most frequent psychiatric ones were anxiety, mood swaps and impulsivity disorder. Although heroine (22.5%) and cocaine (17.5%) were the most frequent drugs used, cannabis, benzodiazepines and alcohol was used concomitantly in respectively 24.7%, 28.9% and 29.8% in the last days. Substitution therapy was founded with buprenorphine (Subutex®) in 37.22% and methadone in 5.43%. Among the substituted patients, buprenorphine was most common (76.7%). A regular follow up for the prescription of these products was made by GP (35.8%) or specific unit (47.3%). This data are consistent with the substitution ratio in France but they need to be more fully examined in order to examine the impact of the French policy on harm drug reduction.

FC13.03

THE RECOGNITION OF COMMON MENTAL DISORDER BY NON-PSYCHIATRIC PHYSICIANS IN TAIWAN

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Background and Purpose: To understand how recognition relates to patient factors among two different settings, family physicians and medical specialists, in Taiwan.

Methods: The study took place in two different clinical settings in Taipei county, Taiwan. A two-phase design was used. In phase one, all patients completed a screening questionnaire detailing basic sociodemographic data, reason for consultation, illness attribution, Chinese Health Questionnaire-12, CAGE, 12 life event categories and brief disability questionnaire. In phase two, patients received the further interview with the Revised Clinical Interview Schedule and the Short Explanatory Model Interview. The physicians completed a brief questionnaire about whether the complaints were primarily psychological or physical in origin.

Results: Of 1009 patients who were approached and eligible, 990 completed the screening procedures. The characteristics of patients attending the two settings were significantly different. The overall detection rate of family physicians was better than that of medical specialists. The univariate analyses found that seven variables were associated with detection. Multivariate analysis using logistic regression showed that four factors were found to be associated with detection, including patients' concept of illness, illness attribution, severity of psychopathology and overall impairment. The variable of the type of physician did not exist in this model.

Conclusions: Our results showed that patient factors did affect the detection of physicians. These results may be useful in strategic planning for improving mental health among general medical settings.

FC13.04

UNPLANNED DISCHARGE IN A PSYCHIATRIC DAY CLINIC – TRYING TO DIFFERENTIATE THE REASONS

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So-called drop-outs respectively unplanned discharges in psychiatric therapy are often initiated by lack of insight into the disease or difficult circumstances of admission in the first place. We were interested in the question how often drop outs are to be noticed in a voluntarily day clinic setting where nearly all psychiatric diseases are to be treated. The charts of all patients of 1998 (n = 65) were screened referring to their mode of discharge and we especially found out that the term drop out is not defined clearly and multiple reasons may lead to an unplanned discharge, which we tried to differentiate in our investigation. In our opinion the statistically relevant term of drop out or unplanned discharge is not the right one to deal with the individual motivation for the limitation of treatment.

FC13.05

PREDICTING ADMISSIONS IN EMERGENCY PSYCHIATRY

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Background to Study: The number and complexity of problems of patients seen in the psychiatric emergency service often is in contrast with the amount of time available for decision making regarding admission. The criteria for admission of an emergency psychiatric patient may vary from clinician to clinician and from are to area. Therefore, a decision support tool, the Severity of Psychiatric Illness scale (SPI) was developed to support decision making as it occurs (Lyons et al. 1997, Medical Care 35: 792–800). The SPI is a 14-item rating scale. Three dimensions of the SPI-Suicide Potential, Danger to Others, and Severity of Symptoms – successfully predicted 73% of level of care (inpatient or outpatient; Lyons et al., 1997). The aims of the present study were to test the reliability of the SPI and to try to replicate the prediction model developed by Lyons et al. in a Dutch sample of patients seen in an emergency psychiatry setting.

Design: Reliability was investigated by 2 raters (a psychiatry resident and a psychiatrist) who independently rated 30 identical patient records. Predicting admission was tested retrospectively by rating 79 other records of emergency psychiatric patients using the SPI. These records contained no information with respect to admission of a patient. Another psychiatrist decided on the basis of the information in the case record on the level of care. A stepwise logistic regression was performed using the dimensions Suicidality, Danger to Others, and Severity of Symptoms.

Results: The reliability of the SPI was 0.73 (kappa). Predicting level of care: we found that the dimensions Suicidality, Danger to Others and Severity of Symptoms significantly predicted 80% of admissions ($p < 0.001$). Using our empirical model, the probability of admission could be expressed as follows p (Admission) = 0.51 (Suicidality) + 1.42 (Danger to Others) + 1.13 (Severity of Symptoms) – 3.23.

Conclusions: An American decision support model for psychiatric hospital admissions was replicated in a retrospective study using case records of a Dutch sample of psychiatric emergency patients. Next, this model will be tested prospectively in an emergency setting. When finding the same results, this model could be used as a decision support tool.

