

those in whom hypochondriac depressive disorders were observed. There was also a group of emigrants with asthenia-depressive disorders on the foreground. In the group of the refugees, who do not suffer from attacks and violence disorders of psychological and sub-clinical registers are discovered. Disorders of the psychological level are manifested by development of psychological crisis in social relationships and a tendency to destructive behavior. Sub-clinical disorders are manifested by unstable anxiety, emotional tension, and impossibility of relaxation. In a number of cases these disorders are accompanied by asthenia manifestations with the avoidance of decision-making, lack of attempts to influence actively on the course of events ("to go with the stream").

S40.03

PSYCHOLOGICAL DEFENSE AND PSYCHOPATHOLOGICAL DISORDERS IN VICTIMS OF THE ARMENIAN EARTHQUAKE OF 1988

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270 victims of the earthquake in Armenia in 1988 have been studied. Psychopathological disorders and psychological defense mechanisms were at the focus of the research. It has been found out that psychological defense in all the investigated victims came out on the basis of the following mechanisms: denial of the event, altruistic feelings, compensation and splitting of the outlook entity.

The initial response to the catastrophe was the denial of the event as well as the arising of mystical outlook in the victims along with feelings of hopelessness, inconsolable grief, and predestination. These reactions of shock spectrum were followed by common efforts to help each other, which were accompanied by feelings of unprecedented altruism. Such altruism reflected not only a consciousness' willing to help the other person but also an unconscious desire to ease the own pain and sufferings as well as the feeling of being guilty for being alive when so many people died. The compensation appeared in the form of a wide variety of national rituals, sublimation of the traumatic experience, somatization. Despite the partial compensation that took place in various forms in the psychological realm of the victims some splitting of the outlook entity has been preserved. The catastrophe became the intrinsic background in consideration of all the events, i.e. people divided their life into 2 periods that were before and after the earthquake.

S40.04

REALISTIC EVALUATION OF PSYCHIATRICAL CONSEQUENCES OF CHERNOBYL ACCIDENT

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There was analysis the unfoundedness of one third of conclusions in own candidate's thesis, which was defended in 1993 on the subject "Clinico-psychopathological evaluation of neuropsychic disorders of persons, who participated in liquidation of consequences of Chernobyl accident in 1986–1987." There was the main mistake in the thesis, i.e. hypothesis, framed by our scientific tutor professor V.N. Krasnov about the major role of radiation in mental and psychosomatic illness with the participations who worked to put an end to consequences of the accident at the Chernobyl atomic power

station. The role of low radiation doses, and the post traumatic stress disorders (DSM-III-R), is discussed.

- (1) Skavysch V. Critical review of own candidate's thesis. //Independent Psych. Journ. of Russia, 1998, ¹ 2, p. 74–77.
- (2) Skavysch V. Critical Analysis of my own Dissertation of candidate of medical sciences.// Journ. "Med. Radiology and Radiation Protection", 1999, ¹ 1, vol. 44, p. 72–75.
- (3) Skavysch V. To scientific-methodological statement of a question about actiology of mental disorders in the remote period of the participants of liquidation of consequences Chernobyl's accident in 1986–1987, who got summarize dose of the prolonged external gamma-radiation up to 60 ber (0,6 Grey). //Independent Psychiatric Journal of Russia, 2000, ¹ 1, p. 69–77.

S41. Treatment of eating disorders

Chairs: H.W. Hoek (NL), J. Treasure (UK)

S41.01

A 2.5 YEAR FOLLOW-UP STUDY OF THE EFFICIENCY OF PSYCHOTHERAPEUTIC TREATMENT OF EATING DISORDERS

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There is great diversity within Europe as to the form of service organisation and the type of clinical management used for eating disorders. This therefore offers the possibly of undertaking a natural experiment comparing the type of treatment given and the outcome of eating disorders within the member states.

Aims: The main aim of this European collaboration COST B6 is to improve the empirical basis for the development of treatment programmes for eating disorders.

Method: The design was that of a trans European naturalistic longitudinal outcome study of eating disorders. This involved the development of standard instruments for measuring eating disorders symptomatology at first assessment and over time (2.5 years) and to measure the components of clinical management used. The data collection started after the first year and is being continued for five years. A common database was constructed. One year after entry into the study a postal measure is being sent to the patients. At 2.5 years follow-up the clinical state and the services received are measured by an instrument adapted by the European group (COST B6 LIFE) from a German version.

Results: 19 countries have joined the project. The clinical details are similar across the countries but the service utilisation differs.

Conclusion: The data that we have obtained have important implications in terms of theoretical advances in diagnosis, clinical problems and service management.

S41.02

MOTIVATION IN EATING DISORDERS: IS IT MORE THAN A FASHION?

