSD (CAPS). Self-rated symptoms were assessed by IES-22 (PTSD), DES (dissociative symptoms), and HSCL-25 (depression). There was a tendency for PTSD diagnostic status at inclusion to be associated with slower language acquisition. In variance analysis with PTSD status at inclusion and the following covariates: years of school, number of hours present at school, cumulative PTSD symptoms, depression, and dissociative symptoms as co-variate (ANCOVA), only cumulative PTSD symptom load explained variance in language acquisition (Model; $F=3,152$, $df=5/43$, $p=0,018$, cumulative PTSD symptoms; $F=6,089$, $df=1/43$, $p=0,018$). The statistical contributions of depression, dissociation, school presence, and number of years of school were non-significant. This study demonstrates that PTSD has significant consequences for language learning. In order to facilitate integration and self-healing, alternative working opportunities should be created.

Cognitive impairment in a group of non-alcohol drinker refugees with PTSD compared to controls with the same ethnic background
H.P. Söndergaard*, R. Emdad, T.T. Theorell. *IPM, Centre for Survivors of Torture and Trauma (CTD), Karolinska Institute, Stockholm, Sweden*

Benton Visual Retention Test (BVRT), and Raven Standard Progressive Matrices (RSPM) performance by PTSD patients with low alcohol/drug consumption have not been explored before.

Aim. Non alcohol-drug -associated short term memory impairment in the PTSD patients is closely related to a measure of general intelligence.

Method. BVRT and RSPM in 30 PTSD patients, 20 controls. Arab and Kurd refugees from Iraq were recently settled in Sweden.

Results. A difference (ANCOVA with age, education and RSPM as co-variables) was between the PTSD and control groups with regard to BVRT (PTSD Group: $M = 15.48$, $SD = 8.14$; Control Group: $M = 6.84$, $SD = 4.65$; $F = 11.14$, $P = 0.002$), (RSPM: $F = 25.36$, $P = 0.000$). Age, the educational level could not explain the group difference. Correlations, controlling for education level, alcohol, use of medication and drugs in the PTSD group: Between 'BVRT, rotation errors' and 'duration of PTSD' ($r = 0.42$, $P = 0.04$); between 'BVRT, distortion errors' and 'duration of PTSD' ($r = 0.41$, $P = 0.05$), between 'RSPM, and 'total severity of PTSD' ($r = -0.42$, $P = 0.04$); between total BVRT and total RSPM ($r = -0.70$, $P = 0.0001$).

Conclusion. These results could be a sign of impairments in the closely related brain structures involving the short-term visual memory, on one side and the non-verbal meaning-making/educative, component of general intelligence on the other side. This would suggest a dysfunction not only in the hippocampus, but also in the medial prefrontal regions.

Impact of long-term emergency situation on mental health in the Chechen Republic

K.A. Idrissov*, V.N. Krasnov. *Moscow Research Institute of Psychiatry, Moscow, Russia*

The Chechen Republic population has been living in emergency area since 1991. Six of twelve years have seen the local military actions. Even when truce is announced the community still runs the risk of death from the daily acts of terror, kidnapping and non-judicial executions. In addition there are unfavorable socio-economic factors which may cause by themselves a strong psycho-emotional distress. 1000 adult persons including 600 urban inhabitants and 400 from rural areas were interviewed in the end of 2002. GHQ-28 has been used to recognize mental disturbances. As well as PTSD questionnaire and SCL-90 for the detection of specific symptoms of the disturbances. Results: The mental disturbances in Chechen Republic population is 86,3% (according to GHQ 28 criteria). 69,5% of the survey persons were subject to one or more life-threatening events which developed PTSD in 31,2%. Psychoactive substance abuse, primarily alcohol and cannabinoids, hit 29,6% men. 69,3% high school students sustained a life threatening events, while PTSD was diagnosed in 4%.

Individual and societal dimensions of trauma: Considerations for intervention

N. Makhshvili*. *Georgian Centre for Psychosocial and Medical Rehabilitation of Torture Victims (GCRT), Tbilisi, Georgia*

Georgian Center for Psychosocial and Medical Rehabilitation of Torture Victims (GCRT) is implementing rehabilitation program for torture survivors since 2000. The paper is based on the working experience with deeply traumatized individuals from most vulnerable strata living in Georgia: Internally Displaced Persons (displaced in 90's due to internal conflicts in Abkhazia and South Ossetia) and Refugees from Chechnya, residing in Pankisi Gorge, Georgia since autumn 1999 (after fleeing from their homeland during the war with Russia). It is well known that massive trauma has long-lasting effects and that it goes beyond the individual reactions – it has an impact on societal dynamics of the affected large group. On the other hand, traumatic adjustments and the new social processes greatly influence the individual post-trauma consequences and should be taken into consideration during planning the psychosocial intervention. Some basic elements of severe trauma/torture found within these two communities both on individual and societal levels are discussed and compared. Main concepts that describe societal changes and represent the characteristics of middle and late post-trauma phase, namely Victimization and “Enemy image” phenomena are analysed. Occurring transgenerational and intergenerational transmission of these attitudes and the danger of developing traumatic identity is underlined by case studies. GCRT strategies of intervention taking into account the individual and societal aspects of traumatic experience are given and some programs with aim, principles and stages are discussed.

S60. Symposium: Psychopathology: Traditional European and Japanese Paradigms and Future Developments

Chairpersons: Hitoshi Tsuda (Tokyo, Japan),
Tsuyoshi Akiyama (Tokyo, Japan)
10:30 – 12:00, Hall H

S60.01

Nomination change of the term schizophrenia in Japan: Predicting a dramatic sift in epistemology

T. Utsumi*. *Department of Psychiatry, Teikyo University School of Medicine, Tokyo, Japan*

In summer 2002, the Japanese Society of Psychiatry and Neurology, the main association of psychiatrists in Japan, decided to change the nomination of schizophrenia from 'gSeishin-Bunretsu-By-h to 'gTogo-Shiccho-Syo-h. Although both two disease names refer to schizophrenia as the original term, this change seems to suggest a drastic alteration of the concept of schizophrenia. Whereas the former, Seishin (psyche)-Bunretsu (splitting)-Byo (disease), means, for Japanese people, the ultimate madness which might be separated from the society, we would regard the latter, Togo (integration)-Shiccho (dysfunction)-Syo (illness), as a disabled condition which we could accept in the community. As a background for this change, there exists not only détente of the severity of this disease, but also the end of the modern epoch, declared, for example, by Jean-François Lyotard. In other words, the modernity has accomplished its epistemology to the end. Thus, the morbidity of schizophrenia will be soon absorbed in the final form of modernity. Especially, the force, which, constructing the core psychopathology of this condition, schizophrenics suffer, will be dissolved.

The new name of schizophrenia, containing no more the force of nomination, may not only represent an epochal transformation of the psychopathology but also predict the fade-out of this disease in the coming future.

S60.02

Toward an anthropological phenomenology of psychosis: The French point of view of a fruitful connection of European and Japanese traditions

D. Pringuey*. *Clinique de Psychiatrie et de Psychologie Médicale, CHU Pasteur Nice, France*

Relationships between classical European studies on phenomenological aspects of psychosis and the Japanese tradition in the field have promising issues. These connections recently provided in France a progress toward an anthropological dynamic and structural approach of the human experience in psychotic states. French academic psychiatrists successfully organize regular international scientific meetings joining Philosophy and Psychiatry. Interest also displayed from several communications during the last World Congress held in Yokohama. One of the major contributions of phenomenological psychiatry is to add to the conventionally broken structure of psychotic experience a complementary prospect describing a new positive meaning: a basic existential activity which have to build space and time in human proportions, doing that through two anthropological primary structures, 'order' which is experienced in melancholy (H. Tellenbach) and bipolar disorder (A. Kraus), and 'measure' which appeared in a special temporality in schizophrenia (Bin Kimura). It will be suggested that variations in the dialectic proportion between order and measure can lead to the major psychiatric disorders.

S60.03

Social moments in schizophrenic patients: Post-structuralistic interpretation of Binswanger's 'falling (Verfallen)'

H. Tsuda*. *Department of Neuropsychiatry, Tokyo University Hospital, Japan*

Binswanger talked about the existence-mode of schizophrenic patients as 'falling (Verfallen) into the world'. This concept, based on Heidegger's philosophy, is in a sense misleading. Continental and Japanese psychopathology (Minkowski, Blankenburg, Kimura) revealed the disturbance of intersubjectivity in schizophrenic patients. This disturbance can be regarded as, in the framework of Heidegger's philosophy, patients' difficulties in falling into the ordinary life-world instead of their tendencies to fall into the world. Nonetheless Binswanger's discussion is of clinical relevance because he pointed out in his discussion on 'falling' properly that in schizophrenic patients 'social' moments intrude into the daily life in a peculiar way. Some classical and contemporary contributions also pointed out the affinity between schizophrenic patients and 'society' on a symptomatic (Kranz) level as well as on an existential (Matussek) level, and also in the framework of post-structuralistic philosophy (Deleuze). I would like to show in this paper by analyzing the situation precipitating symptoms in schizophrenic patients that because of their structural deficit tiny life events in their daily life sometimes lead them to be absorbed in the matter of the relation between their self and 'society' and furthermore in the matter of how the world as a whole is being generated around their self.

S01. Symposium: Stigmatization, Public Opinion and Public Policy in the Area of Mental Health: The Current Situation in Europe

Chairpersons: Ahmed M.F. (Okasha, Cairo, Egypt),
Juan J. López Ibor (Madrid, Spain)
14:15 – 15:45, Hall A

S01.01

The WPA Global Programme against stigma and discrimination because of schizophrenia

N. Sartorius*. *University of Geneva, Switzerland*

The World Psychiatric Association's Global Programme against stigma and discrimination because of schizophrenia started in 1996 and since then more than 23 countries on four continents joined the programme. The characteristics of this programme - which make it different from other programmes aiming to reduce stigma are that 1) the programme selects its targets on the basis of the opinions of people suffering from schizophrenia and their families, 2) the programme is a long-term undertaking rather than a campaign, 3) the programme is international, multicentric and collaborative although its targets differ from country to country. The participants in the programme have gained much experience and developed their activities learning from their own successes and failures and from the experience of the other centers. The presentation will summarize the experience gained in the European centers so far and outline possible future directions for the programme as a whole.

S01.02

The Global Council for Mental Health: A WHO Initiative

B. Saraceno*. *Department of Mental Health and Substance Dependence, World Health Organization, Geneva, Switzerland*

The time has come to create the first all-inclusive global partnership of mental health-related constituencies. WHO, in its capacity as the intergovernmental UN agency for health, will bring its leading authority to such a body. The Global Council for Mental Health will act as a forum for mental health. Its main goal will be to support the WHO in carrying out its global mandate that seeks to improve mental health and reduce substance abuse problems worldwide. The Global Council for Mental Health will have as its general objectives:

- to bring together diverse constituencies with a real interest in better promoting mental health, preventing and treating mental disorders. Based on their different perspectives and bringing specific points of view from their own environments, these diverse constituencies will contribute to a common vision of the problem in order not only to enhance the opportunities for effective and coordinated action, but also to advance their common and specific aims: from diverse perspectives to a common vision of the problem.
- to stimulate and lend support to action aimed at raising awareness in countries around the world on the burden of the mental and substance abuse problems, the interventions available to reduce them, and the pervasive effects of stigma and discrimi-

nation that affect persons with mental disorders and their families.

- to promote the implementation of the Ten Recommendations of the World Health Report 2001 in all regions, and the adoption of the strategies put forth by the Mental Health Global Action Programme.

S01.03

The role of Ministers of Health of the European Union in combating stigma due to mental disorder

C.N. Stefanis*. *Hellenic Society of Neurology and Psychiatry, University Mental Hospital Research Institute, Eginition Hospital, Athens, Greece*

Mental health has emerged in recent years as a substantive public health issue. This is the result of a growing realization that mental disorders are widespread, cause suffering and disability to individuals and families, and impose financial pressures on society. Even if effective interventions are available for almost all mental disorders, yet they fail to be implemented due to barriers, such as stigma and discrimination that prevent people from receiving appropriate treatment. As health systems come under ever increasing pressure, the Ministers of Health of the European Union should urgently address the problems of mental illness and stigma. The author, the Minister of Health during our Country's presidency of the European Union brought to the attention of the Council of Ministers of Health of both the EU and the acceding Countries, in March 2003, the issue of stigma because of Mental Disorders and unanimously adopted a text with conclusions concerning combating stigma. The adopted text, prepared by the Greek delegation during a special conference in Athens, signaled at a high political level a substantial step toward further joint actions to end discrimination and marginalization of people suffering from schizophrenia and other serious mental illnesses. Actions that should be taken into consideration are: to provide treatment in primary care, make treatment accessible, provide and monitor community care, involve the media, educate the public, involve communities, families and consumers, develop human resources, encourage nongovernmental organizations and support research.

S01.04

Mental health professionals and stigmatisation

J. Cooper*. *Emeritus Professor of Psychiatry, University of Nottingham, UK*

In recent years both the World Psychiatric Association and the Royal College of Psychiatry of the UK have started campaigns aimed at assessing the extent of stigma, and how it might be diminished. In their publications and surveys, the organisers of these campaigns have naturally given first priority to the effects of prejudice in the minds of the general public upon persons with mental illness. But other types of stigmatisation also exist, such as the stigmatisation of psychiatrists by other members of the medical profession, and even the stigmatisation of psychiatric patients by their own psychiatrists and other professional carers.

Some examples of these other types of stigma will be presented, and the problems of how they might be diminished are discussed.

S19. Symposium: Eating Disorders: Psychopathological, Biological and Therapeutic Aspects

Chairpersons: Janet Treasure (London, UK), Palmiero Monteleone (Naples, Italy)
14:15 – 15:45, Hall B

S19.01

The endophenotype in eating disorders: Results from brain imaging and neuropsychology

J. Treasure*. *Department of Psychiatry, King's College London, UK*

Abstract not received.

S19.02

Second messenger impairments in patients with eating disorders: G-protein levels in peripheral mononuclear cells

P. Monteleone*, A. Di Lieto, V. Martiadis, C. Serritella, M. Maj. *Department of Psychiatry, University of Naples SUN, Italy*

Abnormalities in signal transduction pathways have been demonstrated in a variety of human diseases. Part of these alterations consists of dysfunctions of guanine nucleotide binding proteins (G proteins) that are key elements in the transmission of signal from membrane receptors to effector proteins. Alterations of cellular G proteins have been implicated in the pathophysiology of some psychiatric disorders. So far, no study assessed G protein function in anorexia nervosa (AN) and bulimia nervosa (BN). We measured immunoreactive levels of Gas, Gai, Gaq/11 and Gb protein subunits in mononuclear leukocytes (MNL) of 71 drug-free women, including 25 subjects with AN, 26 individuals with BN and 20 healthy controls. After an overnight fast, blood samples (60 ml) were collected by venipuncture in the morning into a heparinized glass tube, and processed immediately. MNL were isolated using Ficoll-Hypaque gradient. G proteins levels were measured by immunoblot analysis. As compared to healthy women, anorexic patients exhibited significantly increased levels of Gai and Gb proteins, while bulimic patients had significantly increased levels of Gas, Gai and Gb proteins. Immunoreactive levels of peripheral G protein subunits were not significantly correlated with demographic or nutritional parameters. These findings, although obtained in peripheral blood cells, may suggest a derangement of G protein-mediated signal transduction in the pathophysiology of eating disorders.