FC13.06

THE CROSS-NATIONAL EPIDEMIOLOGY OF UNEXPLAINED CHRONIC FATIGUE

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a) Background and Aims: There is a relative paucity of research on chronic fatigue illnesses outside some western developed countries. The main aim of the present study is to determine the prevalence and associations of unexplained chronic fatigue from

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a cross-cultural perspective and to examine the hypothesis that economic development is not associated with fatigue.

b) Design: We carried out a secondary analysis of the WHO Collaborative Study of Psychological Problems in General Health Care (5438 patients in 14 countries). The assessment included questions on the basic sociodemographic variables, a primary health care version of CIDI and the 28 item general health questionnaire (GHQ 28).

c) Results: The weighted prevalence of unexplained chronic fatigue was 7.99% (95% CI 7.13%–8.85%). Before adjusting for cross-cultural differences, the score on the GHQ-28 (Odds Ratio 1.14, [95% CI 1.12–1.16]), female subjects (1.78, [1.35–2.33]), the unemployed (1.55, [1.04–2.32]), having 7–12 years of education (2.26, [1.66–3.07], having more than 12 years of education (1.81, [1.24–2.63]), and suffering from any chronic physical disease (1.72, [1.32–2.25]) were positively associated with unexplained fatigue. Adjusting for inter-center variability had a minor effect in these associations. Compared to poor countries (Gross National Product[GNP]per head < 1000 US$), there was a trend for increasing rates of fatigue according to GNP.

d) Conclusions: Unexplained chronic fatigue is a common condition in primary care with sociodemographic associations which are independent of cross-cultural influences. The prevalence however of fatigue is higher in countries with higher income.

PS04. Treatment update 2000 – schizophrenia

Chair: W. Gaebel (D)

PS04.01

PHARMACOLOGICAL TREATMENT OF SCHIZOPHRENIA

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The past decade has seen a number of significant advances in the knowledge about the pharmacological treatment of patients with schizophrenia. These include sophisticated dose response studies, long-term studies that include psychosocial reintegration and quality of life as outcome variables, definitive answers on the debate on continuous versus intermittent treatment, suggestions on how to enhance compliance, a substantial body of new evidence concerning drug safety, a new emphasis on symptoms beyond the positive domain, including negative, affective and cognitive symptoms, and, of course, the development of second generation antipsychotic drugs. All this evidence taken together has led to the development of treatment guidelines in many countries. Disregarding local differences, most of these guidelines agree on the basic treatment principles of treating patients with schizophrenia with antipsychotics as early as possible (many guidelines, especially the more recently published ones, favor second generation antipsychotics over traditional neuroleptics). Monotherapy is generally recommended, maintenance treatment suggested to last between one and two years for patients with first-episode schizophrenia and considerably longer in patients with recurrent presentations of the disorder. Combining pharmacological with psychosocial interventions is stressed, especially during long-term treatment. At this point in time it is not easy to suggest differential indications for the second generation drugs, as only very few studies comparing the new agents to each other are available. The individual tolerance of a drug is still very much a decisive factor. The next decade will be needed to study the new medications in more detail and to gather data in larger and less selected samples of patients in order to gain information that will eventually allow to tailor pharmacological treatment to patients' individual needs.

PS04.02

PSYCHOSOCIAL TREATMENT

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While the Decade of the Brain has produced no new biological treatments for schizophrenia, during this period there have been major advances in the introduction and development of psychosocial treatments. Working with families has been evaluated in a number of controlled trials with very consistent results. These have included studies in China, indicating that this approach is effective regardless of cultural variations in family structure and function. A cognitive behavioural approach to persistent delusions and hallucinations has been pioneered in the UK and has been shown to improve psychotic symptoms in up to half the patients receiving it. Furthermore, the beneficial effects seem to persist over a long period of time. These striking findings must cause us to re-examine our concepts of psychotic symptoms. The success of these novel interventions in experimental trials has not led to their widespread use in clinical practice. The problems in disseminating the essential skills and integrating them into clinical services will be addressed.

PS04.03

REHABILITATION

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The goal of psychiatric rehabilitation is to help disabled individuals to live, learn and work in the community with the least amount of professional support. Enabling disabled people to live a normal life in the community causes a shift away from a focus on an illness model towards a model of functional disability. Social role functioning including social relationship, work and leisure as well as quality of life and family burden are of major interest for the people affected living in the community.

The overall philosophy of psychiatric rehabilitation comprises two intervention strategies. The first strategy is individual-centered and aims at developing the patient's skill to interact with a stressful environment. The second strategy has an ecological approach and is directed towards developing environmental resources to reduce potential stressors. Most disabled people need a combination of both approaches. As such, effective psychiatric rehabilitation requires tailored and specialised treatment which has to be embedded in a comprehensive and coordinated system of rehabilitative services.

In contrast with acute treatment there are almost no legal powers to enforce rehabilitation. Thus, the patient's autonomy concerning treatment decisions has to be respected. Within this framework, the refinement of psychiatric rehabilitation has achieved a level where it should be made readily available for every disabled person.

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