Some of the issues that need to be addressed in the new revision of the sexual dysfunctions diagnostic criteria include the duration of sexual dysfunction, intensity and frequency of sexual dysfunction, the use of distress as a diagnostic criterion, whether there are specific differences in diagnosing female and male sexual dysfunction, validity of some diagnostic entities (e.g., sexual aversion disorder), reclassifying some sexual dysfunctions (e.g., dyspareunia as a pain disorder), and the overlap of diagnoses.

Further deliberation of sexual dysfunction classification should also include two core questions: a) when does a sexual problem become a sexual dysfunction, and related to that b) what do we consider ''normal'' and/or what is a biological variation of sexual functioning (e.g., are rapid ejaculation and extremely delayed ejaculation dysfunctions or normal variants of sexual performance at the very ends of the spectrum?).

This presentation will review in detail the deficiencies of the standing diagnostic criteria and will provide suggestions for improvement of these criteria based on evidence from the literature and on recommendations of expert panels.

S04.03

Female sexual dysfunction

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There has been considerable research concerning the epidemiology and treatment of female sexual dysfunction. Research has indicated a high prevalence of female sexual problems in most cultures. Clinical trials have tested the efficacy of a variety of pharmaceutical agents for the treatment of female sexual dysfunction. This research can be grouped into three major areas: the use of hormonal agents, the use of centrally acting compounds and the use of agents promoting peripheral vasodilation. This presentation will review current research, treatment options, and gaps in our knowledge.

S04.04

Drug treatment and psychotherapy of premature ejaculation

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Drug treatment of lifelong premature ejaculation (PE) consists of daily use of SSRIs, particularly paroxetine 20mg and sertraline 50-100mg, on-demand use of clomipramine 20-50mg (3-6 hour prior to coitus) and/or topical anesthetics, such as lidocaine and prilocaine [1].

PE is a common male sexual complaint in approximately 20-40% of men. However, not all these men require treatment. PE has been distinguished in Lifelong and Acquired PE. Recently, two other PE syndromes have been classified [2,3]. In ''Normal Variable PE'' the occurrence of early ejaculation is rather inconsistent and should be regarded as a normal pattern of ejaculatory performance [2]. In ''Premature-like Ejaculatory Dysfunction'' men complain of an early ejaculation while the duration of the IELT is in the normal range (about 5 minutes) or even longer (5-10 min) [3]. The four PE syndromes require different forms of treatment. Lifelong PE should be treated with medication. Acquired PE needs medication and/or psychotherapy. Normal Variable PE requires psycho-education and Premature-like PE requires either psychotherapy, psycho-education or counselling.

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S05. Symposium: THE CLINICAL SIGNIFICANCE OF AT-RISK HAPLOTYPES IN SCHIZOPHRENIA

S05

The correlation of the endophenotypes to the at-risk haplotypes

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Although a series of DNA-sequence variants in proposed disposition genes for schizophrenia have been identified, the mechanisms to translate the genetic vulnerability for schizophrenia to the manifestation of the disease remain obscure. The analysis of the relationship of disease-associated alleles and combinations of alleles (haplotypes) to the clinical features and associated neurobiological correlates offer a tool to increase our understanding of the aetiology of schizophrenia.

We will explore this relationship in a series of case-control samples by (1) extracting schizophrenia-associated alleles and haplotypes of postulated susceptibility and modifying genes, (2) testing these identified genetic markers for association with neuropsychological and neuroimaging features of schizophrenia.

S06. Symposium: CANNABIS DEPENDENCE AND ABUSE: FROM NEUROBIOLOGICAL UNDERSTANDING TO TREATMENT

S06.01

How to screen adolescents for cannabis dependence

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Abstract not available at the time of printing.

S06.02

Cannabis abuse comorbidity with psychiatric disorders

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Cannabis use has been related to many psychiatric problems, particularly psychotic disorders, affective disorders, and anxiety. Chronic

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