Planar Imaging capability. 5 volumes were acquired following each stimulus with an interstimulus interval of 16.25 s, TR = 3.25 s and an acquisition time of 1.2 s per volume. Words were read and heard during silent portions (2 s) of the acquisition sequence.

Results: Results to-date indicate that patients with hallucinations and delusions are more likely than controls and patients in remission to misidentify their own distorted speech as alien.

Both reading aloud in the presence of pitch distortion of the subject's own voice and reading with "alien" feedback were associated with activation in an extensive network of regions including the basal ganglia, insula, and the inferior frontal, superior temporal, cingulate and cerebellar cortices ($p < 0.0001$).

Conclusions: Modified event related sequences provide a means of avoiding the effects of scanner noise during fMRI. Verbal self-monitoring involves a network of areas implicated in the generation and perception of speech.

SAT02. Achieving remission of depressive symptoms: strategies and guidelines (Sponsored by Lundbeck A/S)

Chair: N. Sartorius (CH)

SAT02.01

MAKING REMISSION AN ACHIEVABLE GOAL – SPECIALIST'S UTOPIA VERSUS GENERALIST'S REALITY?

A. Wade. *UK*

No abstract was available at the time of printing.

SAT02.02

OPTIMISING LONG-TERM TREATMENT OF DEPRESSION

Y. Lecrubier. *France*

No abstract was available at the time of printing.

SAT02.03

QUALITY OF LIFE ISSUES IN LONG-TERM TREATMENT WITH ANTIDEPRESSANTS

P. Bech. *Denmark*

No abstract was available at the time of printing.

SAT02.04

MAINTAINING RESPONSE TO ANTIDEPRESSANTS

M. Lader. *UK*

No abstract was available at the time of printing.

SAT03. Satellite Symposium in Czech (Sponsored by Leciva)

No abstracts received.

S46. Consultation liaison psychiatry in Europe: current issues

Chair: F. Creed (UK)

S46.01

CONSULTATION-LIAISON PSYCHIATRY, PRIMARY AND SECONDARY CARE

A. Lobo. *Servicio de Psicosomática y Psiquiatría de Enlace, Hospital Clínico Universitario and Universidad de Zaragoza, Zaragoza, Spain*

Background: The essence of Liaison Psychiatry (Consultation-Liaison Psychiatry) is that the clinical work, but also teaching and research should occur in relation to the full range of patients presenting with both organic symptoms and psychological disorder. The objective of this paper is to review our evidence of the need for liaison psychiatry both, in Primary and Secondary Care, and to discuss the results in the European context.

Methods: The epidemiological and clinical work in medical patients completed in Zaragoza over the last two decades in both, hospital and primary care patients will be reviewed and discussed in the context of European reports.

Results: Epidemiological findings in Zaragoza are consistent with the view that at least 30% of medical inpatients and sligthly less of primary care patients have psychiatric morbidity. The data also show that this morbidity goes frequently undetected. Our clinical experience suggests that effective treatments exist for psychiatric disorder in physically ill people, which are cheap for the benefits they provide. Evidence of need for liaison services is matched by evidence of demand for them: since our services were introduced in 1977 they have been accompanied by a rapid increase in the rate of inpatient referrals, which is now 4%. The demand from primary care settings is quite strong, but the needs are largely unmet. This kind of evidence has been reported in other European countries. Similarly, the need for adequate teaching programs and good research has been documented. In view of our limited resources, we have developed and implemented simple liaison models both, in hospital and primary care patients, which are also inspired by European reports, including recent research under the auspices of Biomed programs.

Conclusions: The need for liaison psychiatry work both in Primary and Secondary Care is well documented. Simple, realistic, research based models should be developed to fill the perceived gap between the needs for, and the availability of services.

S46.02

QUALITY MANAGEMENT, ACCREDITATION AND CERTIFICATION PROCESSES IN C-L PSYCHIATRY

M. Rigatelli*, B. Bertoncelli. *Department of Psychiatry, Modena University, Via del Pozzo n° 71, 41100 Modena, Italy*

The aim of this study was to assess how the development of the Quality Management's (QM) cycle and the accreditation and certification procedures according to ISO 9002 laws, could keep up with each other. From 1994 to 1997, the Modena C-L Psychiatry Service has been taking part in a E.U. Multicenter QM Study (project leader: Dr. T. Herzog). Twenty-five QM's meetings have been held to identify problems and indicators. We chose three indicators: the amount of time spent for the C-L psychiatrist-nurse relationship; the liaison with primary care physicians; the respect of time as requested by consultee. According to the last indicator in both 1997

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and 1998 the time consulting requested were 100% respected. A few innovations have been introduced: morning meetings, mobile phones, list of the primary care physicians in our district and the data base. QM is related to need of producing documents for accreditation in accordance with Italian law. At the moment we are on the way to obtain certification according to ISO 9002 laws, by an improvement of documents for accreditation: Quality Assurance Plan, organisation chart, job description, responsibility matrix, product standard, consulting request procedure, guidelines (for attempted suicide, delirium, abortion), special services (diagnosis and therapy for psychiatric comorbidity, psychosomatic diagnosis for patients with cardiovascular diseases). This experience contributed in giving importance and recognition to the Service, both locally and nationwide (e.g. gave rise consulting requests by other Italian C-L Services).

