Results: Initial use of clozapine (propensity score adjusted relative risk 0.17, 95% confidence interval 0.10 to 0.29), perphenazine depot (0.24, 0.13 to 0.47), and olanzapine (0.35, 0.18 to 0.71) were associated with the lowest rates of discontinuation for any reason when compared with oral haloperidol. Current use of perphenazine depot (0.32, 0.22 to 0.49), olanzapine (0.54, 0.41 to 0.71), and clozapine (0.64, 0.48 to 0.85) were associated with the lowest risk of rehospitalisation. Mortality was markedly raised in patients not taking antipsychotics (12.3, 6.0 to 24.1) and the risk of suicide was high (37.4, 5.1 to 276).

Conclusions: The effectiveness of first and second generation antipsychotics varies greatly in the community. Patients treated with perphenazine depot, clozapine, or olanzapine have a substantially lower risk of rehospitalisation or discontinuation of their initial treatment than do patients treated with haloperidol. Excess mortality is seen mostly in patients not using antipsychotic drugs.

S35. Symposium: INSIGHTS IN LATE-LIFE FUNCTIONAL PSYCHOSIS (In Spanish)

S35.01

Treatment strategies for psychotic geriatric depression

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Psychotic depression is subject to many controversies. Geriatric psychotic depression has even more, and will be addressed in the presentation. The first controversy relates to whether depression with psychotic features is more frequent in elderly patients. Another controversial issue is the possibility that psychotic depression might be a different entity from the non-psychotic counterpart. The role of an organic component will be discussed as well as the possible presence of cognitive impairment. Differential diagnosis can be difficult in elderly patients that may deny symptoms, have medical conditions or dementia.

Treatment options for psychotic depression include the use of antidepressants, antipsychotics and electroconvulsive therapy among others. The preference of those treatments or its combinations is also controversial and will be discussed and put into context. In addition, current and novel treatment options for treatment resistant or partially responsive psychotic depression will be reviewed. These strategies include optimization, substitution, combination, or augmentation of antidepressants and other agents and different non-pharmacological techniques, all of which will be explained and related to the specificities of the geriatric patient

S35.02

Care needs of functional psychotic patients in late life. the situation of elderly patients at psychiatric hospitals versus nursing homes

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The reforming process of Psychiatric care carried out in Spain over the last decades brought about the relocation of many psychotic patients in different nursing homes whilst some of them stay at Psychiatric Hospitals. Those people's real needs, formerly widely debated among psychiatric professionals, are scarcely known.

This paper assesses the situation of elderly psychotic patients received at a Psychiatric Hospital; its data are compared with those arising from other papers by our group which have been carried out in different nursing homes located in Galicia, Spain.

Nineteen patients over 60 years are residing at the Rebullón Psychiatric Hospital. A comprehensive evaluation of their health, functional capacity and social situation has been carried out. The Camberwell Assessment of Needs of the Elderly (CANE) has been used to systematize the met and unmet needs. The CANE distinguishes between 24 areas of needs and they are assessed by the patient and a carer.

Preliminary results: a) their basic material and health needs are met; b) the most important unmet needs are those related to recreational and leisure activities, as well as the existence of intimate personal relationships.

Moreover, the evaluation of psychotic patients living at nursing homes has showed they lack accurate psychiatric assessment and treatment; many centres are not the adequate ones to fulfil their needs.

In conclusion, these patients suffer the double stigma the WHO is alerting about: because of their mental disease and because of their advanced age.

S35.03

The paraspectrum study: searching for a valid paranoid psychotic phenotype

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Paranoid Schizophrenia (PS), yet included within the same nosological category than Non-Paranoid Schizophrenia (NPS), may in fact constitute a different disorder. In this study, the above both schizophrenia subtypes are compared with Delusional Disorder (DD). We hypothesized that, phenomenologically PS could either be a halfway category between DD and NPS or part of a phenomenological continuum of psychotic and cognitive symptoms between these three psychotic categories.

102 patients fulfilling DSM-IV-TR criteria of schizophrenia (with 56 PS and 46 with NPS) and 80 DD patients were included in this study (n=182). We compared outcome groups (DD vs. PS vs. NPS) on clinical dimensions, global functioning and sociodemographics. Clinical dimensions were extracted from the PANSS and neuropsychological scales using Principal-Component-Analysis and, subsequently, cluster analysis to assign subjects to empirically emerging clinical groups. The associations between such groups and DSM-IV-TR groups were explored using polynomial regression.

