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## PR03. AEP/APA PRESIDENTIAL SYMPOSIUM: EUROPEAN AND AMERICAN PERSPECTIVES IN PSYCHIATRY

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### PR03.01

USA psychiatric educational perspectives

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During the last decade, major changes have taken place in the United States with respect to psychiatric educational perspectives. Among them, the design, development and implementation of the “Core Competency Model” in the training of medical students, graduate students and postgraduate students. This emphasis evolved out of the vision and efforts of the American Board of Medical Specialties (ABMS) and the Accreditation Council on Graduate Medical Education (ACGME). Currently, all medical specialties are already following this new didactic model of training. In this respect the American Psychiatric Association (APA) is playing a major role via special continuing medical education courses, educationally-oriented publications and professional leadership in the field of psychiatry.

In this presentation, a review of this new educational model will be made, with emphasis on its applications in the clinical setting.

#### Educational Objectives:

At the end of this presentation, the learners should be able to:

1. Understand the basis of the Core Competency Model of Training.
2. Be able to apply this model in the clinical setting.
3. Utilize this model in the classroom with psychiatric residents.

### Literature References

- 1 Ruiz P. Recent Advances in Graduate Psychiatric Training. *World Psychiatry* 2003;2(1):57–60.
- 2 Matorin AA, Guynn RW, Sexson G, Kapoor V, Ruiz P. Current and Future Psychotherapy Trends in the United States Graduate Training. *Rivista di Psiquiatria* 2005;40(1):26–30.
- 3 Ruiz P. WPA Scientific Meetings: The Link Between Sciences and Quality of Care. *World Psychiatry*, 5(2): 12.

### PR03.02

CME courses system and accreditation process for CME

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Abstract not available at the time of printing.

### PR03.03

European psychiatry. Perspectives on training and organisation

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Development in European psychiatry is closely linked to scientific and societal developments. The Union of European Medical Specialties - UEMS - has for a number of years closely followed this development and influenced training by creating standards for training. The

presentation will follow a course of 10 years and describe the development from an organisational and training perspective.

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## S28. Symposium: THE FRINGES OF PSYCHOSIS

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### S28.01

Explaining transitions over the psychosis continuum

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**Background and Aims:** General population studies have found that the positive symptoms of psychosis are prevalent in the general population. The majority of the individuals experiencing these “symptoms” are not in need of care. However, longitudinal studies indicate that they may nevertheless have an increased risk of developing a clinical disorder. The aim of this study is to elucidate the mechanisms that mediate transition from having one or two psychotic symptoms to becoming a patient with a psychotic disorder.

**Methods:** Data from two large longitudinal general population studies (the NEMESIS study and the EDSP study) were analysed in order to investigate the risk-increasing effect of three important environmental risk factors, namely cannabis, urbanicity, and childhood trauma, as well as their interaction with pre-existing liability to psychosis.

**Results:** Based on these studies, cannabis not only survives as a risk factor for psychosis, but the evidence is showing concrete synergistic effects between cannabis and pre-existing psychosis liability. The urban environment is, in terms of attributable risk, the most important proxy environmental risk factor and there is emerging evidence that it interacts with genetic risk. Early trauma is another important aspect of the environment that can be linked prospectively to psychosis, particularly for those with a pre-existing liability.

**Conclusions:** The mechanism by which the environment is likely to impact on risk is through cognitive and emotional pathways on the one hand, and biological pathways, possibly involving dopamine sensitisation, on the other.

### S28.02

Mapping silent spectrum predisposition: anomalous subjective experiences and schizotypy in unaffected genetic high-risk subjects

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**Background:** Contemporary psychopathology, together with the conceptual reappraisal of the notions of schizotaxia, schizotypy and schizotropic liability (i.e. anomalous subjective experiences), is witnessing the rebirth of attention to attenuated (subclinical) trait phenotypes that may indicative of latent vulnerability to spectrum conditions.

**Objective:** To extract heuristic, clinically-useful, target dimensions indicative of enhanced, genetically mediated, schizotaxic risk.

**Methods:** Schizotypal traits and anomalous subjective experiences were assessed in a sample of unaffected siblings of

schizophrenics by means of a condensed, ad hoc developed, semi-structured exploratory checklist (i.e. Brief Experiential Vulnerability Assessment) and compared with two experimental control groups (i.e. unrelated healthy subjects and DSM-IV Schizotypal Personality Disorder patients).

