

W07. Interpersonal psychotherapy as individual and group treatment on an affective disorder ward

Chairs: M. Schmidt-Degenhard (D), T. Gruttert (D)

W07.01

INTERPERSONAL PSYCHOTHERAPY AS INDIVIDUAL AND GROUP TREATMENT ON AN AFFECTIVE DISORDER WARD

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Based on the necessity for problem, resource and method oriented differential indications for choice of specific psychotherapeutic intervention Klerman's et al. Interpersonal Psychotherapy (IPT) has evidenced to be on of the two most effective treatments for depressive disorders. IPT is enhancing diverse interpersonal skills and emphasizes the value of functioning interpersonal relationships as on paradigm of cure of depressive illness. This workshop will focus on the implementation of IPT on an affective disorder ward (ADW) either in an individual or in a group format. The following aspects will be focussed on in reference to an ADW: 1) time frame, 2) medical model and psycho-education, 3) dual aims of solving interpersonal problems and symptom remission, 4) interpersonal focus on patient's (maladaptive) affective engagement and behavioral skills referring to main problem area contributing to current depression, 5) specific IPT techniques. Informations about structure and contents of IPT in a group format will be given and the following questions will be answered: 1) What are the effective change processes of IPT and how will they be preserved in the group format?, 2) How will a focus on each individual's work be maintained in the group format?, 3) How are the therapist and the patients role defined in the individual setting and how will they be maintained in the group format?, 4) What are the techniques of the individual treatment and how will they be delivered in the group format and 5) What group process needs to be considered to facilitate effective implementation of the individual treatment?

FC01. Family functioning and abuse

Chairs: M. Gómez-Beneyto (E), P. Pöthe (CZ)

FC01.01

SOCIAL FACTORS AND WOMEN'S MENTAL HEALTH IN RUSSIA

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Mental health problems in women must be analysed within a social and cultural context. Transitional period is going on in Russia and this socio-economical situation has brought changes not only in society but also in families which are vulnerable to challenging situations. Social turbulence is leading to growth of violence in families. The problem reflects culturally determined mentality of Russian women who are very patient and tough from early childhood not to show personal feelings in public. Meanwhile domestic abuse against women often results in long term mental health problems. A research has been carried out on

the basis of psychiatric and forensic psychiatric assesment of 2 groups of women who had a long history of violence by their husbands. Women of the first group suffered from depression and have committed attempted suicides. Another group of victims of domestic violence responded by killing their husbands. Thus the study reveals psychogenic causes of homicides and suicides in women.

FC01.02

FALSE ALLEGATIONS OF PHYSICAL ABUSE IN CHILD: MUNCHAUSEN BY PROXY OR FOLIE A FAMILLE?

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The pathological reactions of child rearing within a context of distorted reality, has not been adequately studied. The child's acceptance and cooperation in false allegations by parents, reaches sometimes the extent of active support and enrichment of them, with his/her own ideas. This behavior is partly acceptable in younger children, but in pre-pubescent children and adolescents the 'abnormal susceptibility' needs further investigation. In these cases the reality control is disturbed and different types of psychopathology may evolved in the child.

In the present study the unusual case of an 11-years-old child is presented, whose parents as well as himself, bring forth false allegations of repeated physical abuse induced by a school teacher. Subsequently, several prosecutions have been testified against the teacher. The family is of low socio-economic and educational level, and lives socially isolated, mainly because of the paranoid attitudes of parents towards the social environment. The child presents low intellectual functioning and living in a context of distorted reality, shows behaviors of factitious disorder. From this position he supports the beliefs of his parents, obeying to, and at the same time, protecting them.

The difficulties of differential diagnoses in the assessment of the family, is discussed. The main hypotheses involve folie a trois or Munchausen by proxy with the legal system in the role that medical system has in typical cases. Besides, connections regarding the pathogenesis of symptoms in child are discussed. Finally, the process and the difficulties of therapeutic interventions are mentioned.

FC01.03

INFLUENCE OF MOCLOBEMIDE ON SEXUAL PERFORMANCE IN PATIENTS WITH PSYCHOGENIC ERECTILE DYSFUNCTION

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Based on the assumption that the selective reversible MAO-A inhibitor moclobemide might have a specific therapeutic effect on erectile dysfunction independent of its antidepressive properties, a double-blind placebo controlled study was carried out over 8 weeks. 12 male outpatients, 25 to 58 years old, suffering from erectile dysfunction according to DSM-IV were randomly assigned to a placebo and a verum group (moclobemide 450 mg during the first week and 600 mg during the following seven weeks). The patients had no diagnosis of any other psychiatric disorder, and there was no evidence of organic factors relevant for sexual function. Erectile function was assessed by the Clinical Global Impression (CGI) scale. In addition, nocturnal erections were measured in the sleep

laboratory under polysomnographic control at baseline and at the end of the treatment period. Statistical analysis of the CGI score values revealed a larger improvement of the erectile dysfunction under moclobemide medication compared to placebo. However, this therapeutic efficacy had no correlate on the neurophysiological level: No alterations of nocturnal erections became apparent under treatment in both groups. The medication was well tolerated, and no clinically relevant adverse effects occurred. Our findings support the hypothesis that moclobemide has a specific effect on erectile dysfunction. Thus, depressive men complaining of erectile difficulties as well as patients suffering from psychogenic erectile dysfunction without depression might benefit from moclobemide.

