

between cannabis use at conscription and diagnosis of schizophrenia 15 years later. In 2002, similar findings were reported from The Netherlands where cannabis use was found to increase the risk of psychosis in psychosis-free individuals. A birth cohort study from Christchurch examined the relationship between cannabis use and the development of schizophrenia. Individuals who were cannabis dependent at age 18 years had a 3.7-fold increased risk of psychotic symptoms than those who were not cannabis dependent. Furthermore, the development of psychotic symptoms tended to decrease the consumption of cannabis. The Dunedin study showed that individuals using cannabis at ages 15 and 18 years had increased rates of developing psychotic symptoms, and carriers of the COMT val allele were most likely to develop schizophreniform psychosis after adolescent cannabis use street drug users know that cannabis can induce delusions (though not hallucinations). There is also some preliminary evidence that one of the reasons for the increase in the incidence of schizophrenia in south London is the increased consumption of cannabis. Our most recent studies concern the mechanism of action of cannabis.

W05. Workshop: NEUROPSYCHIATRIC SYMPTOMS MANAGEMENT IN HIV POSITIVE PATIENTS: A CASE DISCUSSION

W05

Neuropsychiatric symptoms management in HIV positive patients: a case discussion

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Abstract not available at the time of printing

S15. Symposium: TRANSITION FROM PSYCHIATRIC INPATIENT TO COMMUNITY CARE: A EUROPEAN PERSPECTIVE (Organised By The AEP Section On Epidemiology And Social Psychiatry)

S15.01

Effect on outcomes of advance statements of patient preferences

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An 'advance statement' allows a patient to state treatment preferences in anticipation of a time in the future when, as a result of a mental disorder or disability, he or she may no longer be able to make treatment decisions. A number of types of advance statements in psychiatry can be described: 'advance directives' (and 'facilitated advance directives'), 'crisis cards' and 'joint crisis plans'. They differ according to a number of characteristics – the degree to which they have

legal force, whether the clinical team is involved in their formulation, and whether a third party acts as a facilitator. There is accumulating evidence that some forms of advance statement empower patients and reduce the need for coercive treatments. The results of a randomized controlled trial of 'joint crisis plans' carried out by our research team in SE England will be discussed. A significant reduction in compulsory admissions to hospital was an important finding.

S15.02

Deinstitutionalization in the Netherlands and the effectiveness of act to maintain contact with the severe mentally ill

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Background and Aims: Deinstitutionalisation may put part of the severe mentally ill patients at risk to deteriorate in the community, mainly because they are difficult to engage with services. Assertive community treatment (ACT) is widely seen as an adequate answer for these difficult to engage patients. ACT is now rapidly implemented in many European mental health services, but recently the evidence base is questioned. Positive results of randomised trials in the US could not be replicated in the UK.

Method: In Groningen (The Netherlands) a psychiatric case register (PCR) is in operation since 1986, and now covers a catchment area of 1.6 million inhabitants. It is a perfect tool to study the transition from inpatient to community care.

We did a randomized controlled trial (RCT) to study the effectiveness of the first ACT team in our region, using the PCR to measure primary outcomes. It is the only RCT of ACT in the Netherlands. In total 118 patients were randomized to two conditions. The primary research questions were:

- Is ACT better than standard care in maintaining contact with patients?
- Is ACT better than standard care in reducing the use of inpatient care?

Results: ACT was superior in engaging patients to services, but no effect on the use of inpatient beds were found. Moreover, we did not find benefits in functioning, quality of life and unmet needs.

Conclusions: Too many patients are lost in standard care and therefore we highly value the sustained contact ability of ACT.

S15.03

An overview of the Nordic comparative study on sectorized psychiatry 1987 - 2000

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The aims of the study were to investigate how the characteristics of the psychiatric services, the environmental factors and the patient characteristics are related to contact rates and use of psychiatric services.

The study included all new patients contacting the psychiatric services during one year in 7 Nordic catchment areas. For each patient a 1-year follow-up of service use in terms of inpatient care, day