S19.03

Temperament aspects in eating disorders and their putative biochemical bases

F. Brambilla*, C. Mellado. *Department of Psychiatry, Hospital Sacco, Milan, Italy*

Preliminary data in Anorexia Nervosa (AN) and Bulimia Nervosa (BN) have suggested that some temperament characters are altered,

in AN patients with higher than normal levels of harm avoidance (HA) and lower than normal of reward dependence (RD) and novelty-sensation seeking (NSS), and in BN patients with higher than normal levels of NSS, RD and HA. No data have been reported for the neurobiological bases of these alterations, while it is well known that in normal subjects RD levels correlate negatively with the noradrenergic (NE) secretion, HA levels positively with the serotonergic (5-HT) secretion and NSS levels positively with the dopaminergic (DA) secretion. In 35 anorexic women (22 restricters= ANR and 13 bingeing-purging = ANBP), in 7 BN women and in 13 healthy controls we measured RD, HA and NSS scores with the Tridimensional Personality Questionnaire (TPQ) of Cloninger, DA secretion with the GH-apomorphine (APO) test, 5-HT secretion with the prolactin-DL-fenfluramine (DL-fen) test, and NE secretion with the B-Endorphin-clonidine (CLON) test. NSS scores were lower than normal in ANR patients, HA scores were higher than normal in ANR and BN patients and RD scores were higher than normal in ANBP patients. DA (APO test) and NE (Clon test) secretions were significantly higher than normal in ANR and ANBP but not in BN, while 5-HT (DL-fen) secretion was reduced in all the 3 groups. No correlations were observed between the biological and psychological parameters.

S19.04

A randomised controlled comparison of family therapy versus guided self-help for adolescents with bulimia nervosa: Preliminary findings

U.H. Schmidt^{1*}, S. Perkins¹, I. Eisler², J.L. Treasure³. ¹*Section of Eating Disorders.* ²*Section of Family Therapy, Institute of Psychiatry.* ³*Guys, Kings and St. Thomas' Medical School, London, UK*

Background: Treating adolescents with bulimia nervosa is a major challenge. Most of these young people are poorly motivated to engage in treatment, as the short-term benefits of their behaviours (such as weight loss) outweigh the prospect of potential negative long-term effects on their physical and emotional health. It is often the parents who initiate treatment rather than the young person herself. We report here preliminary results from the first randomised controlled treatment study ever to be conducted in this patient group, comparing the relative merits of an individual treatment (guided cognitive behavioural self-help) versus family therapy.

Subjects and Method: 85 adolescents (aged 13 to 20) referred to four catchment-area based eating disorder services in and around London, United Kingdom, were included in the study. All participants fulfilled DSM-IV criteria for bulimia nervosa or EDNOS. Patients had to have at least one close other who agreed to be involved in treatment if needed. Patients were randomly assigned to either 15 sessions of family therapy or 15 sessions of guided cognitive behavioural self-help. Outcomes were assessed by a blind assessor at 6 and 12 months, including an interview-based assessment of key behavioural and attitudinal eating disorder symptoms and other relevant psychopathology (such as anxiety and depression).

Results: We present here preliminary end-of-treatment findings.

Discussion: The implications of the study in terms of future research and service provision for these patients will be discussed.

S07. Symposium: Prevention of Suicide

(Organised by the AEP Section on Epidemiology and Social Psychiatry)

Chairpersons: Mónika Kovács (Budapest, Hungary), Sandor Fekete (Pecs, Hungary)

14:15 – 15:45, Hall C

S07.01

Antidepressants in 15 432 suicides in Sweden 1992-2000

G. Isacson*. *NEUROTEC, Section of Psychiatry, Huddinge University Hospital (M59), Huddinge, Sweden*

Objectives: Investigation of correlations between use of antidepressants with suicide rates, and with rates of toxicological findings of antidepressants in suicides.

Methods: National statistics on suicide and sales of antidepressants. Data from the national forensic toxicological database.

Results: The use of antidepressants increased more than 5-fold in Sweden during 1990-2000. Until 1998 suicide rates had decreased by 24% (21.3/100 000 inhabitants in 1998, n=1534). In the toxicological analyses, the proportion of suicides being positive for antidepressants increased from 15% to 23% during 1992-2000.

Conclusions: The strong correlation between suicide and the use of antidepressants in the population suggests that large scale medical treatment of depressed individuals is an effective strategy for suicide prevention. The increase of suicides with positive toxicology for antidepressants was only 1/10 as large as the increase of the use of antidepressants in the general population. This might be explained by that only about half of the individuals who committed suicide may have consulted a doctor recently, as frequently has been found, and that the decrease in suicide may have occurred in the population treated with antidepressants.

S07.02

Suicide prevention in primary care

U. Hegerl^{1,*}, V. Henkel¹, M. Hautzinger², M. Schütze¹, W. Scheunemann¹, R. Kohlen³. ¹Department of Psychiatry, Ludwig-Maximilians-Universität, Munich. ²University of Tübingen. ³CRO IMEREM, Nuremberg, Germany

A 2-year and four-level intervention study for improving the care of depressed patients and for preventing suicidality was conducted in Nuremberg. The intervention levels were 1) close cooperations with GPs, 2) a professional PR-campaign, 3) information and support for 'multipliers' such as teachers, priests, media and geriatric care givers, and 4) support of self-help activities. Evaluation took place both with respect to 1-year baseline and a control region (Würzburg). Concerning the main outcome parameter 'suicidal acts' (combination of suicide attempts and suicides), a highly significant reduction was observed in Nuremberg as compared to Würzburg. In secondary analyses, this effect could also be statistically proven for suicide attempts but not for suicides. Further evaluation was performed concerning changes in public attitudes, changes in media coverage or drug prescriptions. This Nuremberg Alliance against Depression project provides evaluated materials and concepts for establishing community based action programs against depression and suicidality. The intervention program is presently extended to several other regions in Germany and Europe.

S07.03

Suicide risk factors and preventive strategies

Z. Rihmer*, K. Kiss, N. Belso. *National Institute for Psychiatry and Neurology, Budapest, Hungary*

Since suicide is a very complex, multi-causal human behavior, its prevention should also be complex. The prediction of suicide is very difficult at the level of the general population, but it is much easier among patients with mental disorders, since more than 90% of suicide victims/attempts have current major mental disorder. Major mental disorders, previous suicide attempts, communication of wish to die, adverse life events and psychosocial stressors are the most important suicide risk factors. Up to 66% of suicide victims and attempters contact health care services some weeks or months before either suicide act, therefore health care workers play a priority role in suicide prevention. Successful acute and long-term pharmacotherapy of mood disorders and schizophrenia substantially reduces the suicide mortality even in this high-risk population. However, non pharmacological (and non biological) suicide preventive strategies are also important, and the combination of both pharmacological and non-pharmacological methods provide the best results.

The most effective non-pharmacological methods are as follows:

1. Crisis intervention centers and hotline (SOS) telephone services.
2. Regular aftercare of persons with high suicide risk.
3. Psycho-education of patients, relatives and education of healthcare workers.
4. School-wide depression and substance (ab)use screening programs.
5. Telephone help-line/social support service for old people.
6. Responsible media coverage of suicide.
7. Restriction of lethal suicide methods and introduction of more restrictive alcohol and drug policies.

We are, of course, unable to prevent all suicides. Nevertheless our theoretical knowledge and the available preventive strategies are sufficient to prevent many of them.

S07.04

Media and suicide prevention

A. Schmidke*. *Klinik und Poliklinik für Psychiatrie und Psychotherapie, Universitäts-Nervenlinik, Klinische Psychologie, Würzburg, Germany*

Abstract not received.

S66. Symposium: Neurobiology of Prodromal and Early Psychotic States

Chairpersons: Stephan Ruhrmann (Cologne, Germany), Philip McGuire (London, UK)

14:15 – 15:45, Hall D

S66.01

Detection of the initial prodromal phase of psychosis

S. Ruhrmann*, F. Schultze-Lutter. *Department of Psychiatry and Psychotherapy, University of Cologne, Germany*

As retrospective studies on the course of schizophrenia showed, in the majority of cases onset of illness precedes the clinical manifestation by

five to six years, on average, comprising a phase of about one year of untreated psychosis and a prodromal phase. Furthermore, it seems that a delayed beginning of treatment worsens the prognosis in several domains. Thus, early detection of psychosis is of major importance. The genetic high-risk approach has advantages regarding insights into the biology of the disorder, but fails to provide a sufficient sensitivity and specificity for a prevention programme. Thus, an indicated prevention, based on clinical signs and symptoms is in the focus of early detection research. At present, the most wide-spread 'ultra-high risk' definition encompasses three main criteria: Attenuated Positive Symptoms, Brief Limited Psychotic Symptoms, and a combination of genetic risk factors with a significant GAF score decrease. Across the small number of available studies the average 12 months transition rate is 36.7%. In combination with the German basic symptom concept, shown to be highly predictive for schizophrenia, it should be possible to detect also earlier parts of the prodromal phase, when functional decline already starts. Although psychopathological research seems to provide effective tools for early detection, prognostic accuracy has to be enhanced. Most promising seems to evaluate the possible contributions of neuropsychology, neurophysiology and brain imaging. These methods may also allow to further determine not only if a person is at risk, but also to estimate the time until the onset of frank psychosis.

S66.02

Eye movement abnormalities in patients at risk for developing psychosis

D.H. Nieman^{1,*}, L.J. Bour², J.R. van de Fliert¹, H.E. Becker¹, M.C. Klaassen¹, N. Plat¹, P.M. Dingemans¹, D.H. Linszen¹. ¹Department of Psychiatry. ²Department of Clinical Neurophysiology, Academic Medical Centre, Amsterdam, The Netherlands

Eye movement abnormalities in schizophrenia patients have frequently been reported. Schizophrenia patients tend to perform worse on the antisaccade task than healthy control subjects. In this task, the subject is requested to inhibit a reflexive saccade to a suddenly appearing target and look in the opposite direction. In addition, schizophrenia patients show more saccades in their smooth pursuit eye movements (SPEM). Few data are available on eye movement abnormalities in a high risk group. In the present study, antisaccade task performance and SPEM were investigated in a group of patients at high risk for developing psychosis (n = 20), an age- and intelligence matched group of patients with schizophrenia (n = 41) and an age- and intelligence matched healthy control group (n = 14). The high risk group showed increased antisaccade error rate (mean error rate = 31%) compared to the healthy control group (18%; t = 2.1, p < 0.05) and decreased antisaccade error rate compared to the schizophrenia patient group (51%; t = -2.3, p < 0.04). The SPEM showed the same trend. Both antisaccade test and SPEM results were not related to state factors like symptomatology and appear to be trait markers. Forty percent of the high risk subjects is expected to develop a psychotic episode in the near future. The value of eye movement abnormalities as a predictor of psychosis will be discussed. This study is part of the European Prediction of Psychosis Study (EPOS).

S66.03

Facial affect recognition and EEG in the prodromal phase of schizophrenia

M. Streit¹, J. Brinkmeyer¹, M. List¹, S. Ruhrmann², M. Wagner³, A. Bechdolf², W. Wölwer^{1,*}, W. Gaebel¹. ¹Department of Psychia-

try, University of Düsseldorf. ²Department of Psychiatry, University of Cologne. ³Department of Psychiatry, University of Bonn, Germany

Aims: This study examines whether individuals at high-risk for the development of psychosis show already poorer performance in accurate recognition of facial affect. Moreover, neurophysiological correlates of this important social cognitive ability were investigated using EEG event-related potentials (ERPs).

Method: A digitized series of pictures of facial affect already used in previous related studies was used to assess recognition of facial affect in 27 putatively prodromal patients and 12 healthy control subjects. Simultaneously, ERPs were recorded to investigate the electrophysiological activity during the task performance.

Results: The high-risk individuals showed significant problems in facial emotion recognition and, furthermore, EEG abnormalities that were qualitatively very similar to those found in patients with established schizophrenia. ERP amplitudes were associated with task performance and with symptoms in the patient group.

Conclusions: The findings suggest that particular emotional dysfunctions that had been often described in patients with established schizophrenia predate the onset of the initial psychotic episode. The EEG findings indicate that the corresponding neurophysiological abnormalities in prodromal patients are not substantially different from those in established schizophrenia and, therefore, might represent aspects of the neurofunctional abnormalities that constitute in part the endophenotype of schizophrenia.

S66.04

Serotonin 5HT(1A) receptors in first-degree relatives of patients suffering from schizophrenia - PET imaging study with [Carbonyl-11C]WAY-100635 (WAY)

J. Huttunen^{1,*}, J. Hietala², J. Kajander⁴, M.L.A. Heinimaa¹, T. Ilonen³, T. Suomela¹, J. Korkeila¹, T. Ristkari¹, M. Plathin¹, E. Syvälahti⁴, T. McGlashan⁵, R.K.R. Salokangas¹. ¹Department of Psychiatry, University of Turku. ²Turku PET Centre. ³Department of Psychiatry, Turku University Central Hospital. ⁴Department of Pharmacology, University of Turku, Finland. ⁵Department of Psychiatry, University of Yale, New Haven, CT, USA

Background: The neurotransmitter serotonin (5-hydroxytryptamine [5-HT]) has been implicated in the pathophysiology of schizophrenia. Post mortem studies of patients with schizophrenia have demonstrated elevated levels of serotonin-5-HT(1A) receptor density in the prefrontal and temporal cortices. Serotonin 5-HT(1A) and 5-HT(2A/C) receptor subtypes have also been reported to have an impact on the clinical efficacy of certain novel antipsychotic drugs. [Carbonyl-11C]WAY-100635 (WAY) is a highly selective radioligand that can be utilized in quantitative determination of 5-HT(1A) receptors in the human brain using positron-emission tomography (PET).

Objective: The objective of our study was to investigate whether there would be changes in the 5-HT(1A) receptor binding in first degree relatives (FDR) of schizophrenic patients.

