

CME Courses

Courses

C01

Problem solving in psychopharmacotherapy using pharmacokinetic and pharmacogenetic tests

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Many problems such as non-response, pharmacokinetic interactions with clinical consequences and adverse effects (pharmacovigilance) may be observed in patients submitted to psychopharmacotherapy. These risks are increased in patients belonging to the category of “special populations”: elderly patients, children and adolescents, patients with a genetic particularity of metabolism or suffering from somatic or psychic comorbidities. Pharmacokinetic and pharmacogenetic tests are useful to solve problems in psychopharmacotherapy and thus improve efficacy and safety. Therapeutic drug monitoring (TDM) is particularly recommended in situations presented above and in patients who are non-compliant. In addition, the use of generics has been shown to represent a source of unexpected treatment outcomes, and TDM may help to explain pharmacokinetic particularities after switching from an original to a generic preparation (or vice versa). Finally, the increasing knowledge of the metabolism of psychotropic drugs allows taking account of the pharmacogenetic status (e.g. cytochrome P-450, P-glycoprotein) of the patients not only in adapting their medication, but also for interpreting pharmacokinetic interactions with clinical consequences. In this respect, pharmacokinetic and pharmacogenetic tests have now also to be considered as a tool in pharmacovigilance programs.

Psychiatrists who already have experience in this field will have their knowledge updated: recent progress will be illustrated by clinical situations, which will be discussed in an interactive way. A consensus paper with recommendations on the optimal use of pharmacokinetic and pharmacogenetic tests will be summarized and submitted for discussion.

C02

Psychometric evaluation in psychiatry

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doi:10.1016/j.eurpsy.2007.01.1202

Psychiatric outcome studies (POS) of treatment with psychotherapy as well as pharmacotherapy have the following three psychometric measures in common: (a) The rating of core symptoms; (b) the global clinical assessment; and (c) the rating of social functioning or quality of life.

In the psychometric evaluation of these three outcome measures, effect size is the clinically most meaningful statistic, both in placebo-controlled and in dose-response trials.

The clinically most valid outcome scales and the use of effect size statistics will be shown with reference to the literature on POS.

C03

Clinical management of physicians with addictive and mental disorders

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Introduction: Physicians presenting with addictive behaviours and mental illness can be a considerable challenge for psychiatrists. Impaired physicians usually tend to act as doctors while eschewing the role of a patient, which can result in poor compliance, self-diagnosis and self-medication. The psychiatrist confronted with such a patient may react defensively and not take into consideration the needs of the patient. On the other hand, when appropriately handled, impaired physicians can be an enormous source of help for themselves. An appropriate setting and the therapeutic relationship are key for reaching this goal.

Educational objectives:

- To identify the basic clinical problems posed by impaired physicians.
- To provide trainees with basic skills to effectively treat impaired colleagues.
- To demonstrate how to take advantage of the patients' professional status.
- To outline the basic characteristics and functioning of a specialized program for impaired physicians.

Course description:

The contents of the course will include:

- Basic concepts: the impaired physician.
- Risk factors in the medical professions.
- Some epidemiological data: Addictive and mental disorders in physicians.