

ported this view. In healthy volunteers, anterior paralimbic activation has been noted during pharmacological (procaine) & neuropsychological (transient self-induced sadness) induction of affective arousal. Moreover, in primary mood disorders, abnormal anterior paralimbic activation has been noted with these probes. Most functional imaging rest studies in both primary and secondary depression have reported decreased prefrontal and anterior paralimbic activity, with this hypofrontality often correlating with the severity of depression & resolving with symptom remission. A few studies of primary mood disorders have noted increased activity in these same regions, which may reflect heterogeneity due to particular illness subtypes.

Preliminary evidence suggests that baseline prefrontal and anterior paralimbic functional abnormalities may even provide differential markers of therapeutic responses. Taken together, these findings indicate that prefrontal and anterior paralimbic structures may be common neural substrates for both primary and secondary mood disorders. Future studies of the function of these structures may yield further insights into the neurobiology of normal emotion in health, subtypes of primary and secondary affective disorders, and perhaps even improved targeting of therapeutic interventions.

DEPRESSION AND THE POSTPARTUM PATIENT

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The prevalence of non-psychotic depression postpartum is between 10% and 15% in first-time mothers. The risk is even higher in women with a previous history of a mood disorder and in women with a higher prevalence of mood-related disorders in their families. Other risk factors such as psychosocial stressors, obstetric complications and marital relationships have all been studied but the data are inconclusive. Laboratory findings and in particular neuroendocrine studies have so far yielded only very limited support to the hormonal theories concerning the etiology of postpartum mood disorders. The recurrent nature of postpartum depression has nevertheless prompted studies into prophylactic measures and preliminary results from successful interventions seem to indicate that dysregulation of central neurotransmitter systems may be relevant in these patients.

S15. Liaison psychiatry across Europe: setting clinical standards

Chairmen: F Creed, T Herzog

GUIDELINES FOR C-L INTERVENTION IN INTENSIVE CARE UNITS

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Intensive Care Units (ICU) have been described as a unique setting where high rates of psychiatric morbidity are expected. The seriousness of somatic conditions and the strange technological environment no doubt help create this situation. These conditions make ICUs a particular setting for a specific intervention in C-L psychiatry. The European Consultation-Liaison Workgroup Collaborative Study, aiming at the assessment of health care delivery in C-L psychiatry across Europe, has presented results which enable us to formulate guidelines for ICU intervention.

The main results are the following: Psychiatric referrals from ICUs constitute 6.3% of the total referrals (14717) and come mainly from Medical units. The main reasons for referral are: 1. attempted suicide, 2. current psychiatric symptoms, including anxiety, depression, confusion/agitation and 3. substance abuse. Referral is more often urgent or very urgent and more often within 24 h. of admission when compared to non-ICU (51.5 against 32.9%). 80% of patients in ICU are seen on the day of referral against 57% of non-ICU. There is a higher percentage of contract and liaison articulations with ICUs than with other departments. C-L intervention in ICU has a higher rate of staff interventions and of combined patient, staff and family approaches when compared to non-ICU.

The following guidelines can be drawn from these results: 1. C-L services to ICUs are urgently needed. 2. These services must be easily accessible and answer referrals within 24 hours. 3. Their organization must include specific programmes for suicide attempts. 4. The C-L team must work in strong coordination with the medical staff 5. Furthermore, it must include families in their intervention.

THE U.K. RESULTS OF THE EUROPEAN CONSULTATION LIAISON WORKING GROUP STUDY

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The European C.L. workgroup collaborative study included 1375 referrals within the U.K. across 7 hospitals.

The proportion of deliberate self-harm referrals in the U.K. (34.6%) was significantly greater than 4 the E.U. as a whole (17%). The reason for referral, other than deliberate self-harm, was similar between the U.K. and other E.U. countries.

There was very considerable variation between the U.K. centres, including duration of consultation — a potential quality measure. Both the results of multi-variate analyses will be presented in this paper. Variables relating to the nature of the service (e.g. discipline of C.L. staff) were prominent for deliberate self-harm patients but for the remainder, additional variables relating to severity or/and nature of physical and psychiatric disorders were important, thus indicating the needs of the patient.

EUROPEAN STANDARDS FOR CONSULTATION LIAISON (CL) PSYCHIATRY AND PSYCHOSOMATICS?

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Objective: 1) To increase awareness of the meanings and implications of terms like "standards", "guidelines", "options". 2) To involve the audience in a process of prioritization regarding the choice of aspects of CL care delivery ready for European consensus. 3) To prepare a European consensus conference on CL care delivery.

Method: After a clarification of terms [1] selected structural and process data from the largest international multi-centre naturalistic study of CL service delivery [2,3] are contrasted with some existing recommendations (e.g. [4]). Size of the audience and time permitting, an abbreviated nominal group process method will be used to collect and prioritize specific areas in need of consensus.

Results: The presentation and participants' input will contribute to ongoing multi-centre studies on quality management in CL psychiatry and psychosomatics [5,6].

[1] Institute of Medicine (U.S.) Committee on Clinical Practice Guidelines (1992) *Guidelines for clinical practice: from development to use*. National Academy Press, Washington, D.C.