Methods: FDRs of schizophrenic patients or patients suffering from other non-affective psychosis were recruited in the Detection of Early Psychosis (DEEP) study. Of these FDRs seven nonpsychotic subjects underwent through PET imaging study using the WAY radioligand to measure the 5-HT(1A) binding potential in brain. In addition to imaging studies all subjects were interviewed

using a battery of clinical and neuropsychological evaluation instruments. These subjects will be compared to healthy nonpsychotic control subjects. At the time of the writing, analysis of these studies is still incomplete. Results will be presented at the congress.

S66.05

Neuroimaging in prodromal and early psychotic states

P.K. McGuire^{1,2,*}, J. Woolley^{1,2}, M. Broome^{1,2}, P. Matthiasson^{1,2}, X. Chitnis³, G. Barker³, S. Williams³. ¹Section of Neuroimaging, Institute of Psychiatry. ²OASIS, South London and Maudsley NHS Trust. ³Neuroimaging Research, Institute of Psychiatry, London, UK

Cross sectional and prospective neuroimaging studies of the At Risk Mental State (ARMS) can indicate the neurocognitive correlates of both the vulnerability to psychosis and of the transition to psychosis. Studies using MRI suggest that people with an ARMS show volumetric and functional differences relative to healthy controls, and that within the ARMS population there may be differences between those who do and do not subsequently develop psychosis. Data from structural and functional imaging studies in high risk and first episode subjects will be presented and discussed.

S74. Symposium: Brain Imaging and Other Novel Methods in Psychotherapy Research

Chairpersons: Hasse Karlsson (Helsinki, Finland), Johannes Lehtonen (Kuopio, Finland)
14:15 – 15:45, Hall E

S74.01

The scope of brain imaging in the research of the outcome of psychotherapy

J. Lehtonen^{1,*}, P. Saarinen¹, J. Kuikka², M. Joensuu¹, T. Tolmunen¹, P. Ahola¹, J. Tiihonen³. ¹Department of Psychiatry, University Hospital of Kuopio and University of Kuopio. ²Department of Clinical Physiology, University Hospital of Kuopio. ³Department of Forensic Psychiatry, University of Kuopio and Niuanniemi Hospital, Kuopio, Finland

Only a couple of years ago knowledge of connections between brain function and psychotherapy was non-existent. New imaging methods have rapidly changed the situation and there are already several reports showing changes in blood flow, transporter or receptor function that relate to psychotherapy outcome. Assessment of valid connections between the effects of psychotherapy and brain function requires careful exclusion of numerous confounding factors. We describe a protocol for studying the effects of dynamic psychotherapy in depression using a randomised patient-waiting list control paradigm. Only drug-naïve patients are recruited. A model for assessing the therapy process that typically arises with patients with depression is also described.

S74.02

Change the mind and you change the brain

V. Paquette^{1,4}, J. Lévesque^{1,4}, B. Mensour², J.-M. Leroux², G. Beaudoin², P. Bourgouin², M. Beauregard^{1,3,4,*}. ¹Département

de Psychologie, Université de Montréal. ²Département de Radiologie, Centre Hospitalier de l'Université de Montréal (CHUM). ³Centre de Recherche en Sciences Neurologiques (CRSN) Université de Montréal. ⁴Groupe de Recherche en Neuropsychologie Expérimentale et Cognition (GRENEC), Université de Montréal, Montreal, QC, Canada

The goal of the present functional magnetic resonance imaging (fMRI) study was to probe the effects of cognitive-behavioral therapy (CBT) on the neural correlates of spider phobia. FMRI was used in subjects suffering from spider phobia (n=12) to measure, before and after effective CBT, regional brain activity during the viewing of film excerpts depicting spiders. Normal control subjects were also scanned (once) while they were exposed to the same film excerpts. Results showed that, in phobic subjects before CBT, the transient state of fear triggered, during the viewing of the phobic stimuli, was correlated with significant activation of the right dorsolateral prefrontal cortex as well as the parahippocampal gyrus and visual associative cortical areas, bilaterally. For normal control subjects (n=13), only the left middle occipital gyrus and the right inferior temporal gyrus were significantly activated. In phobic subjects before CBT, the activation of the dorsolateral prefrontal cortex may reflect the use of metacognitive strategies aimed at self-regulating the fear triggered by the spider film excerpts, whereas the parahippocampal activation might be related to an automatic reactivation of the contextual fear memory that led to the development of avoidance behavior and the maintenance of spider phobia. After successful completion of CBT, no significant activation was found in the dorsolateral prefrontal cortex (BA 10) or the parahippocampal gyrus. These findings suggest that a psychotherapeutic approach, such as CBT, has the potential to modify the dysfunctional neural circuitry associated with anxiety disorders.

S74.03

Outcome of psychodynamic psychotherapy measured by [123I]nor-CIT SPET-imaging

M. Joensuu^{1,*}, P. Saarinen¹, T. Tolmunen¹, J. Kuikka², J. Tiihonen³, P. Ahola¹, J. Lehtonen⁴. ¹Department of Psychiatry. ²Department of Clinical Physiology, Kuopio University Hospital. ³Department of Forensic Psychiatry, University of Kuopio and Niuanniemi Hospital. ⁴Department of Psychiatry, University of Kuopio and Kuopio University Hospital, Finland

Background: Psychodynamic psychotherapy is a widely practised form of psychotherapy in the treatment of depression. There is evidence that SERT densities are altered in depression. Preliminary observations have suggested that SERT function may recover in connection of dynamic psychotherapy.

Aims: The objective is to find out if there are changes in the densities of serotonin transporters related to clinical recovery during psychodynamic psychotherapy.

Method: Twenty five drug-naïve currently depressed (moderate/severe) patients with no previous treatment have been recruited for this study. For the baseline study there is a group of 18 healthy controls. The patients are randomised to psychotherapy and waiting-list control groups. For controls, psychotherapy is started after a 6-months waiting-time. [123I]nor-CIT SPET -imaging is performed at baseline and after 12-months of psychotherapy. For the controls additional imaging is performed after 6-months waiting-time.

Results: Preliminary results of patients studied so far will be presented. SERT density in midbrain was significantly lower in depressed patients than healthy controls ($1,18 \pm 0,10$ $n=25$; $1,27 \pm 0,10$ $n=18$ respectively, $p=0,03$). Psychotherapy treated patients so far have 14,8% increase in SERT density after 12months treatment (from $1,15 \pm 0,09$ to $1,32 \pm 0,18$ $n=6$, $p=0,035$). Waiting-list controls have an increase of 5,1% (from $1,17 \pm 0,04$ to $1,23 \pm 0,14$ $n=6$ $p=NS$) after 6 months waiting.

Conclusions: Midbrain SERT densities are lowered in depression. Preliminary results suggest a tendency of their normalisation connected to psychotherapy, and to a milder extent also to waiting of treatment.

S74.04

A randomised study comparing brief psychodynamic psychotherapy and fluoxetine in the treatment of major depression: A PET study measuring serotonin and dopamine receptor densities before and after treatment

H. Karlsson*, J. Hietala, J. Salminen, J. Kajander, J. Markkula, H. Rasi-Hakala, T. Allonen, M. Nyman. *Department of Psychiatry, University of Helsinki, Finland*

During recent years a few studies looking at brain changes after psychotherapy have been published. The studied psychotherapies have been Interpersonal Psychotherapy, Cognitive-Behavioral therapy and Behavioral therapy. The outcome variable has been cerebral metabolism or blood flow and the result has usually been compared to the results of medication. So far no studies using psychodynamic psychotherapy and measuring receptor level changes have been published. We present a study from Finland comparing the outcome of brief psychodynamic psychotherapy and fluoxetine in the treatment of major depression. The main outcome variables are the densities of 5HT1A- and D2-receptors measured by Positron Emission Tomography (PET) before and after the treatments.

S74.05

Character, symptoms and relationship patterns before and after psychodynamic psychotherapy

A. Wilczek^{1*}, R.M. Weinryb¹, J.P. Barber², J.P. Gustavsson³, M. Åsberg¹. ¹*Department of Clinical Neuroscience, Karolinska Institutet, Stockholm, Sweden.* ²*Department of Psychiatry, University of Pennsylvania, Philadelphia, PA, USA.* ³*Department of Nursing, Karolinska Institutet, Stockholm, Sweden*

Background: In psychoanalytic theory, character is conceived as a regulating structure intended for life-long adaptation between inner needs and outer reality. If this adaptation fails, symptoms and dysfunctional relationship patterns might emerge, implying a close association between symptoms, relationship patterns and underlying character. Furthermore, improvement is regarded as consequences of change in character structure.

Aims: To study 1) the relationship between character, symptoms and relationship patterns; 2) change in these three aspects following psychotherapy; 3) whether change in symptoms and relationships was related to change in character; 4) the relationship between change and duration of treatment or frequency of sessions.

Method: In 55 patients, character was assessed with the Karolinska Psychodynamic Profile, and relationship patterns with the

Core Conflictual Relationship Theme. The DSM-III-R, self-report questionnaires assessing symptoms and personality were used. Thirty-six patients who engaged in psychotherapy completed follow-up assessments 6 months after treatment termination, and 10 patients, who did not enter treatment, completed follow-up assessments 3 years after intake. The psychotherapists involved were all well trained and had long professional experience.

Results: After long-term psychotherapy, patients reported a decreased level of character pathology and symptomatic suffering, as well as improved relationship patterns. There were, however, very few significant associations between change in character and change in symptoms or relationship patterns. Duration of treatment and frequency of sessions were not related to change.

Conclusions: The patients benefited from treatment. However, the psychoanalytic theory was neither confirmed regarding a close association between character, symptoms and relationship patterns, nor regarding structural change.

W14. Workshop: Reducing Stigma and Discrimination in Old Age Psychiatry (Organised by the AEP Section of Geronto-Psychiatry)

Chairpersons: Nicoleta Tataru (Oradea, Romania), Carlos Augusto De Mendonça Lima (Lausanne, Switzerland) 14:15 – 15:45, Hall F

W14

Reducing stigma and discrimination in old age psychiatry

V. Camus², C.A. De Mendonça Lima¹. ¹*Hopital Psychogeriatrique, Lausanne, Switzerland.* ²*Clinique Psychiatrique Universitaire, Centre Hospitalier Régional Universitaire, Tours, France*

According to the World Health Report 2001, stigma and discrimination are one of the most important factors contributing to the exclusion to the care of persons with mental disorders (1). This was also recognized by a consensus statement produced jointly by WHO & WPA, with the participation of AEP (2). A survey on stigma in Europe recently published by WHO collaborators pointed that old persons with mental disorders suffers of a double jeopardy (old age + mental disorders (3)). Both stigma and discrimination against these old persons depend on the type of mental disorder they suffer: psychosis and depression are more stigmatising than dementia. This workshop intend to present the results of the consensus statement and of the survey and to discuss with participants which strategies can be used at local level to reduce both stigma and discrimination against old persons with mental disorders.

- [1] WHO. World Health Report 2001. WHO, Geneva, 2001.
- [2] WHO & WPA. Reducing stigma and discrimination against older people with mental disorders. WHO, Geneva, 2002.
- [3] de Mendonca Lima CA, Levav I, Jacobsson L, Rutz W. Stigma and discrimination against older people with mental disorders in Europe. *Int J Geriatr Psychiatry* 2003;18:679–82.

Free Communications: Dementia

14:15 – 15:45, Hall G

Associations between delusion-proneness and personality structure in non-clinical subjects: Comparison between young and elderly samples

F. Larøi^{1,*}, M. Van der Linden², F. DeFruyt³, J. van Os⁴, A. Aleman⁵. ¹*Cognitive Psychopathology Unit, University of Liège, Belgium.* ²*Cognitive Psychopathology Unit, University of Geneva, Switzerland.* ³*Department of Psychology, University of Ghent, Belgium.* ⁴*Department of Psychiatry and Neuropsychology, Maastricht University.* ⁵*Department of Psychology, University of Utrecht, The Netherlands*

In this study, young (n=343; aged 18-30 years) and elderly (n=183; aged 60-75 years) non-clinical subjects completed the 21-item version (PDI-21; Peters & Garety, 1996) of the Peters et al. Delusions Inventory (Peters et al., 1999) and the revised version of the NEO Personality Inventory (NEO-PI-R). Mean scores on the PDI-21 for the young and elderly subjects were compared. An independent t-test revealed a highly significant difference (t=7.81, p<0.0001) between the two groups (total mean scores were higher for young subjects). We then re-grouped the PDI-21-items into previously validated factors (based on Verdoux et al., 1998). Independent t-tests revealed that young subjects had significantly higher scores for items related to suspiciousness and persecutory ideas, thought disturbances and jealousy, grandiose ideas, paranormal beliefs, and apocalyptic ideas. In contrast, elderly subjects scored significantly higher than young subjects on the religious ideation factor. We then examined associations between scores on the NEO-PI-R and the PDI-21 for the two groups. For the young sample, correlational analyses (Pearson) revealed a significant relationship between the total score on the PDI-21 and scores on the Openness (p<0.0001), Neuroticism (p<0.0001) and Agreeability facets (p<0.05) of the NEO-PI-R. For the elderly sample, correlational analyses revealed a significant relationship between the total score on the PDI-21 and scores on the Openness facet (p<0.0001) of the NEO-PI-R, and tended to correlate with the Neuroticism facet (p=0.079). Findings from this study are in line with studies suggesting that neuroticism increases the risk for development of psychotic symptoms (Krabbendam et al., 2002).

Effects of NMDA receptor antagonist memantine on mismatch negativity: Implications for Alzheimer's disease

M. Korostenskaja^{1,2,3,*}, V. Nikouline^{1,4}, D. Kicic¹, A. Nikoulina¹, S. Kähkönen^{1,2}. ¹*Engineering Centre, BioMag Laboratory, Helsinki University Central Hospital.* ²*Cognitive Brain Research Unit, Helsinki University, Helsinki, Finland.* ³*Republican Vilnius Psychiatric Hospital, Department of Electrophysiology, Vilnius, Lithuania.* ⁴*Clinical Neurophysiology, Karolinska Institutet, Department of Clinical Neuroscience, Karolinska Hospital, Stockholm, Sweden*

Objective: Mismatch negativity (MMN and its magnetic counterpart MMNm) has shown to be altered in patients with Alzheimer's disease, indicating auditory memory deficits. NMDA receptor-mediated glutamate dysfunction is suggested to underlie the

memory dysfunction. However, the role of NMDA receptors in sensory memory is not well understood. Memantine is a NMDA receptor antagonist, which has been shown to be effective in treatment of patients with Alzheimer's disease. We aimed to investigate whether a single dose of memantine would affect auditory sensory memory in healthy subjects studied with simultaneous magnetoencephalography (MEG) and electroencephalography (EEG).

