and their social roles as mother and carer will be analysed as part of the need to develop effective services, which detect problems early and deliver appropriate interventions which are sensitively managed.

S47.02

Aetiology of gender effects and dependence

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Epidemiological data show pronounced gender differences in the prevalence of substance use disorders (alcohol, sedatives, opioids, nicotine, psychostimulants, cannabinoids). Social, psychological and biological including genetic factors contribute to the gender differences. Several studies show in men a higher participation of genetic factors in the development of an addiction disease than in women, in which besides genetic factors other factors seem to be more prominent. The occurrence of psychic dependence with drug seeking behaviour is the outcome of a number of variables including sex hormonal, neuronal (dopamine and interactive transmitters f.e glutamate, GABA, serotonine, opioid peptides), genetic, developmental, age, neurodegenerative and environmental elements that interact to produce profound individual (gender) differences in both initial and longterm responsiveness to addictive drugs. Sex steroids, especially estrogens, are responsible for the synthesis and secretion of neuropeptides (eg opioids peptides), but also of the neurotransmitters dopamine, serotonine etc and may exert by these mechanisms and environmental interaction gender effects in addiction diseases. The diverse factors also have a significant impact on the accessibility to and effectiveness of pharmacological and psychotherapeutic treatment of different substance disorders in women and men.

Single representive results from animal and clinical studies especially on individual (genetic, sex hormonal, gender identification) differences will be presented which focus on key issues which may improve treatment effectiveness and models of service provision.

S47.03

Gender aspects in the development and treatment of dependence

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Women and men differ in the development of drug and alcohol dependence. In alcoholism, a phenomenon called "telescoping" has been described, i.e. women usually start later with excessive alcohol intake but develop neurotoxic effects (e.g. brain atrophy) earlier than men. On the other hand, estrogens may show neuroprotective effects, which has been postulated to explain relatively preserved serotonin transporter availability in female compared with male alcoholics. Once alcohol dependence is manifest, the relapse risk seems to be higher in women compared with men. Female patients usually report more emotional distress and reduced quality of life. They also show increased comorbidity with respect to anxiety and depression, while men more often display so-called "antisocial" personality traits. Borderline personality disorder also seems to be more frequent in women and may demand specific treatment options.

S47.04

Substance dependence and pregnancy

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The majority of women in drug treatment facilities are of childbearing age. According to a SAMHSA Report, four percent of women aged between 15 and 44, are pregnant while entering treatment systems. These women represent a challenging patient population, that is in need of a comprehensive model of care, consisting of psychiatrists, psychologists, social workers, nurses and OBGYNs. Exposure to illegal substances during pregnancy may have consequences on the course of pregnancy and neonatal outcome. The fact that almost all patients showing up are also nicotine-dependent, should be taken into account, as neonatal withdrawal symptoms can be worsened. Furthermore, substance dependent women often find themselves in a situation of psychosocial instability. Prevalence of comorbid somatic (e.g. hepatitis C, malnutrition) and psychiatric disorders (PTSD, depression)is high. As these pregnancies are rated as ''high-risk'', prenatal checks should be undergone frequently. Recommended treatment for opioid-dependent, pregnant women is maintenance therapy with opioids. Post-delivery, 55 – 94% of infants exposed to substances in utero, may develop a neonatal abstinence syndrome (NAS). Incidence, time of onset and severity of NAS are associated with type of substances used. A standardized procedure of assessment and monitoring of NAS, as well as pharmacological and non-pharmacological treatment of these neonates is highly needed. By the means of a multi-professional treatment approach, the length of hospital stay may be shortened dramatically. In regard to a better future outcome, special aftercare (medical care plus psychosocial support) for mothers and infants should be provided, as well as further research.

Symposium: Nonverbal behaviour in psychiatric populations

S17.01

The clinical meaning of nonverbal behavior during psychiatric interviews

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The clinical phenomenology of psychiatric disorders includes both subjective psychological experiences and objective behavioral changes. Nevertheless, the diagnostic process in psychiatry is based almost exclusively on the evaluation of the psychological symptoms as voiced by the patient with virtually no use of direct observation of behavior. The weakness of such an approach to behavioral assessment has several negative consequences for clinical practice. It is difficult to estimate to what extent the findings of biological studies are confounded or invalidated by the fact that they are generally based on correlations between accurate physiological measurements and crude behavioral ratings, sometimes of the type ''better/worse'' or ''much/less.'' Another negative consequence of psychiatry's neglect for direct observation of behavior is the difficulty of integrating animal and human data about the effects of drugs on behavior. If the clinical phenomenology of mental illnesses could be reformulated in ethological terms, the same, or similar, definitions could then be applied to the development of animal models, and analogs for specific behaviors might then become more feasible. Finally, the weakness of behavioral assessment in psychiatry has negative implications for clinical practice as well. Several studies have shown that the objective and quantitative recording of patients' behavior may sometimes yield different results from those obtained using rating scales or structured interviews. These findings cast doubt on the validity of routine psychiatric assessments and suggest caution in basing important clinical

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