We found lineal associations demonstrating empirically that, from the psychopathological, neuropsychological and functioning perspectives, it is reasonable to consider PS as an intermediate and independent category right in between DD and NPS. Thus, the distribution of subjects assigned to three empirically emerging clinical groups (Paranoid-Affective, Paranoid-Hostile and Negative) associated, significantly and preferentially, with DSM-IV categories along the following fashion: The proportion of paranoid-hostile and, particularly, paranoid-affective subjects decreased progressively

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along DD, PS and NPS categories; On the contrary, the proportion of negative subjects increased lineally along those categories (Mante-Haenszel-X2= 18.02;p=0.0001). Our results question, on the bases of an empirical study, the current categorical division of paranoid psychoses.

S35.04

Long-term outcome of schizophrenia

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Over the past two decades schizophrenia has become more treatable than ever before. A new generation of drug therapies, a renaissance of psychological and psychosocial interventions and a first generation of reform within the specialist mental health system have combined to create an evidence-based climate of realistic optimism. Progressive neuroscientific advances hold out the strong possibility of more definitive biological treatments in the near future. However, this improved potential for better outcomes and quality of life for people with schizophrenia has not been translated into reality in Spain. The efficacy-effectiveness gap is wider for schizophrenia than any other serious medical disorder. Therapeutic nihilism, under-resourcing of services and a stalling of the service reform process, poor morale within specialist mental health services, a lack of broad-based recovery and life support programs, and a climate of tenacious stigma and consequent lack of concern for people with schizophrenia are the contributory causes for this failure to effectively treat. This presentation tackle these various elements in the endeavour to reduce the impact of schizophrenia, particularly in long-term care elderly patients.

S36. Symposium: STATE OF THE ART OF PSYCHODYNAMIC PSYCHOTHERAPY FOR PERSONALITY DISORDERS

S36.01

The short-term treatment of narcissistic and other self-disorders

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The term narcissism when used clinically, is broad and its boundaries are diffused. Freud first referred to narcissism to describe a libidinal position in which cathexes were invested in the subject's own ego and not in objects. Dynamically, significant advances have been made in the clarification of the methapsychological dimensions of narcissistic disorders. Two authors, Otto Kernberg (1984, 1986, 1998) and Heinz Kohut (1971, 1977), have advanced well-developed metapsychologies for these disorders and proposed comprehensive techniques for their treatment through appropriately modified psychoanalytically based interventions. In both cases, treatment is deemed to be plagued by problems, to last long, and to result in uncertain outcomes. The metapsychological clarity achieved by authors such as Kohut and Kernberg has so far not generated a proportionate therapeutic optimism.

In this paper, a review will be presented of the current status of the outcome of the treatment, through short-term dynamic psychotherapy, of a spectrum of psychoneurotic disorders, with special emphasis on the treatment of patients suffering from syndromes that reflect complex dynamic constellations resulting from the interaction of impulse problems and problems of object loss at key developmental moments, which affect the patient's relationships with developmentally key objects. Also presented will be techniques derived from this framework for the treatment of patients suffering from a range of narcissistic disorders, including Narcissistic Personality Disorder, as well as innovative techniques designed by the author to meet the unique treatment needs of self-disordered patients in shorter time frames than are common in the classically open-ended psychodynamic technique.

S36.02

Mentalizing techniques in the treatment of borderline personality disorder

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Mentalization is the process by which we implicitly and explicitly interpret the actions of ourselves and others as meaningful on the basis of intentional mental states (e.g., desires, needs, feelings, beliefs, and reasons). The capacity develops during childhood within the context of an attachment relationship. It is suggested that the borderline patient shows a reduced capacity to mentalize and that this has resulted from disruption of the attachment relationship because of adverse interaction between biological and environmental factors.

We mentalize interactively and emotionally when with others. Each person has the other person's mind in mind (as well as their own) leading to self-awareness and other awareness. We have to be able to continue to do this in the midst of emotional states but borderline personality disorder is characterised by a loss of capacity to mentalize when emotionally charged attachment relationships are stimulated. This leads to misinterpretations about the motives of others, difficulty in managing emotional states, and self-destructive behaviour as the individual seeks some stability and tries to re-gain some mentalizing capacity. Therapy has to help a patient develop and maintain mentalizing even when emotional states are aroused. Some therapeutic techniques will be described to aid this process and some principles discussed which guide the naïve therapist on when to give which intervention.

S36.03

Short term psychotherapy in borderline personality disorders

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The treatment of Borderline personality disorders continues to be a challenge for psychotherapists, because it is difficult to predict the successful clinical outcomes.

Scientific evidence about the efficacy of the long term psychodynamic oriented psychotherapy in Borderline personality disorders is now available. Nevertheless, it is necessary to look for effective types of psychodynamic psychotherapy which could be delivered in a limited or short time. The reason is that the long term psychotherapies are not accessible for the majority of borderline patients. The scientific literature about short term dynamic psychotherapy in borderline personality disorders is scarce.

The short term dynamic psychotherapy for this kind of patients sets out some practical and theoretical controversies:

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