Method: Monaural left ear auditory stimuli were presented in oddball paradigm with infrequent deviant tones differing in frequency and duration. Neuronal activity was recorded with a whole-head MEG and EEG in 13 healthy subjects (8 females; age=26 years, SD=3) after oral administration of 30 mg memantine or placebo in a randomised, double-blind, cross-over design. MMNm was analysed using single equivalent dipoles and from right fronto-central electrodes. Visual analogue scales (VAS) were used to detect subjective effects of the drug.

Results: Memantine lowered arousal level more than placebo in VAS and enhanced MMN amplitudes in EEG, but not in MEG. No differences in MMN latencies were observed in MEG or in EEG. Memantine did not affect source locations of MMNm.

Conclusions: NMDA receptors may mediate the memory dysfunction in Alzheimer's disease. As the effects of memantine on MMN were present only in EEG, we conclude that frontal cortex may be most related to this dysfunction.

Discriminant validity of power vs. speed-tests in the diagnostics of early stages of cognitive impairment

M. Damian^{1,*}, M. Kreis¹, M. Syren², B. Krumm³, F. Hentschel¹. ¹*Department of Neuroradiology.* ²*Memory Clinic.* ³*Division of Biostatistics, Central Institute of Mental Health, Mannheim, Germany*

Objective: To determine and to compare the discriminant validity of speed- and power-tests in the early diagnostics of cognitive impairment.

Methods: 91 patients with mild dementia (CDR 1), 86 cognitively impaired patients without dementia (CDR 0,5) and 88 age-, sex- and education-matched healthy controls (CDR 0) were examined clinically, neuropsychologically, and neuroradiologically. The neuropsychological test battery comprised the CERAD test battery, the clock-drawing-test and additional speed tests. Discriminant analyses were computed to find out which tests are most suitable to differentiate between the three groups with CDR 0, CDR 0,5 and CDR 1, respectively.

Results: The differentiation of the three groups was best when a combination of both speed- and non-timed (power-) tests was applied. The speed-tests differentiated the 'early' groups CDR 0 vs. CDR 0,5 better than the power-tests: the classification rate was 76,9%, sensitivity 86,2% and specificity 65,4%. The corresponding values for the power-tests were 73%, 83,8% and 59,3%, respectively. On the other hand, the power-tests discriminated better between CDR 0,5 and CDR 1 with 88,4% correct classifications, 85,7% sensitivity and 90,2 specificity.

Conclusion: Depending on which diagnostic groups have to be differentiated, different types of neuropsychological tests should be administered to improve diagnostic accuracy. Speed-Tests might be more suitable than power-tests in the differentiation of very early stages of cognitive impairment.

Keywords: Mild dementia - Cognitive Impairment Without Dementia - Diagnostics - Neuropsychology.

Coincidence of degenerative and vascular factors for the development of dementia

M. Kreis^{1,2,*}, M. Damian^{1,2}, B. Krumm², F. Hentschel^{1,2}. ¹Division of Radiology, ²Department of Biostatistics, Central Institute of Mental Health, Faculty of Clinical Medicine, Mannheim, Germany

Aims: We postulate that genetically determined dementia is phenomenologically organized by vascular risk factors. The examination of the postulate proceeded via comparison of the graduation of cognitive impairments and vascular brain lesions, expressed through WML scores from neuroradiological imaging.

Methods: For 208 clinically diagnosed patients (mean age 72.72, range 47–89) the cognitive impairment, quantified by CDR (range 0–3), was dichotomised with a cut-off of 2, following the severity level. The investigation proceeded with MRI and a neuropsychological set of power- and special speed-tests. Scores for WML in global and focal frontal localization were assigned to both groups. The evaluation consisted of compilation of descriptive statistics, comparison of mean values, t-tests and discriminant analysis (SPSS software).

Results: The two groups with CDR \leq 1.5 (n = 69 age 72.68) and CDR \geq 2 (n = 29; age 72.83) differed in the WML score in global (18/21) and frontal (8/9) localization for the different CDR ranges. For the clinically diagnosed group of neurodegenerative dementia the scores were 13/16 (global) and 4/5 (frontal), for the group with vascular dementia 29/36 (global) and 8/10 (frontal). The calculated t-tests and discriminant analysis confirm a significant discrimination of both groups.

Conclusion: The development of old-age dementia and vascular brain lesions are correlated significantly. This connection is correct for both kinds of dementia, for vascular and also for neurodegenerative dementia. It is supporting the hypothesis of a synergistic effect of neurodegenerative and vascular factors for the development of dementia. Likewise this is important for the secondary prophylaxis of dementias.

Altered brain oxygenation in Alzheimer's disease as measured with Near-Infrared Spectroscopy (NIRS)

A.J. Fallgatter*, A.-C. Ehlis, A. Wägenar, M.J. Herrmann. Department for Psychiatry and Psychotherapy, University of Würzburg, Germany

Near-Infrared-Spectroscopy (NIRS) is a non-invasive optical method for examination of human brain tissue oxygenation. Light from the near-infrared spectrum penetrates the skull and is mainly absorbed in brain tissue by two chromophores (oxygenated (O₂HB) and reduced hemoglobin (HHB)), which differ in their absorption spectra. Thus, from the amount of absorbed near-infrared-light of defined wavelengths the concentration changes of O₂HB and HHB in brain tissue can be determined spectrophotometrically. It is increasingly believed that Alzheimer's disease (AD) is a metabolic disorder of the brain which also affects oxygenation. In patients with AD performance in the Verbal-Fluency-Test (VFT) correlates with the degree of cognitive impairment. In 10 healthy control persons a NIRS recording during VFT showed a strong activation pattern (increase of O₂HB, decrease of HHB) of left prefrontal brain areas. Contrary to that, in 10 patients with AD a less pronounced bifrontal activation was found. This loss of a functional physiological hemispheric asymmetry was interpreted as effort of the Alzheimer brain to compensate an insufficient capacity of

language-associated left frontal brain regions. Recent multi-channel NIRS recordings supported this alteration of brain oxygenation in AD. NIRS can be applied quickly even at the patient's bedside and is relatively insensitive to motor artefacts qualifying it as a promising technique for the assessment of brain oxygenation even in considerably ill patients.

Residential facilities for the elderly in Italy: A survey in five regions

G. de Girolamo^{1,*}, A. Tempestini², G. Cavrini³. ¹Department of Mental Health. ²Neurological Clinic. ³Faculty of Statistics, University of Bologna, Italy

Objective: The 'PROGRES-Anziani' (PROGetto RESidenze - Residential Project for the Elderly) project is aimed to survey the main characteristics of all residential facilities for the elderly in five Italian regions (Phase 1), and to assess in detail a representative sample of facilities and residents (Phase 2).

Method: In Phase 1 structured interviews were conducted with the managers of all residential facilities located in the participating regions. In Phase 2 a random sample of facilities is being assessed in detail and residents (N=1,800) are being administered the Resident Assessment Instrument (RAI) and a set of specific instruments to evaluate cognitive and behavioural problems.

Results: In 2003, in the five regions involved in the survey (out of 21), there were 747 residential facilities; preliminary data are available for 620 facilities (82.9%), with a total of 30,265 beds and a median number of 34 beds for each facility. The mean age of residents was 78.4 years (SD=6.7). In 512 facilities (83.1%) there was at least one resident with dementia; the median number of residents with dementia-related disorders was 11. In 376 facilities (61.0%) there was at least one resident with other severe psychiatric disorders; the median number of residents with other psychiatric disorders was 5.

Conclusions: Residential facilities for the elderly host a substantial number of aged subjects; in most facilities there are subjects with dementia and other severe psychiatric disorders. A closer look at this vulnerable population is needed in order to meet their specific needs and improve their quality of life.

S48. Symposium: Controversies in the History of Pharmacotherapy in Psychiatry This Symposium is partially supported by a grant from GlaxoSmithKline

Chairpersons: Thomas A. Ban (Toronto, ON, Canada), François Ferrero (Geneva, Switzerland)
14:15 – 15:45, Hall H

S48.01

Neuropsychopharmacology and pharmacotherapy in psychiatry

T.A. Ban*, Vanderbilt University, Toronto, ON, Canada

The historical development of the structural framework of neuropsychopharmacology will be outlined from the recognition of the functional significance of the synapse at the end of the 19th century to our current understanding of the molecular substrate of signal transduction. The fields of neuropharmacology and psychopharmacology will

be defined and the relationship between the two disciplines reviewed at different stages of scientific progress. The impact of the interaction between the two disciplines on the pharmacotherapy of mental illness will be discussed, with attention focused on the controversies and the difficulties created by the lack of adequate feedback.

S48.02

History of drugs used in psychiatry: Impact of social forces

E. Shorter*. *University of Toronto, ON, Canada*

The paper reviews the history of drugs used in psychiatry from the first synthetic preparations to drugs designed on the principles of basic neural mechanisms. The impact of social forces especially the relationship between the international pharmaceutical industry and the practice of psychiatry is also considered.

S48.03

50 years of psychiatric pharmacotherapy: A clinician's view

J. Angst*. *Research Department, Zurich University Psychiatric Hospital, Switzerland*

My 53 years' experience as a clinician begins in 1951 when treatment was dominated by psychoanalysis and research by psychopathology and follow-up studies. Hospitals were mainly custodial institutions, psychiatrists worked with few treatments: ECT without anaesthesia, insulin coma therapy, morphine-scopolamine, barbiturates, amphetamine and opium. The introduction of neuroleptics (1952) radically transformed in- and outpatient treatment: many patients could be discharged and became accessible to other therapies. The early 1950s witnessed intensive company-sponsored pharmacological research; careful clinical observations became decisive for drug development. There was little relief, however, for depressive patients, who were still treated mainly with opium and ECT, until 1957 when imipramine began gradually to replace ECT, and outpatient antidepressive treatment was introduced. In the early 1960s Lithium prophylaxis became standard. By the 1970s the hospital environment was increasingly open and clozapine, the first 'atypical' neuroleptic, was recognised as highly effective, and the belief disproved that extrapyramidal effects were necessary for clinical efficacy. In contrast, the rise of anti-psychiatry led to patients being partially withdrawn from their medication with serious irreversible relapses. Psychiatric institutions and psychiatry were under constant attack. Mental disorders were seen as pure products of economic and social factors. Today, thirty years on, the anti-psychiatric movement is virtually dead and pharmacotherapy well-established. The influence of clinicians in drug trials has declined; the companies themselves determine trial protocols and questions. The chances of discovering new drugs, too, has dwindled, as overwhelming public concerns about safety having driven up the costs of new drugs, hampering their development.

S48.04

Teaching psychopharmacology in a complex environment

F. Ferrero*. *Department of Psychiatry, Geneva University Hospitals, Switzerland*

The teaching of psychopharmacology in the postgraduate training of psychiatrists takes place nowadays in the continuation of pregraduate studies, characterised by a much better training in pharmacology as

well as in neurosciences. Despite these advances, in some medical schools (with a few exceptions), the teaching devoted to psychopharmacology is not receiving enough time, especially when psychotherapy and psychosocial psychiatry are the core curriculum. This presentation will focus on the development of a new curriculum in psychopharmacology, based on a programme that accompanies the 5 years of the postgraduate training of psychiatrists and psychotherapists in Switzerland. This programme is divided into 2 parts. A first part, devoted to the acquisition of general knowledge, includes the teaching of psychopathology, lasts for three years and is evaluated by a multiple-choice exam (100 questions) with only 20% of the questions related to biological psychiatry and psychopharmacology. The second part of the curriculum, which lasts for 2 years, offers the opportunity to examine some specific questions in more depth. The development of the teaching of psychopharmacology is based on the work of a task force that re-evaluates the quality of the teaching offered, develops guidelines and promotes the integration of psychopharmacology in the everyday practice of psychiatrists.

S48.05

The impact of psychopharmacology on psychiatry and society

D.T. Healy*. *Hergest Unit, Ysbyty Gwynedd, Bangor, Wales, UK*

Modern psychopharmaceuticals were introduced to treat diseases in contrast to the sedatives and stimulants available beforehand. However, far from remaining within medicine these new agents have found a place within society. First their usage has been linked to the deinstitutionalisation of psychiatric care which despite its rhetoric is probably associated with worse therapeutic outcomes for patients. Second, the comparative restriction of modern psychotropic drugs to treating diseases has resulted in a marketing of disease to society with the result that a greater number of citizens are now likely to be diagnosed with a psychiatric disorder than would have once been possible. Third, aside from this diseasing of society, the psychotropic drugs have been linked to transformations of personality that have given rise to vigorous philosophical and ethical debates on the future of cosmetic psychopharmacology. These ambiguous outcomes reflect the fact that modern psychotropic drugs produce a variety of behavioural changes, none of which have a therapeutic specificity comparable to that of penicillin in the treatment of a psychosis such as dementia paralytica. The lack of specificity of current psychotropic drugs suggests that the current psychopharmacological era will come to an end with the development of drugs which will be radically different in terms of treatment efficacy. At this point the field will be faced with a potential split between a set of agents primarily useful within medical settings and a further set of psychotropic agents possibly better characterised as lifestyle agents.

S82. Symposium: Functional Imaging of Psychopathology in Schizophrenia

Chairpersons: Tilo Kircher (Tübingen, Germany), Thomas Dierks (Bern, Switzerland)
14:15 – 15:45, Hall I

S82.01

Functional MRI of auditory hallucinations

S.S. Shergill*, M.J. Brammer, R.M. Murray, P.K. McGuire. *Institute of Psychiatry, Kings College, London, UK*

Perceptions of speech in the absence of an auditory stimulus (auditory verbal hallucinations; AVH), are a cardinal feature of schizophrenia. Functional neuroimaging provides a powerful means of measuring neural activity during AVH. However, the results from previous studies have been inconsistent. This may reflect a lack of statistical power and the confounding effects of patients actively signalling when hallucinations occur. Using a novel functional magnetic resonance imaging (fMRI) method that permitted the measurement of spontaneous neural activity without requiring subjects to signal when hallucinations occurred, we show that AVH were associated with activation in a distributed network of language related cortical and subcortical areas. Inconsistencies between the findings of previous studies may reflect their identification of different components of this network. In selected patients we were able to use fMRI to examine how the brain activity associated with AVH in schizophrenia changed over the course of individual hallucinatory events. This demonstrated that activation in the left inferior frontal and right middle temporal gyri was evident 6–9s before subjects signalled the onset of AVH, while activation in the bilateral temporal gyri and the left insula coincided with the perception of AVH. In conclusion, it appears that activation in cortical regions mediating the generation of inner speech may precede the engagement of areas implicated in the perception of auditory verbal material during the experience of AVH.

S82.02

Brain activation during sensorimotor gating in first-episode schizophrenia: Relevance to symptoms and information processing

F. Vollenweider*, M. Benz, D. Hell, K. Ludewig. *Psychiatrische Klinik der Universität, Zurich, Switzerland*

Abstract not received.