**Results:** Unaffected siblings exhibited intermediate, non pathological scores in all the schizotypal dimensions (i.e. “Positive”, “Negative” and “Oddness”) and in some self-experiential domains as compared to the control samples.

Regression analyses indicate that schizotypal interpersonal deficit (i.e. Negative factor) and subjective experience of anomalous autopsychism (i.e. Self-disorders), are the best predictors of schizotaxic risk.

**Conclusions:** Self-disorders and the interpersonal factor of schizotypy delineate a combined target phenotype which plausibly reflects the heritable schizophrenia spectrum predisposition and may be relevant for identifying vulnerable subjects in non-clinically-overt conditions.

### S28.03

Three measures of schizotypality in a large sample of ultra-high risk patients

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**Background and Aims:** Theoretically, schizotypal features should be prevalent in patients at ultra high risk of psychosis. In connection to the European Prediction of Psychosis Study (EPOS), we could study their prevalence in this group using three different ways of assessing schizotypality.

**Methods:** EPOS dataset comprises a large sample (n=246) of UHR patients, who were followed up for 18 months. Schizotypal features were assessed in connection to SIPS interview (SIPS-STY, researcher assessment), and with PDQ-R and SPQ scales (self-assessment). Descriptive data and intercorrelations between different measures are described. Concurrent validity of these three measures is assessed by external validators (genetic risk/neuropsychology).

**Results:** The prevalence of schizotypal pdo was 13.4% with SIPS-STY and 34.6% with PDQ-R-STY. These categorial measures were poorly correlated (k=0,11). Of continuous measures PDQ-R-STY and SPQ scores were highly correlated (r=0,78, P<,000), but SIPS-STY score was only weakly correlated with these other measures (r=0,24).

As to external validation, FDRs of psychotics did not differ from other subjects on the level of schizotypal features. PDQ-R-STY but not SIPS-STY was associated with lower verbal IQ (P=0,004). In verbal fluency test, both SIPS-STY and PDQ-R-STY contributed to poor performance, but SPQ did not add to this. Schizotypal status did not associate with results of the Spatial working memory paradigm (SWMT).

**Conclusions:** Different measures of schizotypality produce somewhat inconsistent results when studied in a high psychosis risk

sample. PDQ-R questionnaire seemed to give results most consistent with the current notion of schizotypality.

### S28.04

Psychopathological and neuropsychological data from first admitted and population-identified familial schizotypal disorders

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Abstract not available at the time of printing.

### S28.05

The psychosis continuum and the Cardiff Anomalous Perceptions Scale (CAPS): Are there multiple factors underlying anomalous experience?

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This study investigated contributory factors to anomalous perceptual experience and the role of such experience in delusion formation. This was facilitated by development of the Cardiff Anomalous Perceptions Scale (CAPS), a valid, reliable self-report measure designed to use neutral language, have high content validity and include provision for differing levels of insight. The CAPS was completed by a general population sample of 336 participants and 68 psychotic inpatients. A principal components analysis of the general population data revealed three components: ‘clinical psychosis’, ‘temporal lobe disturbance’ and ‘chemosensation’, suggesting multiple contributory factors. A follow-up study using transcranial magnetic stimulation provided additional validity for the ‘temporal lobe disturbance’ component. No significant difference was found between general population participants and deluded inpatients without hallucinations. Finally, distress was found to be significantly greater when levels of anomalous perceptual experience were higher than levels of delusional ideation. We conclude from these results that anomalous perceptual experience, as measured by the CAPS, is not necessary for the presence of delusions, and that similar levels of delusional ideation and anomalous perceptions may be protective against distress.

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## S29. Symposium: INTENSIVE EMERGENCY TREATMENT WITH BORDERLINE PATIENTS

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### S29.01

Improving quality of treatment decision of emergency room. The case of borderline patients

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The purpose of this study was to investigate treatment decision in a population of psychiatric patients referred with suicide attempt to medical emergency room in a large community hospital. A distinct scope of the study was to assess the impact of a quality assurance program on the adherence of the psychiatric staff to a system of diagnostic and treatment decision guidelines. After a preliminary field