symptoms may diminish suffering but worsen the global condition of the patient, as in the case of antipyretics in infectious diseases. Another important point emerging from a Darwinian approach to psychiatric therapy is that functional outcome is more important than symptom evaluation. In line with an evolutionary perspective, recent research has shown that functional impairment is a core aspect of different psychiatric disorders and that its occurrence is largely independent from symptom severity.

S-20-04

The human nature of animals

J. Koolhaas. *Dpt. of Animal Physiology, Uni, Haren, Netherlands*

In scientific research, animals are generally used as a model to obtain fundamental insight into human functioning. It is generally accepted that there is a considerable similarity between animals and human beings in physiological processes. However, with respect to behavior and psychology, this correspondence is far less self evident. Although the overt expression of behavior knows large species specific differences, all vertebrates share a number of fundamental mechanisms underlying behavior. A phylogenetically ancient capacity involves the way individuals deal with environmental challenges. Different coping styles can be distinguished and it will be argued that individual differentiation in coping style is fundamental to a wide variety of animal species. Studies on feral populations of rodents, fish and birds show that the differentiation in coping style has an important function not only in the social organization, but also in the evolutionary ecology of the species. Animals with a different coping style differ also in the neurobiological and neuroendocrine mechanisms underlying behavior. These include serotonergic and vasopressinergic neurotransmission and HPA axis reactivity. Some evidence will be presented that these physiological differences may explain the individual vulnerability to stress related disease. At first glance, the physiological and behavioral characteristics of coping styles are similar to human personality or temperament characteristics. However, the question if, and to what level the individual differentiation in coping style reflects the biological basis of human personality or temperament requires an experimental approach that requires a joint search for the human nature in animals as well as the animal nature in humans.

Sunday, April 3, 2005

S-14. Symposium: Polypharmacy in psychiatry

Chairperson(s): Siegfried Kasper (Wien, Austria), Eduard Vieta (Barcelona, Spain)
16.15 - 17.45, Gasteig - Black Box

S-14-01

Polypharmacy in schizophrenia

S. Kasper, A. Konstantinidis. *Medizinische Universität Allgem. Psychiatrie, Wien, Austria*

Although there is a lack of data indicating the efficacy of polypharmacy in schizophrenia there seems to be a widespread belief, not only in Europe, that the combination of antipsychotics/ neuroleptics enhances the efficacy of antipsychotic treatment. This approach, the polypharmacy approach, is specifically undertaken in the group of treatment-refractory schizophrenia. Before the introduction of the group of atypical antipsychotics the combination of high-potency neuroleptics (e.g., haloperidol) with low-potency neuroleptics (e.g., levomepromazine) was quite common practice. Sedation was the target for low-potency neuroleptics and antipsychotic efficacy for the high-potency neuroleptics. However, there seems to have been a shift in recent years for the combination of an atypical antipsychotic (e.g., clozapine) with a high-potency neuroleptic (e.g. haloperidol), although the available data base does not clearly indicate the effectiveness of this approach. For clozapine and risperidone, a few case reports and case series are available to support this type of combination treatment, which is argued to be based on pharmacodynamic considerations with the different striatal D2 receptor occupancy rates of these compounds. The combination of two atypical antipsychotics is not so much performed in Europe but seems to be the practise in Canada. Specifically the financial limitations do not favor this approach, given also the lack of available data. Controlled studies of polypharmacy, including brain imaging and molecular psychiatric parameters, need to be conducted to find out the therapeutic potential of polypharmacy approaches in schizophrenia.

S-14-02

Polypharmacy in bipolar disorder

E. Vieta. *University of Barcelona Hospital Clinic, Barcelona, Spain*

Objective: To address the main benefits and inconvenients of polypharmacy in the treatment of bipolar illness.

Methods: A systematic literature search was carried out. Controlled and naturalistic reports were extensively scrutinized.

Results: Bipolar disorder is difficult to treat. Only about one third of bipolar patients respond to monotherapy. For this reason, combination therapy is increasingly the rule rather than the exception. The advantage of polypharmacy, particularly when drugs with different mechanisms of action are combined, is enhanced efficacy. This is, however, not the same as enhanced effectiveness, as side effect burden and interactions may result in higher attrition rates and poor compliance. However, for a substantial proportion of patients, the skilful combination of anticonvulsants with atypical antypsychotics (in mania), antidepressants (in bipolar depression) and lithium (in prophylaxis) seems most promising. In coming years, high standard randomized controlled trials should address the specific efficacy and tolerability of certain combinations. Meanwhile, clinicians who are faced with the treatment of this disabling condition, have started to use these combinations in order to achieve better outcome for their bipolar patients.

Conclusion: While monotherapy would be the ideal therapy, the reality is pushing clinicians to combine two, three or more drugs, together with psychoeducative approaches, for many, if not most, of their patients.

S-14-03

Combinations of antidepressants with other psychotropic drugs: Evidence from naturalistic studies and randomised controlled trials

D. Baldwin. *Royal South Hampshire Hospital, Southhampton, United Kingdom*

Objective: Antidepressants are often combined with other psychotropic drugs in primary and secondary mental health care settings. In some instances, combination treatment may be supported by the results of meta-analysis and randomised

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controlled trials: in others, the rationale for combination can be unclear, and treatment associated with potential hazards.