S82.03

Neural correlates of passivity phenomena

D.T. Leube^{1,2,*}, G. Knoblich³, M. Erb², W. Grodd², M. Bartels¹, T.T.J. Kircher¹. ¹Department of Psychiatry. ²Section Experimental MR of the CNS, Department of Neuroradiology, University of Tübingen. ³Max Planck Institute of Psychological Research, Munich, Germany

Feedforward mechanisms are important for movement control and may contribute to the identification of self-produced actions by attenuating the sensory consequences of self-produced actions. Impaired forward mechanisms may underlie pathological states such as delusions of influence or passivity experiences in schizophrenia. In our study, the participants opened and closed their hand slowly and continuously (0.5 Hz). This movement was filmed with an MRI compatible video camera and projected online onto a screen, viewed by the subject while BOLD contrast was measured with fMRI. The temporal delay between movement and feedback was parametrically varied (0–200ms). In each trial, subjects judged whether there was a delay or not. There was a positive correlation between the extent of the temporal delay and activation in the right posterior superior temporal cortex (pSTS) and a negative correlation in the left putamen. A second analysis addressed the neural correlates of subjective judgement under conditions of uncertainty. This contrast showed a differential activation in the cerebellum.

These results support the assumption of a forward model implying that predictions generated in motor areas attenuate sensory areas in healthy subjects. They also suggest that conscious detection of small temporal deviations is based on signals generated in the cerebellum (for methods and further discussion see: Leube et al., Neuroimage 2003). We hypothesize that the prediction of forward models is corrupted in schizophrenic patients so that the sensory consequences of self-produced movements are not attenuated. Thus the sensory consequences of self-produced movements are at risk being misclassified as externally generated.

S82.04

Neural networks involved in hallucinations: Integrating structure and function

D. Hubl^{1,*}, T. Koenig¹, W. Strik¹, A. Federspiel¹, R. Kreis², C. Boesch², S.E. Maier³, G. Schroth⁴, K. Lovblad⁴, T. Dierks¹. ¹Department for Psychiatric Neurophysiology, University Clinic of Clinical Psychiatry. ²Department of Magnetic Resonance Spectroscopy and Methodology, Department of Clinical Research, University of Bern, Switzerland. ³Department of Radiology, Brigham and Women's Hospital, Harvard Medical School, Boston, MA, USA. ⁴Department of Neuroradiology, University of Bern, Switzerland

The origin of auditory hallucinations is still a matter of debate. It has been hypothesized that alterations in connectivity between frontal and temporal speech-related areas might contribute to the pathogenesis of auditory hallucinations. These circuits are assumed to become dysfunctional during the generation and monitoring of inner speech. Magnetic resonance diffusion tensor imaging is a relatively new in vivo method to investigate the directionality of cortical white matter tracts. Using diffusion imaging, we investigated whether previously described abnormal activation patterns observed during auditory hallucinations relate to changes in structural interconnections between frontal and temporal speech-related areas. Fractional anisotropy was assessed in 13 patients prone to auditory hallucinations, in 13 patients without auditory hallucinations and in 13 healthy control subjects. Additionally, structural MR imaging was conducted in the same session. Voxel-based t tests for anisotropy maps restricted to white matter areas were computed between the groups. In patients with hallucinations, we found significantly higher directionality in the lateral parts of the temporoparietal section of the arcuate fasciculus and in the anterior corpus callosum compared with control subjects and nonhallucinating patients. Comparing hallucinating patients with nonhallucinating patients we found significant differences most pronounced in left hemispheric fiber bundles, including the cingulate bundle. We postulate that during inner speech, the alterations of white matter fiber tracts in patients with frequent hallucinations lead to abnormal coactivation in regions related to the acoustical processing of external stimuli. This abnormal activation may account for the patients' inability to distinguish self-generated thoughts from external stimulation.

S82.05

Can we relate symptoms in schizophrenia to receptor densities?

A.L. Nordström*. *Department of Clinical Neuroscience, Psychiatry Section, Karolinska Hospital, Stockholm, Sweden*

Abstract not received.

Eli Lilly Satellite Symposium: Restoring Balance in the Lives of Patients with Depression: Breakthroughs in Depression Treatment

Chairperson: Norman Sartorius (Geneva, Switzerland)
18:00 – 19:30, Hall C

S72. Symposium: Forensic Psychiatry and Civil Detention - Can Europe be Harmonised

Chairpersons: Harald Dressing (Mannheim, Germany), Hans Joachim Salize (Mannheim, Germany)
16:15 – 17:45, Hall A

S72.01

Involuntary placement and treatment of mentally ill patients: Legislation and practice in EU-Member States

H. Dressing*, H.J. Salize. *Central Institute of Mental Health, Mannheim, Germany*

Although there is growing standardisation in mental health care delivery all over the world the legal regulations for the use of coercive measures differ widely. A systematic analysis of the commitment laws in the European Union member states is necessary but has not been done yet. The present study was funded by a grant of the European Commission-Health and Consumer protection/Public Health and aimed at gathering and analysing information about differences and/or similarities of rules and regulations for involuntary treatment and compulsory admission of mentally ill patients across the EU-member states. Legal criteria qualifying for compulsory admission and aspects of the decision procedure are outlined and correlations to compulsory admission rates and quotas are discussed. This study contributes clear evidence that legal regulations on the practice of involuntary placement and treatment of mentally ill patients are very heterogeneous across EU-member states. Simple categories of a more legalistic or a more medical orientation of national commitment laws which are frequently discussed in the literature do not reflect the rather complex reality and might not adequately characterise the approaches of the Member States.

S72.02

Epidemiology of compulsory placement and treatment across the European Union: Results from an EU-wide Study

H.J. Salize*, H. Dressing. *Central Institute of Mental Health, Mannheim, Germany*

Against strong tendencies for harmonising basic concepts or strategies for mental health care delivery in general, rules and regulations for involuntary placement or treatment of the mentally ill persons still differ remarkably internationally. Against poor evidence the

rapid European integration and other political developments require valid and reliable international overviews, sound studies and profound analyses of this most controversial issue. This study funded by the European Commission gives an overview of compulsory admission-time series from official sources across the European Union Member States. Additional data on the legal frameworks and their outcomes was assessed and provided by experts from all EU-Member States. Total frequencies of involuntary placements as well as compulsory admission rates vary remarkably across the EU. Time series suggest an overall tendency towards more or less stable quotas (share of involuntary placements on all psychiatric inpatient episodes) in most Member States, although. Variation hints at the influence of differences in legal frameworks or procedures for involuntary placement or treatment of mentally ill. Lacking data, non-standardized data recording procedures and varying definitions underline the strong necessity for further research and increased harmonization across the EU-Member States. Common international health reporting standards are essential for basic data in the field.

S72.03

Forensic psychiatry in Greece

G.A. Alevizopoulos*. *Department of Psychiatry and Behavioural Sciences, University of Athens, Faculty of Nursing, Greece*

Issues regarding legislation and treatment of mentally disordered offenders are reported since the 5th B.C. century in Greek philosophical and poetic literature. Currently, in Greece, there is no special mental health care act for mentally ill offenders and the relative issues are covered by the general penal legislation. The basic philosophy of the existing law emphasizes human right aspects as well as public safety issues. Nonetheless, the entire procedure, of the assessment and placement of any offender alleged to be mentally disturbed is oriented towards a penal than a health care model. In Greece both human and financial resources regarding forensic psychiatric needs are at least limited if not inadequate. There is no specialized forensic staff and there is only one special forensic psychiatric hospital for male offenders only, thus in many cases mentally ill incarcerated persons are treated within prison settings. Hence, mental illness is over-represented in Greek prisons. Beyond the above, the absence of psychiatric network of community oriented mental health services increases dramatically the danger to loose mentally ill offenders after discharge, particularly in cases where supporting familial environment is absent. Overall, the system is far from being modern and rational. In this presentation we discuss the limitations and the potentials of improvement and harmonization of the system according to the standards of other European countries.

S72.04

Psychiatry reform, coercive treatment and violence: Developments in Austrian mental health care

H. Schanda^{1,2,*}, Th. Stompe^{1,2}. ¹JA Göllersdorf. ²Psychiatric University Clinic, Vienna, Austria

Psychiatry reform was initiated in Austria rather late and has not been finished until now. Starting from a relatively low beds/population ratio before the beginning of deinstitutionalization (150/100 000), inpatient facilities were downsized by 65% until 1999. While in the early 1970s more than 90% of all admissions to mental hospitals were

involuntary, the following 15 years were characterized by a significant reduction of involuntary admissions despite a 51% increase of the total of admissions. From 1991 on the incidence of involuntary admissions could not be reduced any more, since then they run parallel with the rapid increase of admissions in general. But the prevalence of mentally ill offenders (NGRI), being stable between 1980 and 1990, went up by 180% until 2003. Though this development is primarily due to an increased incidence of criminal commitments because of minor forms of criminality (threat, compulsion), assault and homicide are on the rise too. As the percentage of involuntary admissions to psychiatric hospitals remained unchanged since 1991 (about 20% of all admissions), this development cannot be explained by a reduction of coercion on the civil sector. It rather turned out that the ongoing reduction of the duration of inpatient treatments after involuntary admission to mental hospitals (inadequate and insufficient use of coercion) is the crucial factor. It indicates a changed style of dealing with a subgroup of severely mentally ill subjects to the disadvantage of mental patients in general.

S72.05

The impact of Crime Scene Analysis (CSA) on sexual offender treatment

M. Osterheider*, A. Mokros. *Westf. Centre Forensic Psychiatry, Lippstadt, Germany*

When forensic patients were admitted to a clinic there is normally no detailed information about crime scene and autopsy files in patients with sexual offenses. Because of the lack of knowledge in criminal psychology there is no analysis of crime scene which results in the fact that there is no integration of CSA in making forensic prognosis. To optimize forensic psychiatric assessment - a collaboration study had been started focusing on crime scene analysis in an institutional forensic setting. In the workshop (14 days) general information about sexual offences, sexual homicide and methods of crime scene analysis is also given as preparing case reports and studying video tapes in a team work setting. Also forensic inpatients have been interviewed in the WCFP. This results in more information about the patients psychopathology, in a more clear and detailed insight and understanding of the patients sexual imagination and fantasies. Detailed information about crime scene is indispensable to receive maximum information for understanding the patient (re-interpretation of the crime) for treatment planning (objective basis) and especially for making a better prognosis. The existence of high violence in sexual offenders, planned and pre-imagined crime and sadistic practices as well as internalization of deviant sexual practices and its progression is developed by detailed CSA. In the WCFP the CSA is operationalised in the clinical setting by using a standardised questionnaire which will be presented as well as data about the mentioned 'cross over design'.

S19B. Symposium: Eating Disorders: Psychopathological, Biological and Therapeutic Aspects (cont.)

Chairpersons: Janet Treasure (London, UK), Palmiero Monteleone (Naples, Italy)

16:15 – 17:45, Hall B

S19.01

The outcome of adolescent eating disorders findings from an international collaborative study

H.-C. Steinhausen*, B. Boydadjieva, M. Giogoroiu-Serbanescu, K.J. Neumärker. *Swiss Society of Obsessive Compulsive Disorders, Zurich, Switzerland*

Within the International Collaborative Outcome Study of Eating Disorder in Adolescence (ICOSEDA) we studied the clinical features, treatment, and outcome in consecutive cohorts of adolescent patients at five sites in former West-Berlin and East-Berlin, Zurich, Sofia and Bucharest. A total of N = 242 patients were followed up after a mean interval of 6.4 years in young adulthood. Using semi-structured interviews it was found that on average the patients were in either inpatient or outpatient treatment for 30% of the entire period between first admission and follow-up. Across the five sites 70% recovered from the eating disorder and a similar rate showed good or fair psychosocial functioning and no other psychiatric disorder. However, the combination of these three criteria showed that at follow up only every second former patient was a mentally healthy and psychosocially well functioning person. The univariate and joint consideration of a large list of predictors lead to the conclusion that individual prognosis of the course of adolescent eating disorder is a hazardous undertaking.

S19.02

Deployment and clinical evaluation of a web-based self-help guide for the treatment of Bulimia Nervosa

P. Rouget^{1,*}, I. Carrard¹, T. Lam², M. Cappozzo², A.-C. Volkart³. ¹*Unité de Psychiatrie de Liaison, Hôpitaux Universitaires de Genève.* ²*NetUnion Srl, Lausanne.* ³*Institutions Psychiatriques du Valais Romand, Monthey, Switzerland*

Eating disorders are a common source of psychiatric morbidity among young women. Clinical research has shown that self-help manuals, based on Cognitive Behavioural Therapy (CBT), can be used effectively for the treatment of Bulimia Nervosa. However, the shortage of CBT trained therapists continues to be a problem in meeting the increasing treatment demands. Web-based self-help manuals could be a solution. The purpose of this study is to determine whether the use of Internet technology improves the dissemination of self-help guide and still retains its effectiveness. The study uses an online CBT self-help guide developed jointly by the liaison psychiatry unit of the University Hospitals of Geneva and NetUnion. It is available in 6 language versions and clinical evaluation is currently underway in Switzerland, France, Spain, and Sweden. Control groups (waiting-list or other therapy) are included on a country-by-country basis. Clinical trials have a six-month cycle: four months self-treatment and two months follow-up. Contact with the therapist consists of 3 face-to-face evaluation sessions (pre, post, follow-up) and a short weekly e-mail. Evaluation is done with standardised questionnaires (EDI-2, SCL-90R) and questions on anamnesis and user satisfaction. Access to the application is only given through the partner institutions (research hospitals or clinical units). Initial results (n=26) are very encouraging. Patients showed significant improvements on specific (EDI-2) and overall psychological measures (SCL-90R). Both therapists and patients found the guide useful and easy to use. Larger sample size and data from controlled studies will be added to the final analysis in 2004.

S19.03

Migration of eating disorder diagnoses over time

A. Spindler*, G. Milos. *Psychiatric Outpatient Department, University Hospital Zurich, Switzerland*

Background: Little is known about the occurrence of transdiagnostic changes in the eating disorder (ED) categories provided by the DSM-IV. The aim of this study was to examine the course and stability of ED diagnoses over a period of 2.5 years.

Methods: 192 women with a diagnosis of a current DSM-IV eating disorder (55 anorexia nervosa (AN), 108 bulimia nervosa (BN), 29 eating disorders not otherwise specified (EDNOS)) were examined with the Structured Clinical Interview for Axis I (SCID I) at three time points (baseline, 12 months and 30 months after baseline).