FC01.04

FAMILY FUNCTIONING IN THE FAMILIES OF PATIENTS WITH BIPOLAR AND SUBSTANCE USE DISORDERS

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a) Objective: Several studies have shown familial dysfunction to be associated with psychiatric illnesses such as schizophrenia and major depression. However, the few studies which have assessed family functioning in bipolar and substance use disorders have revealed contradictory findings, particularly for bipolar disorder. The aim of the present study was to determine whether families of origin or families of procreation of patients with bipolar disorder, alcohol and drug dependence were more disengaged and more rigid than those of healthy subjects.

b) Method: Our sample included 100 bipolar patients, 60 patients with alcohol dependence and 60 patients with drug dependence as well as 60 healthy subjects recruited for an epidemiologic family study in Lausanne and Geneva. Diagnoses were made according to a best-estimate procedure based on a semi-structured interview, medical records and family history information. Family functioning was assessed using the Family Adaptability and Cohesion Evaluation Scales III (FACES III).

c) Results: Multiple regression models revealed the families of origin of the clinical groups to be more disengaged (low cohesion) than the families of healthy controls, whereas no significant differences were found across groups for families of procreation. With respect to rigidity (low adaptability), families of origin or procreation did not differ across groups.

d) Conclusion: Our data support an association between familial dysfunction and bipolar and substance use disorders with respect to the family of origin, but not for the family of procreation. This suggests there may be different familial dynamics across family types.

FC01.05

INCESTUOUS RELATIONSHIPS IN CZECH FAMILIES

P. Pöthe. *Department of Child Psychiatry, Polyclinic at Narodni, 9 Narodni, 11000 Praha 1, Czech Republic*

(a) The author analyses the results of retrospective study of child sexual abuse completed on a representative sample of the Czech adult population in 1998. (b) Czech adaptation of "Childhood experiences" questionnaire. The self-completion document was completed by a random stratified sample of 1112 women and men in the age of 18–45 years in the presence of the interviewer. The questionnaire included 32 items related to experiences of sexual victimisation in the childhood. (c) 26% of all sexually abused

respondents were abused by their relatives. 27% of them were sexually abused by their cousins, 22% by their uncles, 14% of them by their stepfather, 7% by their father, 11% by a brother or stepbrother, 4% by a sister, 3% by their mother or stepmother. (d) The author will discuss main differences in forms, frequency, duration, shortterm and long term effects, disclosure, attitudes towards parents and management between intrafamilial sexual abuse and extrafamilial sexual abuse. The results will be compared with a methodologically identical study completed in the United Kingdom in 1995.

FC01.06

PROGNOSTIC SIGNIFICANCE OF CHILDHOOD EXTERNALISING SYMPTOMS

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Background: Externalising symptoms in childhood are a risk factor for the development of antisocial behaviour in adulthood, but the precise nature of this relationship has not been fully described.

Material and Method: A random community sample (n = 200) of 8–11 year children were explored with CBCL and several other instruments. Ten years later they were localised and examined for Axis I (K-SADS) and Axis II (SCID-II) life-time disorders.

Main Findings: A specific relationship was found between externalising factor scores and the development of personality disorder and substance abuse. A discussion will follow on the significance of these association in relation to preventive action.

ML01. Main Lecture 1

Chair: N. Sartorius (CH)

ML01.01

PUTTING MENTAL HEALTH ON THE EUROPEAN AGENDA

J. Eskola

No abstract was available at the time of printing.

PS01. Treatment update 2000 – affective disorders

Chair: M. Maj (I)

PS01.01

PHARMACOLOGICAL AND NON-PHARMACOLOGICAL APPROACHES IN THE MANAGEMENT OF RECURRENT MAJOR DEPRESSIONS

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There is increasing awareness of the clinical challenge entailed by recurrent depression. The therapeutic strategies available are reviewed with special reference to sequential treatment (pharmacotherapy for acute treatment followed by cognitive behavioural psychotherapy for residual symptoms of depression). There is evidence, in fact, that even highly successful drug treatment is likely