Methods: Structured review of the relevant findings of naturalistic studies of antidepressant prescribing in primary and secondary care; appraisal of randomised controlled trials of combining antidepressants with benzodiazepines, lithium, anticonvulsants, atypical antipsychotic drugs and other compounds.

Results: Naturalistic (typically retrospective) studies indicate that antidepressants are frequently prescribed in combination with other psychotropic drugs. Meta-analyses and/or randomised controlled trials support the common clinical practice of attempting to enhance efficacy through combining lithium, and some benzodiazepines or atypical antipsychotics, with antidepressant drugs: the evidence is less strong for approaches that attempt to enhance tolerability through combination treatment. However, it is uncertain how much of clinical practice is determined by awareness of this evidence base, or is influenced by other factors.

Conclusion: There is a need for prospective naturalistic studies of the reasons for use of concomitant psychotropic medication during antidepressant treatment.

S-14-04

Is there a psychopharmacological rationale for polypharmacy?

W. Müller. *Frankfurt, Germany*

Monday, April 4, 2005

YP-S-01. Symposium: New challenges for young psychiatrists in europe

Chairperson(s): I.T. Calliess (Hannover, Germany), Kai Treichel (Germany)
08.30 - 10.00, Holiday Inn - Room 4

Sunday, April 3, 2005

SS-04. Section symposium: Recent development in psychotherapy - from schools to evidence based approaches

Chairperson(s): G. Gotestam (Norway), Fritz Hohagen (Lübeck, Germany)
14.15 - 15.45, Holiday Inn - Room 3

SS-04-01

Why do we need disorder-specific psychotherapy?

F. Hohagen. *Clinic for Psychiatry Medical University of Lübeck, Lübeck, Germany*

During the last decades training in and the clinical practice of psychotherapy have been dominated by psychotherapy schools. At present, psychodynamic psychotherapy/psychoanalysis and cognitive behavioral psychotherapy are the most common methods. However, there is increasing critical discussion of whether a school-oriented approach to psychotherapy is justified or whether it should be replaced by a disorder-oriented approach. Although school-oriented psychotherapy is based on a plausible theoretical background, this does not necessarily mean that the therapy of respective mental disorders is clinically beneficial. For example, the "Critical Incident Stress Debriefing Therapy" according to Mitchell is based on a plausible theory, but evaluation studies have shown that this method of therapy did not prevent patients from developing posttraumatic stress disorder (PTSD) one year after the trauma but that PTSD symptoms actually increased. Furthermore, psychotherapists trained only in the methods of one school of psychotherapy tend to employ only those techniques learned during their training, not taking into consideration disorder-oriented therapy interventions. Additionally, although most schools of psychotherapy claim to be able to treat every mental disorder with one methodological approach, very often they do not meet the specific demands of the respective mental disorder and show a certain resistance to integrating other psychotherapy methods into the treatment plan. In recent years, an increasing number of disorder-oriented psychotherapies have been developed and evaluated. These focus on the special symptomatology of a mental disorder, taking into consideration both the patient's needs and the special demands of the respective mental disorder. Examples include dialectic behavioral therapy for borderline-personality disorders according to Linehan, cognitive-behavioral analysis system of psychotherapy (CBASP) according to McCullough for the treatment of chronic depression, and interpersonal psychotherapy according to Klerman and Weitzman for the treatment of acute depression. Changing from school- to disorder-oriented psychotherapy has consequences for psychotherapy training, which should include basic psychotherapy training. Furthermore, the costs for psychotherapy methods should be reimbursed only if a sufficient number of evaluation studies have shown their clinical efficiency in controlled trials for certain indications. In the future, the practice of psychotherapy will have to become much more specialized than it is today in most countries.

SS-04-02

Why do we need school-specific psychotherapies?

M. Linden, C. Müller. *Charite Berlin Rehab. Centre Seehof, Teltow/Berlin, Germany*

Psychotherapy is what psychotherapists do with their patients. Evaluation of psychotherapist behaviour and competency has to differentiate between therapist-patient relationship, gen-eral techniques, illness specific techniques, session strategy, therapy strategy, and treatment heuristics. Skills on these different levels of psychotherapeutic behaviour can be described, monitored, learned and evaluated. In respect to therapist training, competency in general techniques is most important to guarantee that a therapist can cope with different patients and problems. For behaviour therapy, the authors have developed the therapist competency checklist, an instrument which allows to qualify therapist expertise in general behaviour therapy tech-niques. Items are e. g. home work assignment, eliciting of automatic thoughts, or role play. It is evident, that such techniques need a theoretical framework in order to understand how they work, when they should be used in the treatment of an individual patient, or how to evaluate their effects. Techniques and background theory are what is traditionally called a "psychotherapy school". Psychotherapist do what they have learned and what they know how to do. They need prac-tice in administering techniques and they need theoretical knowledge in order to guide their interventions. The question is, how many sets

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