Results: The eating disorder diagnoses varied considerably during the observed time period with only 28.6% of participants receiving the same diagnosis at all three assessments. AN was the most stable diagnosis (49.1% retaining the baseline diagnosis at both follow-up assessments), followed by BN (37%) and EDNOS (27.6%). In the total sample, 13% of participants showed a stable remission (no ED at both follow-up assessments). Remission rates were highest in the EDNOS group (24.1% without ED at both follow-up assessments), followed by BN (13%) and AN (7.3%). EDNOS was the category with the greatest fluctuations over time, i.e. the highest number of migrations to and from other diagnostic categories.

Conclusion: The migrations between the diagnostic categories support in part the notion of a common pathological matrix for all main ED diagnoses.

S19.04

Suicide attempts and suicidal ideation in eating disorder subjects

G. Milos*, A. Spindler. *Psychiatric Outpatient Department, University Hospital Zurich, Switzerland*

Background: Additional psychiatric disorders in eating disorders patients may contribute to the risk of suicide and suicide attempts. The aim of this study was to examine associations between Axes I and II comorbidity and suicidality in a large sample of women currently suffering from an eating disorder (ED).

Methods: In a sample of 288 women (87 anorexia nervosa, 158 bulimia nervosa, 43 eating disorders not otherwise specified) psychiatric comorbidity of Axes I and II was determined using the Structured Clinical Interview for DSM-IV. Histories of attempted suicide were explored in a structured interview. Suicidal ideation was determined by means of the SCL-90.

Results: Past suicide attempts were reported by 26%. Subjects with a purging type ED more frequently had a history of attempted suicide than subjects with a non-purging type ED. A history of suicide attempts was associated with higher levels of Axes I and II comorbidity, in particular with affective disorders and Cluster B personality disorders. Current suicidal ideation was generally linked with higher levels of all types of Axes I and II comorbidity.

Conclusion: Eating disorders are serious psychiatric disorders associated with high levels of comorbidity and suicidality. Incorporating a comprehensive psychiatric evaluation into the clinical assessment of ED patients is important for the assessment of suicidality and for the provision of adequate treatments.

S13. Symposium: Mental Health Services Research

(Organised by the AEP Section on Epidemiology and Social Psychiatry)

Chairpersons: Thomas Becker (Günzberg, Germany), Michele Tansella (Verona, Italy)

16:15 – 17:45, Hall C

S13.01

Quality of life following adherence therapy for people disabled by schizophrenia and their carers

G. Thornicroft*, J. Bindman, M. Tansella, A. Schene, M. Knapp, T. Becker. *Institute of Psychiatry, Health Services Research Department, Kings College London, UK*

Compliance to antipsychotic medication is of utmost importance for people suffering from schizophrenia in order to profit from treatment, prevent relapse, and maintain decent quality of life. However, rates of non-compliance are high (appr. 50%), and success of interventions to increase compliance has been limited so far. Since January 2002, a comprehensive longitudinal multi-centre European study (participants in London, Verona, Amsterdam, and Leipzig) analyzes effectiveness and cost-effectiveness of Adherence Therapy, a pragmatic intervention aimed at increasing compliance to medication based on motivational interviewing. In each site, 100 subjects have been randomly assigned to either eight sessions of Adherence Therapy or psycho-education and are being followed up for one year. Baseline recruitment has been successfully completed in December 2003, follow-up assessment is still ongoing. Preliminary results will be presented and discussed.

S13.02

EQOLISE: A European RCT of supported employment for people with psychosis

T. Burns^{1,*}, J. Catty². ¹*Department of Psychiatry, University of Oxford*, ²*St George's Hospital Medical School, London, UK*

Over 90% of individuals with established schizophrenia are unemployed yet both they and their families rate a job as one of the most desirable outcomes from successful treatment. In the US supported employment using an approach called Individual Placement and Support (IPS) has been found to be consistently more successful than traditional rehabilitation approaches. It is unclear how much factors such as differing welfare and employment legislation would affect this approach. In EQOLISE 300 patients (50 each in the UK, Bulgaria, Switzerland, Italy, Germany and Holland) are being randomly allocated to IPS or the local alternative vocational rehabilitation. Follow up is 18 months and the main outcome measure will be the proportion who obtain open employment for any period during that 18 months. The overall success of IPS compared to local vocational rehabilitation will be computed as will site differences. A particularly careful analysis will be undertaken of the economic factors influencing the job market and benefits plus a measure of the deviation of IPS from the US model in each of the 6 countries. Preliminary observations: A variation in patients' take-up of the offer of vocational support has already been observed between the participating sites and an overall lower rate of interest compared to

the US Discussion. The primary outcome measures will not be available for this conference but the important issues of differential acceptance of the treatment and possible barriers to its acceptability will be presented and discussed.

S13.03

Psychoedutaining: A European study of a Psychoeducational family intervention

L. Magliano^{1,*}, A. Fiorillo¹, G. Fadden², T.W. Kallert³, M. Economidou⁴, M. Xavier⁵, F. Torres Gonzales⁶, M. Maj¹. ¹Department of Psychiatry, University of Naples, Italy. ²Academic Unit, Northern Birmingham Mental Health Trust, Birmingham, UK. ³Department of Psychiatry, University of Dresden, Germany. ⁴Department of Psychiatry, University of Athens, Greece. ⁵Department of Psychiatry, University of Lisbon, Portugal. ⁶Department of Psychiatry, University of Granada, Spain

This study aims to assess the impact of two alternative staff training programmes on the implementation and effectiveness of a family psychoeducational intervention for schizophrenia in six European countries. In each country, a leading centre selected four mental health services in which two professionals were trained in a psychoeducational intervention, according to a standard or augmented procedure. Following the training courses, trainees applied the intervention for one year in families of patients with schizophrenia. The impact of the programmes is evaluated in terms of: a) number of treated families; b) staff's adherence to the intervention; c) burden, coping strategies, and social network of the families, and patients' clinical status and disability at 1 and 1.5 years after the start of the intervention. 48 professionals have been officially involved in the study and 75 families have been receiving the intervention. The impact of courses on trainees were overall impressive. Nevertheless, problems have been found mainly in conciliating family sessions with other work obligations. There have been no significant differences in outcome related to the two alternative training programmes. Service organisation and openness to family approaches, as well as trainees' personal characteristics and motivation seem to play a major role in the use of the intervention. Preliminary data suggest that it is possible to increase the number of families of patients with schizophrenia receiving psychoeducational intervention, but that logistic problems need to be addressed at organisational level in order to implement these interventions in routine settings.

S13.04

EDEN: A European day hospital study

T.W. Kallert^{1,2,*}. ¹Department of Psychiatry and Psychotherapy, Dresden University of Technology, Germany. ²EDEN-Study Group

Background: In Europe, randomised controlled trials (RCTs) with positive results on the effectiveness of acute day hospital treatment have been performed only as single-site studies in the UK, and The Netherlands. This small evidence base clearly contrasts with the increasing importance of this mode of acute treatment. Therefore, there is a high need for a multi-centre RCT in this mental health service configuration.

Method: The EDEN-study (12/2000 – 06/2003) has been conducted in psychiatric hospitals in Dresden (Germany), London (UK), Wrocław (Poland), Michalovce (Slovak Republic), and Prague (Czech Republic). According to setting-specific definitions of eligibility criteria exclusion rates range from 46.8% - 76.7%. In

total, 1117 patients – fulfilling inclusion criteria demonstrating the need for acute hospital treatment - were randomised and 1036 received the intended treatment. For the whole group, there are only minor differences of socio-demographic and clinical features comparing both settings.

Results: This presentation focuses on an intention-to-treat-analysis of the main outcome criteria (psychopathology, satisfaction with treatment, subjective quality of life) during the index-treatment episode. Discharge status at the respective survey instruments as well as the mean degree of ratings within index-treatment serve as measures of effectiveness. In multivariate linear variance-analytical fixed effects models using individual time in treatment as covariate no setting effects for the assessed outcome criteria could be found for the whole study population.

Conclusion: At least 30% of the general psychiatric patients normally treated because of acute mental disorders in conventional inpatient settings can be treated successfully in day hospitals.

S13.05

MECCA - A European study on outcome management in community mental health care

S. Priebe*, R. Bullenkamp, R. McCabe, L. Hansson, W. Torres-Gonzales, F.D. Wiersma. *Unit for Social and Community Psychiatry, Academic Unit, Newham Centre for Mental Health, London, UK*

MECCA is a European multi-centre trial with three aims: a) to improve user involvement on the level of individual care, b) to make community mental health care more effective, and c) to implement a method of regular outcome assessment that is meaningful to patients and clinicians, so that outcome data can be generated on larger levels. In six countries, standard community mental health care for patients with psychotic disorders is compared with a simple intervention. In the experimental groups, clinicians regularly ask their patients a small number of questions on satisfaction with life and treatment as well as wishes for different or additional treatment. The answers are displayed on a handheld PC or laptop and intended to inform directly the therapeutic dialog. We hypothesise that outcomes in the experimental group will be more favourable after one year due to more precise therapeutic intervention or a stronger partnership form of therapeutic relationship or both. We will present results of the recruitment procedure, in which key workers were randomly allocated to the experimental or control group and patients for each key worker randomly selected. Recruitment procedures and results varied greatly between centres reflecting different national and regional context. Baseline data and encouraging preliminary findings about the feasibility and acceptance of the intervention will be briefly discussed.

S36. Symposium: Trainee and Trainer in Psychiatry – Evidence and Experience

Chairpersons: Adriana Mihai, Tg. (Mures, Romania), Julian Beezhold (Norwich, UK)

16:15 – 17:45, Hall D

S36.01

Training in research - a challenge for trainees and trainers

A. Mihai*. *Department of Psychiatry, University of Medicine, Tg. Mures, Romania*

Research is a vital element for the continuing scientific development of psychiatry. Trainees in psychiatry should be trained in basic knowledge of research methodology and theory. Training in research is a challenge for national psychiatric associations, pharmaceutical companies, foundations, scientific institutes and universities, and also for international associations such as AEP, UEMS, WPA, EFPT, ANEP and WAYPT. This presentation of some of research training opportunities offered by these organisations for trainees and young psychiatrists aim to initiate the creation of a database containing all available research training options.

S36.02

Postgraduate training in psychiatry: Views of young psychiatrists

J. Beezhold*. *Norwich, UK*

This presentation will examine the delivery of postgraduate training in psychiatry across Europe. It will describe, using up to date research information, how the delivery of training varies in the different countries in terms of length, content and style. It will also elicit themes and approaches which are common to many countries. The direction of changes and developments in postgraduate training will also be highlighted. These findings will then be discussed in the context of the training policies and initiatives of the key European organisations of psychiatrists - AEP, UEMS and the European Federation of Psychiatric Trainees.

S36.03

Quality of training: Supervision and evaluation - The trainees point of view

C. Hanon^{1,*}, D. Mathis², E. Winter¹. ¹*EPS Erasme, Antony*. ²*EPS Paul Guiraud, Villejuif, France*

Supervision in psychiatry training includes individual supervision, clinical supervision, psychotherapy supervision and, if required, research supervision. In order to ensure a good quality of psychiatric training, evaluation of both theoretical knowledge and of the clinical skills is required. A common reflection on this issue has been recently held among European trainees, during the Forums of the European Federation of Psychiatric Trainees (EFPT). The trainees point of view is presented and discussed.

S36.04

Results of a survey on training in psychiatry and psychotherapy - the trainers' point of view

F. Hohagen*. *Department of Psychiatry, Lübeck Medical University, Germany*

The presentation will report on the results of a survey on advanced training carried out at every institution offering training in psychiatry and psychotherapy in Germany. The response rate was 72%. The sample was representative and reflects the training situation in Germany from the trainers point of view. The survey shows that most of the training hospitals (87%) have established an advanced training system in cooperation with other hospitals or training institutes of psychotherapy. Most of the theory courses were offered by the advanced training cooperation system. Nevertheless, supranational advanced training-meetings play an important role in postgraduate training. With regard to psychotherapy training, psychodynamic psychotherapy is covered in 90.4% and cognitive and

behavioural psychotherapy training in 87.3% in this cooperative system. The number of qualified supervisors in psychotherapy training is sufficient in university clinics while there is a shortage in municipal hospitals and state hospitals. Training in psychiatry and psychotherapy is time-consuming and takes place half of the time within working hours. Psychotherapy training is still quite expensive and about 60% of the trainees pay anywhere between [0080]5.000 to more than [0080]10.000. According to the trainers, the difficulties in the implementation of training requirements are mainly lack of resources, and the time and qualification of supervisors. Nevertheless, 85% of the trainers are very satisfied or more or less satisfied with the new advanced training regulations, which are in line with the requirements established by the European Board of the Association of European Specialists (UEMS). General aspects of postgraduate training will be discussed on the basis of this survey.

S36.05

European exchange programme for trainees in psychiatry

T.P. Suomela*. *Department of Psychiatry, University of Turku, Finland*

For more than ten years medical students have had the opportunity to complete a part of their undergraduate studies in another European country through ERASMUS ECTS program. Similar program for European doctors in specialist training is still lacking although it has been generally accepted that getting professional experience in another country and culture should be encouraged. Experiences of individual trainees have proved that working and studying abroad can be very mind opening, but there has often been numerous hindrances to overcome as well as it might have been difficult to get the foreign experiences to be accepted as a part of the specialist degree in the home country. European Federation of Psychiatric Trainees, a trainee organization representing 12 000 European psychiatric trainees has taken initiative to create a database of the institutions of its member countries that are willing to receive psychiatric trainees from other European countries for a period during the specialist training. The database will include information about the requirements the applicant must fulfill in order to be accepted, the contact details of the institution concerned, and possible ways of financing the stay. Language barriers are one big obstacle that has been preventing the development of a true European exchange program, but European Federation of Psychiatric Trainees is hopeful that the first step made by the trainee association will lead to a birth of a fully financed and accepted program that will cover all European countries.

S62. Symposium: Psychiatry in the Balkan Area: Problems, Challenges and Opportunities

(Organised by the WPA Institutional Programme for Eastern Europe and the Balkans and the WPA Section of Preventive Psychiatry)

Chairpersons: George Christodoulou (Athens, Greece), Dusica Lecic-Tosevski (Belgrade, Serbia & Montenegro)

16:15 – 17:45, Hall E

S62.01

Psychiatry in Serbia and Montenegro: Three stages of development

D. Lecic-Tosevski*. *Institute of Mental Health, University of Belgrade, School of Medicine, Serbia and Montenegro*

Development of psychiatry in Serbia and Montenegro over the last two decades can be divided into three stages which all had their specificities: 1) before the times of crisis, 2) during the years of crisis and 3) in the time of social transition. Before crisis psychiatry was marked by rather successful international collaboration and principles of modern science, while disastrous years led to its deterioration, since there were other demanding priorities of mental health professionals. The present stage of social transition, with a continuous upheaval in all spheres of life, is characterized by serious problems regarding mental health of the population. Morbidity of mental and behavioural disorders grew steadily over the 1999–2002 period, from 271.944 new diagnoses (in 1999) to 309.281 (in 2002), thus making these disorders the second largest public health problem (after circulatory diseases). There is an increase of stress-related disorders as a consequence of disastrous events and prolonged adversities to which the population had been exposed. Other mental health problems are also on an increase, such as depression, suicide rate, substance abuse, psychosomatic disorders, delinquency and violence, as well as the burnout syndrome among physicians. However, there are positive changes, such as preparation of national mental health policy and action plan, renewal of international collaboration and multicentric research, as well as a development of a new partnership for mental health in the Balkans.