S46.03
CONSULTATION-LIAISON PSYCHIATRY IN EUROPE: CURRENT ISSUES – THE IMPORTANCE OF COST-EFFECTIVENESS STUDIES

F. Creed. *School of Psychiatry & Behavioural Sciences, Rawnsley Building, Manchester Royal Infirmary, UK*

Background: Consultation-liaison psychiatry services are unlikely to be commissioned across Europe unless we can demonstrate their cost-effectiveness. We have previously demonstrated the effectiveness of psychological treatment for irritable bowel syndrome. The aim of the present study was to establish whether these treatments could be generalised and, if so, whether they were cost-effective.

Methods: Patients with moderate to severe irritable bowel syndrome were randomly allocated to either seven sessions of individual psychotherapy or 20 mgs of paroxetine daily for three months or routine care by gastroenterologist and general practitioner. Abdominal pain, bowel symptoms and health-related quality of life, healthcare and other costs were assessed after the three month treatment period and at follow-up one year later.

Results: 257 (81% of eligible subjects) from seven hospitals were recruited to the trial. 69% of psychotherapy and 50% of the antidepressant group completed the course of treatment. Abdominal pain and bowel symptoms improved slightly in all groups; there was no significant difference between the groups at 12 months follow up. Both psychotherapy and antidepressants were superior to treatment as usual in improving the SF-36 physical component score ($p < 0.0005$). The same pattern was recorded at 3 months for the mental component score ($p = 0.007$), but not at follow-up. Psychotherapy, but not antidepressant treatment, was associated with significant lower total costs during the follow-up compared to treatment as usual year [$1,674 (sd = 1,798) v $2,361 (sd = 3636)]. Psychotherapy also led to a significant reduction in the number of people on sickness benefit.

Conclusions: Patients with moderate to severe IBS, which has not responded to conventional therapy, attend all gastroenterology clinics. Their number is greatest in tertiary referral clinics. A significant improvement in health-related quality of life can be offered by psychological treatments but these do not improve bowel symptoms.

S46.04
CONSULTATION-LIAISON PSYCHIATRY AND PSYCHOSOMATICS: QUALITY MANAGEMENT AND GUIDELINE DEVELOPMENT – A EUROPEAN PERSPECTIVE

T. Herzog

No abstract was available at the time of printing.

S47. Neuropsychiatry of brain injury

Chair: S. Fleminger (UK)

S47.01
ABULIA FOLLOWING BRAIN INJURY

K. Barrett

No abstract was available at the time of printing.

S47.02
TREATMENT OF AFFECTIVE DISORDERS AFTER BRAIN INJURY

P. Eames. *Grafton Manor Brain Injury Rehabilitation Unit, Grafton Regis, Northamptonshire, UK*

Brain injury can disturb affect in a number of quite distinct ways; before rational treatment can be planned, it is essential that the particular individual's disorder be analysed carefully, so that appropriate steps can be taken. The least common disorders are those that closely resemble (and sometimes are) 'typical' depressive illness or hypomania: these require traditional treatments, though there are some necessary caveats related to potential adverse effects that are particularly likely in the already injured brain. Probably the most common disorder is depression of mood reactive to the person's changed circumstances as a result of the injury, though most often this can be dealt with simply by giving adequate support and information to both the person and his or her family. The most important disorders to learn to recognise, because they are not widely enough known and need very specific treatment, are the quite common episodic mood disorders. The characteristics of the various forms of affective disorders will be presented and details of treatment regimes will be discussed.

S47.03
PHARMACOTHERAPY OF NEUROPSYCHIATRIC DISORDERS FOLLOWING BRAIN INJURY

U. Müller. *Department of Psychiatry, University of Leipzig, 22 Liebigstr., 04103 Leipzig, Germany*

Background: Neuropsychiatric disorders like depression, apathy, anxiety and post-traumatic stress disorder, sleep disturbances, aggression and agitation are common findings after traumatic brain injury (TBI). The correct diagnosis and optimal treatment of psychiatric complications has a strong impact on the outcome of patients with both mild and severe forms of TBI. Cognitive deficits like aphasia, amnesia, working memory and attentional deficits have recently become a new focus of pharmacotherapy after TBI.

Methods: A literature search in MEDLINE and PsychINFO databases was performed, specialized journals and textbooks were screened to retrieve relevant publications. Proposals for pharmacological treatment are also based on the author's own clinical experiences.

Results: There is only a limited number of randomized controlled trials, most publications are open studies, case series or single case reports. Some evidence-based recommendations can only be given for the treatment of depression and agitation after TBI.

Conclusions: (1) The first principle in pharmacotherapy of neuropsychiatric disorders following TBI is to avoid neurotoxic medications. Cognitive, epileptogenic, and neuroplasticity-decreasing

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