

## SAL09. Magnus Huss Lecture – State-of-the-Art in treating alcohol problems

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State-of-the-Art in treating alcohol problems

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The golden standard for evaluation of treatment effects is the randomized controlled trial, RCT. 46% of all RCT studies concerning alcohol problem have been published during the last 10 years. In order to conclude efficacy the Swedish Council on Technology Assessment in Health Care appointed a task force for the study of treatment of alcohol and drug abuse included 13 actively working people, among those a statistician. Based on the reports an independent evaluation of effective prevention and treatment methods was performed by the SBU board. Short-term preventive interventions by healthcare providers that target hazardous levels of alcohol consumption are shown to be effective in reducing alcohol consumption. Many psychosocial treatment methods with a clear structure and well-defined interventions have favourable effects on alcohol dependence. Benzodiazepines are the most thoroughly documented medication for alcohol withdrawal. In long-term treatment of alcohol addiction, acamprosate and naltrexone have conformed effects, as does disulfiram if delivered under supervision. An integrated model of treatment effects is finally presented included results in treatment of drug addiction.

## SAL10. The role of non-developmental factors in schizophrenia

### SAL10

The non-developmental causes of schizophrenia

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Schizophrenia results from the cumulative operation of a number of risk factors, some of which are neurodevelopmental. Susceptible individuals inherit a number of slightly deviant traits each of which is not uncommon in the general population but which together render them vulnerable to schizophrenia. This genetic vulnerability may be compounded by early insults to the developing brain. As a result a proportion of preschizophrenic children show slight developmental delays, minor cognitive difficulties and social anxiety; these set the child apart from his/her peers and he/she begins to have odd ideas. But what converts such an adolescent into frank psychosis? Actively psychotic individuals release more dopamine in response to amphetamine, and the extent of release correlates with degree of psychosis. The dysregulation of dopamine is postulated to arise from a process of sensitisation which, in animals, can be caused by repeated abuse of dopamine releasing drugs such as amphetamines. A similar process can arise in humans, and some individuals are particularly susceptible to this. For example, methamphetamine abusers who develop psychosis are distinguished from those who don't by having relatives with a greater morbid risk of schizophrenia. Evidence from Sweden and New Zealand shows that cannabis has similar risk-increasing effects. Stress can induce dopamine release, and epidemiological studies have demonstrated the risk increasing effects of adverse

life events. Being a migrant also is a risk factor, and that this is mediated by social isolation and alienation. Similar factors may underlie the effect of being raised in cities rather than rural areas social. Increasingly, it appears that mood disorder is in itself a risk factor for psychosis. In short, stresses in adolescence or adult life such as drug abuse, social adversity & isolation, & affective disorder can propel the susceptible individual over a threshold to the expression of frank psychosis.

## SES08. AEP Section Women's Mental Health – Social risks for women's mental health

*Chairs:* I.F. Brockington (GB), A. Coen (F)

### SES08.1

Women as refugees

S. Anton. *Osijek Hospital, Psychiatric Clinic, Croatia*

War in Croatia and Bosnia and Hercegovina made many refugees, mostly women and children. For 5 years I worked as a member of a baby-team in refugee camp Gasinci, giving psychosocial support to mothers with babies under one year old. I observed influence of psychosocial factors on psychopathology of mother and dynamic in diade mother/child in that extraordinary and stressful situation. Mothers were mostly married /their husbands were with them in the camp/, low educated, housewives, with low social status. Islamic religion and had 2 or more children. They left their homes before serious war operations so they did not have symptoms of PTSD but some of them had adaptation disorder. Over 90% mothers were breast-feeding. I did not see alcohol or drug abuse among mothers and depression did not need psychiatric treatment. Only one mother developed psychotic disorder. War trauma and refugee status on our sample showed as not relevant factors for development of serious psychiatric disorders in mother and did not have significant influence on the relationship mother/child in the child's first year of life.

### SES08.2

Women's mental health in late life. Experience in Bihor

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As the population ages, the prevalence of late life mental disorders is increased especially in women. The most common disorders are depressive and cognitive disorders, which, frequently, are comorbid in very old patients. Suicide and attempted suicide is one of the major health problems in the world, being a leading cause of morbidity and mortality among older adults in particular women.

**Objectives:** The authors present an analysis of the findings of the mental health status for women over the age of 50 years, for the last 10 years, from Bihor county.

**Method:** We have done a comparison study of women's mental health with a control group matched for age, gender, ethnicity, profession and residence area, in the community and in the hospital.

The authors studied the risk factors for mental disorders and especially for suicide and attempted suicide in elderly people. The majority of elderly who attempted suicide were widow, often living alone and with little social support. The main method of attempted suicide was by drug overdose.