S62.02

Bulgarian Psychiatry Today

L.L. Jivkov*. *City Psychiatry Dispensary, Sofia, Bulgaria*

This presents the current state of Psychiatry in Bulgaria after the changes which came into effect in 1990, perceived within the economic and social context of the country. An attempt has been made in showing the relationship between psychiatric tradition and the strategy for changes in psychiatric care, as well as the different points of view for its development. The National Program for Mental Health, the forthcoming changes in the legislation concerning mental health are presented. The role of NGOs like Bulgarian Psychiatric Association, the Association for Private Psychiatric Practice, organizations of users of psychiatric care, etc is discussed. The presentation reviews the existing international relations, including those with the Balkan countries and the conditions for their development.

S62.03

Psychiatry in Cyprus

A. Argyriou*. *Cyprus Mental Health Services, Cyprus Psychiatric Association, Limassol Hospital, Cyprus*

The Cyprus Mental Health Reform started in 1985 and is still in progress particularly in the area of establishing infrastructures alternative to the institutional Psychiatric Hospital. Social discussion on defining, and understanding Mental Illness, on Stigma, on patient's human rights and on improving the quality of Mental Health Services is needed to advance radical changes. Cyprus has strong correlation with the Balkan area issues sharing many of the cultural, religious, educational and historical characteristics. The impact of

war conflicts on the population's mental health is another pressing problem and the need of implementation of conflict resolution and reconciliation strategies is a very interesting and ambitious task. The National Health Care organizers and the practitioners are challenged to balance Economic, Cultural, Clinical, Ethical and Human Considerations in delivery accessible quality care. In the achievement of this aim partnership of the Balkan area professionals in educational, clinical, research and organizational programs will be very helpful to promote a more productive and efficient policy in the benefit of the Mental Health Reform.

S62.04

Psychiatry in Croatia

L. Hotujac*. *Croatian Psychiatric Association, Zagreb, Croatia*

Abstract not received.

S62.05

Psychiatry in Greece

G.N. Christodoulou*. *Hellenic Psychiatric Association, Athens, Greece*

The evolution of theoretical orientation of psychiatry and psychiatric practice in Greece has followed the general political and economic developments that have occurred in the Country. In general, however, psychiatric care has never been a first priority, with the exception of paroxysmal attention to issues that have raised public concern. Major changes in the provision of psychiatric care occurred after Greece joined the European Union (then European Economic Community) starting with Regulation 815/84 for psychiatric services. Owing to technical and economic assistance by the EEC, attempts towards modernization of psychiatric care that up to then were experimental in nature became generalized throughout Greece. De-institutionalization was the main area where substantial progress occurred. Community Psychiatry and Psychosomatic Medicine (practiced in psychiatric sectors of general hospitals) also progressed but not to the desired degree. The general financial situation of the country but also societal prejudice did not allow drastic changes in rehabilitation of psychiatric patients. Psychiatric education, both on undergraduate and on postgraduate level (partly owing to UEMS recommendations) has improved but CME was left to the Scientific Societies (especially to the Hellenic Psychiatric Association) and to sporadic initiatives of University Departments with no governmental help. In conclusion, during the last twenty years Greece has developed the basic infrastructure that allows the provision of an acceptable level of psychiatric services. Much remains to be done in the future, particularly in the areas of primary care, education and research.

S62.6

Psychiatry in Romania

T. Udristoiu*. *University Clinic of Psychiatry, Craiova, Romania*

Abstract not received.

W06. Workshop: The Therapeutic Effects of Brief Psychodynamic Investigation

Chairpersons: Jean-Nicolas Despland (Lausanne, Switzerland), Martin Drapeau (Montreal, QC, Canada)
16:15 – 17:45, Hall F

W06

The therapeutic effects of brief psychodynamic investigation

V. Beretta¹, Y. De Roten¹, J.N. Despland¹, M. Drapeau², U. Kramer¹. ¹University Department of Adult Psychiatry, University Institute of Psychotherapy, Lausanne, Switzerland. ²Institute of Community and Family Psychiatry, Jewish General Hospital, McGill University, Montreal, QC, Canada

Results generally suggest that brief dynamic interventions are efficient in reducing symptom impairment and are superior to no-treatment conditions and equivalent to other forms of therapy. On the other hand, very few studies focus on the investigation and the indication to treatment, which are often considered to be a passive process with little or no hope for therapeutic effects. The Brief Psychodynamic Investigation (BPI, Gillieron, 1988) is a manualized 4 sessions intervention aiming at: a) developing an optimal plan to resolve the patient's crisis situation through the use of an initial dynamic interpretation and its working through, b) establishing a psychodynamic and psychiatric diagnosis, c) providing information on indications for further therapeutic interventions, and d) furthering the development of early alliance. As such, it is in agreement with the American Psychiatric Association's practice guidelines for the evaluation of adults (APA, 1996). The first presentation will describe the treatment method, some data concerning effectiveness of such an ultra brief intervention and the main characteristics of the competence scale which has been developed. The relationship between competence score and length of training will also be described. The second presentation will look at the evolution of patient defenses and defensive functioning during the BPI. The third presentation will focus on the link between therapist interventions and patient characteristics (defenses, relationship conflicts) in relation to alliance building and outcome. Patients (N = 80) came from the LEAR project (Lausanne Early Alliance Research).

Free Communications: Affective Disorders I

16:15 – 17:45, Hall G

Recognition of depression and anxiety in primary care: Towards an unitarian concept of affective disorders

V.N. Krasnov*, T.V. Dovjenko, N.V. Yaltseva, A.A. Slugin, Y.L. Rivkina, M.Y. Tchernetsov. *Moscow Research Institute of Psychiatry, Moscow, Russia*

6242 outpatients from 18 to 55 years in several primary care settings have been studied with screening questionnaire, semi structured psychiatric interview, Hamilton Depression Rating Scale (HDRS), Hamilton Anxiety Rating Scale (HARS) and SCL-90 in order to identify affective spectrum disorders. 48,3% of the outpatients stud-

ied showing different affective (depressive and anxious) disturbances. In the majority of cases, the anxiety symptoms overlapped with depression. 27,5% of the patients was identified with depression by standardized clinical instruments according to ICD-10 criteria. In 22,2% the HDRS score was 15 or more. At the same time, there were different combinations of depression with anxiety and somatoform disorders - with similar score levels of somatization, depression and anxiety by SCL-90 and a patient HARS score average of about 20. Treatment with SSRIs and others antidepressants has shown significant positive response for both depression and anxiety. Conclusion: The concept of separate depression and anxiety disorders with comorbidity does not agree with the unity concept of a single disorder spectrum, which considers anxious-depressive affective disorder as a cohesive entity.

Are anxiety and depression as causes for disability pensioning underestimated? A prospective study based on the general population

A. Mykletun^{1,*}, O. Bjerkeset², S. Krokstad², L.E. Aarø¹, A.A. Dahl³, S. Øverland⁴. ¹Research Centre for Health Promotion, University of Bergen. ²Norwegian University of Science and Technology, HUNT Research Centre, Trondheim. ³The Norwegian Radium Hospital, Oslo. ⁴Faculty of Psychology, University of Bergen, Norway

Background: Of the Norwegian population aged 16-66, 9.7% of the population was disability pensioned in 2001 and new disability pensions granted for psychiatric disorders comprised 29.7% the same year. This figure is based on diagnoses given in medical charts for applications for disability pension. The present study will employ an alternative research design to test the hypothesis that anxiety and depression are underestimated as causes for disability pensioning.

Methods: Information on psychiatric and somatic health condition was obtained from the Health Study of Nord-Trøndelag County (HUNT-II). Data on disability pensioning in a follow-up period of two year after attendance to HUNT-II was obtained from the National Insurance Administration and merged to the HUNT-II data by use of the national identity number. Data on somatic and psychiatric health was in this prospective design collected before the application for disability pension in a double blind design. To test the hypothesis, disability pensions granted for ICD-10 diagnoses F00-F99 and ICD-9 diagnoses 290-320 were excluded from the sample. The null hypothesis (as given in the title) is rejected if anxiety and depression, adjusted for somatic health variables, predict alleged non-psychiatric disability pensions.

Results: Anxiety and depression are strong predictors of subsequent disability pensioning for alleged non-psychiatric (thus pure somatic) causes and adjustment for somatic health explain only a minor part of the effect.

Conclusion: Anxiety and depression as causes for disability pensioning can be underrated as causes for disability pension.

The association between anxiety, depression and somatic symptoms in a large population. The HUNT study

T.T. Haug^{1,*}, A. Mykletun², A.A. Dahl³. ¹Department of Psychiatry. ²Department of Psychology, University of Bergen. ³The Norwegian Cancer Research Hospital, Oslo, Norway

Objective: Somatic symptoms are prevalent in the community, but at least one third of the symptoms lack organic explanation. These

symptoms are often labelled as 'functional' and in this study we examine the connection between anxiety, depression and 'functional' somatic symptoms in a large community sample.

Method: In the HUNT study all inhabitants aged 20 years and above were sent a questionnaire asking about physical symptoms, demographic factors, life-style and somatic diseases. The Hospital Anxiety and Depression Scale (HADS) recorded anxiety and depression.

Results: Of those invited 62,651 subjects (71.3%) filled in the questionnaire. Due to organic diseases 10,492 persons were excluded and 50,377 were taken into the analyses. Women reported more symptoms than men (mean number of symptoms W/M=3.8/2.9). The relationship with somatic symptoms was equally strong for anxiety disorders and depressions and a stronger relationship was observed for co-morbid anxiety and depression. The connection between anxiety disorder, depression and somatic symptoms was equally strong in men and women and in all age groups (mean number of somatic symptoms M/W in anxiety disorder 4.5/5.9, in depression 4.6/5.9, in comorbid anxiety and depression 6.1/7.6, in no anxiety or depression 2.3/3.6). The relationship between number of somatic symptoms and score on HADS was linear.

Conclusion: There was a statistically significant relationship between anxiety disorder, depression and 'functional' somatic symptoms, independent of age and gender.

The outcome of adolescent depression in a treatment study

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Background: Major depressive disorder considerably interferes with the child's normal development and increases the risk to develop other psychiatric disorders (e.g., substance abuse) and suicidal behaviors. Although most children and adolescents recover from their first depressive episode some will experience a poorer outcome with a recurrence or chronic evolution.

Objective: In this study we will investigate the outcome of adolescent depression in a treatment study and determine the predictors of outcome.

Methods: One hundred seven adolescents with major depressive disorder randomly assigned to 12 to 16 weeks of cognitive behavioral therapy, systemic behavioral family therapy, or nondirective supportive therapy were evaluated for 2 years after the psychotherapy trial to document the subsequent course and predictors of major depressive disorder.

Results: Most participants (80%) recovered (median time, 8.2 months from baseline), and 30% had a recurrence (median time, 4.2 months from recovery). Twenty-one percent were depressed during at least 80% of the follow-up period. Severity of depression (at baseline), lifetime history of sexual abuse and presence of self-reported parent-child conflict predicted lack of recovery, chronicity, and recurrence.

Conclusions: While most participants in this study eventually recovered, those with severe depression, lifetime history of sexual abuse and self-perceived parent-child conflict were at greater risk for chronic depression and recurrences. The implication for the treatment of adolescent depression will be discussed.

First episode psychotic mania: 12 month outcome in an epidemiological catchment area sample

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Background: Recent studies have shown that outcome in mania is worse than previously thought, but have been conducted in selected samples with restrictive measures of outcome. Studies on catchment area populations with broader outcome evaluation are needed.

Method: Prospective follow up at 6 and 12 months of 87 DSM-III-R first episode psychotic mania patients admitted in EPPIC between 1989 and 1997. Syndromic and symptomatic outcome was determined with the BPRS; functional outcome with the QLS and PAS sub-items.

Results: While 90% of patients achieved syndromic recovery at 6 and 12 months, 40% hadn't recovered symptomatically at 6 and 12 months, and still presented anxiety or depression. 66% hadn't returned to their previous functional level after 6 months, and 61% after 12 months. Age at intake, family history of affective disorder, illicit drug use and functional recovery at 6 months predict 12-month functional outcome.

Conclusion: This study confirms poor symptomatic and functional outcome after first manic episode with psychotic features. The results suggest specific intervention needs to be developed, that should address anxiety, depression and substance abuse comorbidity.

Juvenile onset bipolar disorder: Diagnostic and therapeutic challenges

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Objectives: Although Bipolar Disorder (BD) became increasingly recognised in recent years, its early identification remains complex. Juvenile onset BD is generally complicated by polymorphous clinical manifestations and important comorbidity, including oppositional behaviour, psychomotor hyperactivity, or addictions. The difficulty of adequately recognising early BD further resides in phenomenological overlap with the developmental spectrum of puberty transformations, as well as with the onset of schizophrenia, possibly resulting in long-term misdiagnosis. Early recognition of Bipolar Disorder is crucial given the lifelong follow-up generally required and the association with significant risks for suicide and violence. This presentation analyses diagnostic and therapeutic challenges associated with juvenile onset BD and proposes a systematic procedure for enhancing early BD identification.

Method and Discussion: First, state-of-the art regarding early manifestations of Bipolar Disorder is critically reviewed in terms of prevalence, comorbidity and diagnostic overlap. Herein, the meaning and implications of a BD-AD/HD association receives special attention. Second, key factors for adequate clinical evaluation and intervention are defined in a stepwise procedure. Case illustrations will highlight key components of early diagnosis and treatment implementation, especially regarding recognition and management of juvenile mania. The respective roles of genetic and family antecedents underlying the development of Bipolar Disorder are thus discussed in relation to the complexity of differential diagnosis.

Furthermore, taking into account factors such as illness belief and medication compliance, a cognitive-behavioural therapeutic approach is outlined that enhances young patients' coping with Bipolar Disorder.

