We believe that the reason to this is that male depressive suicidants possibly are not reached by the medical health care system. This might be due to mens alexithymic incapacity to ask for help and/or their atypical depressive, acting out, aggressive or abusive behaviour leading to rejection or miss-diagnosis in the health care system. Consequently, underdiagnosis and undertreatment of male depressions exist and may be the explanation to the paradoxical fact that men in Sweden only are half as often depressed but committing suicides up to five times more often than females in Sweden. New sex specific diagnostical and therapeutical tools as well as sex specific research concerning depression and suicidality is needed.

Suggestions concerning the analysis of the suicidal situation in a region are given and a proposal concerning the diagnostic of the male depressive syndrome made. Key issues to be regarded when offering educational proposals aimed at the improvement of the management of depression are described.

## Lundbeck-IPI-SAT-4

SHARING RESPONSIBILITY FOR IMPROVED CARE

Robert Hogenboom. *Lundbeck International Psychiatric Institute, Denmark*

The mission of the Institute is to improve the treatment of patients suffering from CNS diseases by providing independent educational seminars, workshops, symposia, treatment tools and publications.

The educational activities are performed in an international setting guaranteeing that the cultural and social differences are incorporated in the activities that give the best guarantee that culture and social differences are served.

The need for continuous education for health care providers and the general public to improve outcome, has been clearly demonstrated by several studies e.g. "the Gotland study". Disability caused by depression and the number of suicides should decrease dramatically once the education has been provided.

Due to this enormous need and the limited resources for continuous educational activities, especially in an international environment, it is the responsibility of all who are involved in the recognition and treatment of depression to strive for improved care.

Lundbeck, a pharmaceutical company specialising in psychiatry, and therefore involved in the treatment of depression, has decided to show its responsibility towards psychiatry by providing substantial resources both in personnel and funds.

To assure that the educational programmes are not biased by company interest, the Lundbeck International Neuroscience Foundation has been founded, which embodies a large board and faculty of well-respected opinion leaders.

The Foundation controls all the activities of the Institute and can initiate, hinder or change programmes, etc. to secure the independence, objectivity and quality of the education provided.

## Lundbeck-IPI-SAT-5

WHAT EVIDENCE SHOULD BE PRESENTED THROUGH A CD-ROM PROGRAM?

H.M. Van Praag. *Academic Hospital, Maastricht, The Netherlands*

First the importance of training programs in depression will be stressed. Furthermore, I will discuss the evidence that should be minimally presented in an evidence-based teaching program on depression.

1. Frequency. *Provisio:* Depression rate is high, but might be overestimated because the border distress/depression is ill-defined.
2. Phenomenology. *Accentuate:* Depressive symptomatology is far from uniform and this might have treatment implications.
3. Comorbidity. *Accentuate:* its enormous research and practical implications.
4. Pathogenesis and etiology. *Accentuate:* the relevance for differential diagnosis and treatment.
5. Course. *Accentuate:* chronic nature of depression and its treatment consequences.
6. Treatment. *Accentuate:* the fundamental importance of combining biological and psychological interventions.

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**Pfizer Inc.**

# Pfizer-SAT1. *Trauma *Fear *Panic *Obsession *Impulsivity

*Chairs*: J Davidson (USA), PH Thomsen (DK)

## Pfizer-SAT1-1

TRAUMA

J. Davidson. *Duke University Medical Center, Durham, NC 277710, USA*

The impact of exposure to 'trauma' - or a psychologically distressing event - is frequently underestimated. When the trauma falls outside the range of usual human experience, it can precipitate post-traumatic stress disorder (PTSD), the symptoms of which can last for years. These symptoms include intrusive recollections, emotional numbing and physiological hyperarousal, and have a detrimental impact on daily functioning, work productivity and general quality of life. PTSD has an estimated lifetime prevalence of nearly 8% of the general population and occurs even more frequently in at-risk populations, such as those exposed to combat, assault, serious injury or natural disasters.

Early reports of pharmacotherapy for PTSD were focused on acutely emergent syndromes during World War II. After a hiatus of 3 decades, investigators returned to the topic and reported benefits in combat veterans with the use of monoamine oxidase inhibitors and tricyclic antidepressants, specifically phenelzine, imipramine and amitriptyline.

Later studies have concentrated on serotonergic drugs, and clear evidence exists to support the efficacy of flouxetine and more recently sertraline in civilians with PTSD. This presentation will examine the impact of trauma, look at who is susceptible to developing PTSD, and ask what the patient should expect from new pharmacotherapy in terms of both symptomatic and quality of life improvements.

## Pfizer-SAT1-2

FEAR

J.R. Walker. *University of Manitoba, Manitoba, Canada*

Fear is one of the basic human emotions. In the course of our lives all of us experience fear in some situations. Consideration of the basic fears experienced by humans suggests that one of the most important factors is fear of negative evaluation. This is the fear that underlies social phobia.

Recent interest in social phobia – evidenced by increased numbers of epidemiological and clinical studies – has helped fuel a greater understanding of the disability conferred by this disorder. There is now widespread acknowledgement of the considerable