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Techniques which enhance motivation to change (Project Match, 1997) in eating disorders have attracted a lot of attention. The reasons for this interest are straightforward and relate to the fact

that eating disorder patients have a reputation for being difficult to treat. The aims of this paper are: (1) to discuss the different motivational challenges presented by different types of eating disorders (anorexia nervosa, bulimia nervosa and binge eating disorder); (2) to review what we know about the use of motivational techniques in the treatment of eating disorders (Treasure and Schmidt, 2000), (3) to present data from ongoing trials at the Maudsley Hospital using these techniques in anorexia nervosa, bulimia nervosa (Treasure et al., 1999) and binge eating disorder (Schmidt et al., 1999) and (4) to discuss limitations of motivational approaches to treatment.

S41.03

DIAGNOSTIC SUBGROUPS IN EATING DISORDERS RELATED TO PAIN THRESHOLD

H. Papežová*, A. Yamamoto¹. *Charles University, Psychiatric Department, 1st Faculty of Medicine; ¹Department of Physiology, 3rd Faculty of Medicine, Prague, Czech Republic*

We studied a relation between pain perception and diagnostic subgroups of eating disorders (ED). The pain threshold latencies on thermal stimuli were measured under rest and stress conditions in 37 DSM-IV diagnosed anorexia nervosa (AN) and bulimia nervosa (BN) patients (15 BN, 22 AN – 11 restricting and 11 nonrestricting type) and in 34 healthy controls. In AN restricting type we showed a higher pain threshold when compared with controls, AN non-restricting type and BN. Pain thresholds were negatively correlated with BMI and illness duration. In controls all stressors increase the pain threshold while in ED the pain responses vary with the type of stressor. Major differences were observed between mental (MS) and alimentary stress (AS). The MS increased the pain threshold in all ED groups with exception of AN nonrestricting type. During AS the pain threshold in both groups of AN remained unchanged while in BN decreased. The pain sensitivity decreases by stress via antinociceptive mechanism, analgesic-like effect of sweet nutrients or stress anticipation. The inverse reaction of pain threshold during AS was typical for ED with shortest duration of illness. We are suggesting that the "alimentary pain test" might be used as a state marker and differentiate the diagnostic subgroups. This phenomenon may reflect more general psychopathological pattern explaining both continuum and differences in eating disorders pathology.

S41.04

WHEN THE BODY SPEAKS: THE CULTURAL CONTEXT OF EATING DISORDERS

M. Katzman

No abstract was available at the time of printing.

S41.05

GUIDELINES FOR PHARMACOTHERAPY

T. Bruna. *National Centre for Eating Disorders 'De Ursula', Robert Fleury Stichting Veursestraatweg 185, 2264 EG Leidschendam, The Netherlands*

Pharmacotherapy is not the first choice in the treatment of eating disorders. Behavioral and cognitive behavioral therapy are usually preferred.

As for Anorexia Nervosa only a few controlled studies of different treatment methods have been conducted. There are some promising results in relation to the use of SSRI's in preventing relapse of anorexia nervosa and reducing obsessionality. In small

open trials some cases with severe anorexia nervosa were successfully treated with atypical antipsychotics like Olanzapine.

As for bulimia nervosa more than 15 controlled studies have been done on the effect of antidepressants. Nearly all antidepressants have been shown to be effective treatments in reducing binge eating and purging behaviour in bulimia nervosa. Especially fluoxetine 60 mg/day has been effective in large controlled trials. However based on evidence from randomized trials and clinical experience most experts prefer cognitive behavioral or interpersonal psychotherapy as the therapy of first choice.

Binge eating disorder seems to be a more mild disorder in which the prescription of antidepressants can have its value.

A review will be given of the work done in this field. Guidelines will be presented and recommendations will be made for further research.

C02. Interpersonal psychotherapy for depression

Chair: L. Schramm (D)

C02.01

INTERPERSONAL PSYCHOTHERAPY (IPT)

E. Schramm

Interpersonal Psychotherapy (IPT) is a short-term model for the treatment of outpatients with major depression. It was developed by Klerman and Weissman over a twenty year period. Based on the ideas of the interpersonal school according to Sullivan, the treatment focus is on dealing with interpersonal stress related to the current depression. Examples are: marital disputes, loss of a significant other, loneliness, role transitions by retiring, job promotion, moving, etc. IPT attempts to intervene in symptom formation and psychosocial problems rather than personality structure. It is also used as a maintenance treatment in a modified format.

The workshop focuses on the theoretical and empirical basis for IPT and the discussion of the course of treatment within the IPT model. Clinical illustration (videotaped cases) is used.

C06. Development of programmes combating stigma and discrimination because of schizophrenia

Chair: N. Sartorius (CH)

C06.01

DEVELOPING PROGRAMMES AGAINST STIGMA AND DISCRIMINATION BECAUSE OF SCHIZOPHRENIA

N. Sartorius, J.J. Lopez-Ibor, W. Gaebel, W. Schöny, G. Rossi

The World Psychiatric Association, aware that stigma and discrimination related to schizophrenia present a major obstacle to the provision of care for people suffering from the disease, has initiated an educational programme that is to help its member societies to undertake relevant action at national or regional level. The programme, which started in 1996, quickly grew and was declared an institutional programme of the World Psychiatric Association