S73. Symposium: Use of the Contextual Assessment of Maternity Experience (CAME) in a Multicenter European Study about PND

Chairpersons: Anne-Laure Sutter-Dallay (Bordeaux, France), John Lee Cox (Keele, UK)
16:15 – 17:45, Hall H

S73.01

Maternal feelings and attitudes towards pregnancy and motherhood: Continuity and change

S. Conroy^{1,*}, O. Bernazzani², M.N. Marks¹, N. Guedeney³, B. Figueiredo⁴, L.L. Gorman⁵, V. Valoriani⁶, E. Glatigny-Dallay⁷, S. Hayes⁸, C.M. Klier⁹, M. Kammerer¹⁰. ¹Section of Perinatal Psychiatry, Institute of Psychiatry, London, UK. ²Departement de Psychiatrie, Pavillon Rosemont, Montreal, QC, Canada. ³Department of Adolescent and Young Adult Psychiatry, Institut Mutualiste Montsouris, Paris, France. ⁴Instituto de Educacao e Psicologia, Universidade do Minho, Braga, Portugal. ⁵Depression and Clinical Research Center, University of Iowa, Iowa City, IA, USA. ⁶Department of Neurologic and Psychiatric Sciences, University of Florence, Italy. ⁷University Department of Psychiatry, Centre Hospitalier Charles-Perrens, Bordeaux, France. ⁸Department of Psychiatry, University College, Dublin, Ireland. ⁹Child and Adolescent Neuropsychiatry, University of Vienna, Austria. ¹⁰Child and Adolescent Psychiatry, University of Zurich, Switzerland

The maternal feelings and attitudes component of the CAME measures a woman's individual vulnerability to onset of depression in terms of her emotional reaction to pregnancy, motherhood and the baby. A woman's commitment to, and positive and negative or anxious feelings about the pregnancy are assessed both at the beginning of pregnancy and at the time of interview. Postnatally, her feelings about the baby (closeness, antipathy and perception of the baby as difficult) and her feelings of fulfillment and of competence and incompetence as a mother are assessed. All are rated for both the first few weeks following birth, and at the time of interview. Previous analyses of data from the cross-cultural study confirmed that negative feelings about the pregnancy, as well as adversity and a poor relationship with the partner or another significant person all predicted onset of depression during the perinatal period. More specifically, negative feelings about the pregnancy were a predictor of depression onset during pregnancy and negative feelings about motherhood and the baby were a predictor of depression onset postnatally. This presentation will examine continuities and changes in maternal feelings and attitudes across time from pregnancy to six months post-partum. It will also explore the relationship between the feelings and attitudes component of the CAME and the other two main components (adversity and social support), both concurrently and across time from pregnancy to six months post-partum.

S73.02

Adversity during the perinatal period: It's depressing!

L.L. Gorman^{1,*}, O. Bernazzani², M.W. O'Hara¹, S. Conroy³, M.N. Marks³, N. Guedeney⁴, B. Figueiredo⁵, V. Valoriani⁶, E. Glatigny-Dallay⁷, S. Hayes⁸, C.M. Klier⁹, M. Kammerer¹⁰. ¹Iowa Depression and Clinical Research Center, University of Iowa, Iowa City, IA, USA. ²Departement de Psychiatrie, Pavillon Rosemont, Montreal, QC, Canada. ³Section of Perinatal Psychiatry, Institute of Psychiatry, London, UK. ⁴Department of Adolescent and Young Adult Psychiatry, Institut Mutualiste Montsouris, Paris, France. ⁵Instituto de Educacao e Psicologia, Universidade do Minho, Braga, Portugal. ⁶Department of Neurologic and Psychiatric Sciences, University of Florence, Italy. ⁷University Department of Psychiatry, Centre Hospitalier Charles-Perrens, Bordeaux, France. ⁸Department of Psychiatry, University College, Dublin, Ireland. ⁹Child and Adolescent Neuropsychiatry, University of Vienna, Austria. ¹⁰Child and Adolescent Psychiatry, University of Zurich, Switzerland

Experiencing adversity in the form of negative life events and psychosocial stressors during pregnancy and after delivery is associated with postnatal depression. In fact, the occurrence of negative and stressful life events during pregnancy and the early postpartum period is one of the more robust risk factors for postnatal depression, especially in women with existing vulnerability such as a prior history of depression. In this cross cultural study of postnatal depression, adversity in the form of chronic stressors and negative life events was assessed across nine psychosocial domains (marital, social, work/education, reproductive/parenthood, health, housing/finance, crime/legal, and geopolitical/other) in 238 women from several European study sites and one American site beginning one year prior to the expected date of delivery through six months postpartum using the Contextual Assessment of Maternity Experiences (CAME). Among women in this sample, 53% experienced severe adversity in at least one psychosocial domain at some point during the antenatal and postnatal assessment period. Severe adversity experienced during the perinatal period was significantly associated with the onset of perinatal depression. Data regarding the number, type, and duration of adversity and their association with postnatal depression onset will be presented. Finally, we will discuss the importance of assessing risk factors during pregnancy associated with postnatal depression.

S73.03

Social support as a moderator for the influence of the attachment style on the occurrence of a PND

C. Quintric^{2,*}, E. Glatigny-Dallay², N. Guedeney¹, A.L. Sutter-Dallay². ¹Service de Psychopathologie du Jeune Enfant, Institut de Paris. ²University Department of Psychiatry, Centre Hospitalier Charles Perrens, Bordeaux, France

Mother's attachment style, as well as lack of social support can be vulnerability factors for PND. The hypothesis is that the impact of the attachment style on the existence of a PND is moderated by social support. 46 women from two study center (Paris, Bordeaux) were assessed during the 3rd trimester of pregnancy and at 6 months postpartum. The Attachment Style Interview (ASI, Bifulco et al, 1995) was used to evaluate the attachment skills of the women during the 3rd trimester of pregnancy. The Social support component of the Contextual Assessment of the Maternity Experience

(CAME, Bernazzani et al, 1995) was used during pregnancy and 6 months postpartum. The existence of a PND was evaluated 6 months postpartum with the EPDS. The presentation will discuss the results in terms of detection of 'attachment at risk' women, and from a preventive point of view concerning actions to moderate this vulnerability through social support.

S73.04

Social support and recent life adversity during the perinatal period as risk factors for onset of postnatal depression

V. Valoriani*, P. Benvenuti. *Department of Neurological and Psychiatric Sciences, University of Florence, Italy*

The Contextual Assessment of Maternity Experience (CAME), is a semi-structured interview designed for the assessment of women in the maternity context. It provides a detailed picture of a woman's life during the transition to motherhood and enables the assessment of major risk factors for emotional disturbances, especially depression, in pregnant and postpartum women. There is now convincing evidence that stressors may trigger the onset of a depressive episode in vulnerable women. The environmental factors such as support and marital relationships and maternal attitudes and feelings have all been found to contribute significantly to the woman's adjustment to pregnancy and the postpartum. The CAME has three main components: 1) recent life adversity 2) the quality of social support and key relationships including partner relationship and 3) maternal feelings/ attitudes towards pregnancy, motherhood and the baby. We choose to examine the role of social support and key relationships together with recent life adversity which is a continuous measure of stressors throughout the pregnancy and the postpartum period. CAME interviews were carried out in Florence antenatally with 21 women. Results shows that poor prenatal relationships, especially with the partner, were associated with onset of depression and overall adversity was related to the presence of perinatal depression. This presentation will examine results from the CAME about relationships and adversity.

S73.05

How do women manage to remain healthy in pregnancy and postpartum?

H. Künzli^{2,*}, A. Dörrer-Letsch², A. Felchlin², E. Kammerer², M. Kammerer¹. ¹*Department of Child and Adolescent Psychiatry, Regional Division Horgen, University of Zurich.* ²*University of Applied Psychology, Zurich, Switzerland*

Background: It is suggested that the functioning of the social network, the partner relationship and the attitude towards pregnancy are important psychosocial factors causing risk or providing protection against social as well as mental health problems. However this may be different in different cultural settings.

Research Question: Are these factors recognized as important by women concerned in the Swiss German culture? To what extent do these aspects of social functioning change prospectively among healthy pregnant women?

Method: Qualitative data were obtained from key informant interviews and focus group discussions. Quantitative data were collected prospectively with a cohort of 60 healthy women at two time points, in the third trimester of pregnancy and at the end of the postpartum period using the CAME interview measure.

Conclusion: The functioning of the social network, especially the family network and the support by mother's mother, the attitude

towards pregnancy and the partner relationship were identified as most important psychosocial variables contributing to the wellbeing of mother and child in pregnancy and post partum. Analysis of the quantitative data revealed a change of the social network and a change of some aspects the partnership to the father of the child as pregnancy progresses.

S83. Symposium: Necessity of and Experiences with Postgraduate Training in Old Age Psychiatry

Chairpersons: Gabriela Stoppe (Göttingen, Germany), Nori Graham (London, UK)

16:15 – 17:45, Hall I

S83.01

The situation without training: Representative follow up investigations of primary care physicians' competence for the management of memory disorders in Germany

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Introduction: Primary care physicians are in the key position for early recognition and management of memory disorders. Up to know however, they seem to be not adequately trained for this task.

Method: Written case vignettes on slight memory disorders (case 1) and moderate dementia (case 2) were presented to primary care physicians in their practices in 1993 and 2001. A standardised open interview was performed and the psychosocial focus remained secret.

Results: Both studies were representative with response rates of 82.1% (n=145) and 71.8% (n=122). From 1993 to 2001 the rate of dementia diagnoses increased and those of vascular encephalopathy/organic brain disease decreased significantly. However, overall rates remained low and vascular diagnoses kept dominating. We also present data with regard to diagnostic tools, prescription of antidementia drugs and – for 2001 – compare to the results of similar investigations in neuropsychiatrists.

Discussion: Competence changes over time can be investigated with this method. Primary care physicians' competence remains too low without systematic trainings.

References

Stoppe G et al.: Diagnosis of dementia in primary care: Results of a representative survey in lower Saxony, Germany. *Eur Arch Psychiatry Clin Neurosci* 1994; 244: 278-283

Stoppe G et al.: Treatment of the Memory Disturbed Elderly in Primary Care. *Primary Care Psychiatry* 1998

S83.02

The postgraduate course in old age psychiatry in Switzerland

E.M. Krebs-Roubicek^{1,*}, J. Renard². ¹*Psychiatric University Hospital, Old Age Psychiatry, Basel.* ²*Private Praxis, Neuchâtel, Switzerland*

Even before the foundation of the Swiss Society of Old Age Psychiatry in 1991 the lack of formal training was recognised. The

member of the society tried to improve the training in their local area. As it seemed almost impossible to establish a subdiscipline and influence the undergraduate training, the member of the society decided 2000 to perform a postgraduate training course both in French and German language. The first course took place during 8 individual days between Winter 2001 and Spring 2003 and did proof the demand for such training. The courses in both languages were carefully prepared by experienced colleagues, who themselves as well took part. The course, comprising relevant and ambitious knowledge concerning old age psychiatry was offered for colleagues already specialised in general psychiatry, who work either in psychiatric or other institutions or in private praxis and dispose of an experience or show a strong interest in work with old people with psychiatric disorders. The training course comprises theory (in the morning) and intervision or group work (in the afternoon). The presented paper will summarise the experience of the first course in both languages, the results of the evaluation and its transposition towards the next course.

S83.03

Post graduate training in Old Age Psychiatry in France: Current state and perspectives

V. Camus*. *Clinique Psychiatrique Universitaire, Centre Hospitalier Régional Universitaire, Tours, France*

During years 2000-2001, the WPA Section on Old age Psychiatry has conducted a survey among the 116 WPA member societies, in order to identify local needs in teaching and training in the discipline (1). Development of the post-graduate training has been reported as the most pressing need by most of the WPA member societies. Following this world-wide evaluation, a more specific and detailed evaluation has been undertaken in France to assess the level of development of post-graduate training in Old Age Psychiatry in each university psychiatric department. Results of the survey will be presented, and the project of a formal recognition of Old Age Psychiatry as a specific sub-speciality in France will be detailed. This project will have two steps. First educational objectives will be defined, clearly derived from those of the European initiative (2). Then, required procedures toward national health and university education authorities will be done to obtain a formal national recognition of this new specific sub-speciality.

- [1] Camus V, Katona C, Mendonca Lima CA, Abdel Hakam AM, Graham N, Baldwin R et al. Teaching and training in old age psychiatry: a general survey of the World Psychiatric Association member societies. *Int J Geriatr Psychiatry* 2003;18(8):694–9.
- [2] Gustafson L, Burns A, Katona CLE, Bertolote JM, Camus V, Copeland J et al. Skill based objectives for specialist training in old age psychiatry. *Int J Geriatr Psychiatry* 2003;18(8):686–93.

S83.04

Training experiences in the UK and the perspective of the WHO

N. Graham*. *Emeritus Consultant in Old Age Psychiatry, Royal Free Hospital, London, UK*

In 1996 the late Professor Jean Wertheimer organised the first consensus statement on Psychiatry of the Elderly(1). This statement and those that followed in subsequent years, were jointly produced by the WHO and the Geriatric Section of the WPA together with a number of international NGO's representing some of the disciplines involved with care of mentally ill elderly people. The teaching of psychiatry of the elderly to primary care professionals and the training of all mental health professionals in the special mental health problems of the elderly were identified as priorities for every country. The document concluded that there was ample justification to support the development of psychiatry of the elderly with its own training programmes, career structure and multi-professional support network. The UK was the first country to produce formal criteria for Old Age Psychiatry training in 1989(2) and to accept it formally as a psychiatric specialty. There are now about 500 consultants in this specialty in the UK. This talk will invite discussion of the WHO/WPA statement and describe some personal experiences of training in the UK over the last 30 years.

- [1] WHO(1996) Psychiatry of the elderly; a consensus statement. Geneva, WHO.
- [2] Joint committee on Higher Psychiatric Training. Higher training in old age psychiatry. *Psychiatric Bulletin* 1989;13:652.

S83.05

Development of a curriculum in old age psychiatry for psychiatrists and family physicians in Germany

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Introduction: For the German speaking gerontopsychiatry there is no curriculum for the education in this field for psychiatrists, psychologists, occupational therapists and nurses. The aim is to find an agreement about the topics and necessary education time in the different domains, like dementia, depression, paranoid disorders etc. The education by this curriculum should lead to a certification used for documenting the specialisation in geriatric psychiatry.

Method: Representatives of different professions and different countries met several times and elaborated a list of topics and education schedules. Drafts of the lists of education goals were discussed.

Results: A first version of a curriculum for psychiatrists, psychologists, social workers and nurses has been proposed. The education schedules were differentiated for the different professions working in the field.

Discussion: On a conference in Spring 2003 the contents of the curriculum will be presented and a test session of the first elaboration of the curriculum will be shown. Within 2004 the implementation of test seminars of the curriculum will be completed.