

Wednesday, April 6, 2005

C-21. Educational course: Intensive short-term dynamic psychotherapy compared to classical analysis and to CBT

Course director(s): Heiner Lachenmeier (Affoltern, Switzerland)

08.30 - 12.00, Hilton - Salon Studer

Objective: The course gives a: - theoretical introduction in ISTDP - videopresentation of an initial interview - discussion of the conformities and differences between ISTDP, classical analysis and CBT

Methods: ISTDP is a psychoanalytical method, developed by H. Davanloo (McGill University, Montreal) under consequent audiovisual evaluation, with the aim of a direct access to the unconscious neurotic structure and its treatment. ISTDP uses an active technique. The defensive system is rapidly identified, the patient is made acquainted with it and its selfsabotaging consequences in his life. Thus the patient turns himself against his defences, mobilizes his own will, which becomes a decisive force in the treatment. The patient perceives the therapist with his relentless but respectful confrontations as a solid partner in the struggle to overcome the pathogenic forces, an unconscious therapeutic alliance emerges. At the same time this work at the defences mobilizes the unresolved feelings (which are repressed by the defences) in the transference, and triggers corresponding anxiety. A crucial element in ISTDP is the continuous observation of the neurobiological channels of anxiety, and the knowledge of how they indicate the patient's tolerance capacity, in order to keep the process securely within the patient's capacity. The process results in the patient's inner experience of his repressed feelings in the transference with a subsequent shift to the person in his life, towards whom the repressed feelings originally were generated. The corresponding feelings of rage, guilt, grief, but also affection, can be directly worked through, the defensive (symptom- and problem-generating) system can be overcome and the tolerance capacity gets improved. Compared to classical analysis there exists a common metapsychological base, but the technique is different. ISTDP does not use free association, interpretation and the development of a transference neurosis. Based on the patient's will it applies challenge and pressure to overcome the defences and the anxiety, and pressure to the inner experience of the repressed feelings. Through this direct experiencing and working through of the feelings, that rise up in the transference, it avoids the development of a transference neurosis, which thus contributes to the shortening of the analytical process. Compared to CBT the metapsychological foundations are mainly different, but there are several common technical elements. For instance the patient improves his anxiety tolerance by repeated exposition to anxiety. While in CBT this is achieved by exposition to external, anxiety provoking situations, this is done in ISTDP by the inner mobilisation of anxiety provoking, unconscious feelings.

Monday, April 4, 2005

C-22. Educational course: Taking care of ourselves: Managing stress, preventing burnout

Course director(s): Wulf Rössler (Zurich, Switzerland), Beate Schulze (Zurich, Switzerland)
08.30 - 12.00, Hilton - Salon Studer

Sunday, April 3, 2005

O-03. Oral presentation: Interdisciplinary

Chairperson(s): Povl Munk-Jørgensen (Aalborg, Denmark), Juha Veijola (Oulu, Finland)

16.15 - 17.45, Holiday Inn - Room 7

O-03-01

Experiences from the first Assertive Community Treatment (ACT) programme in Denmark

J. Aagaard, C. Müller-Nielsen. *Psychiatric Hospital in Aarhus Dept. of Psychiatric Demograp., Risskov, Denmark*

Objective: Several studies, mostly in US, have shown that patients attached to an ACT programme have better outcome, these results have not to the same degree been replicated in European studies. On May 1, 2001, we started in the Tønder region (45,000 inhabitants), Sønderjyllands county, aiming an evaluation of the ACT model. The treatment included intensive case management, psycho education, social skill training, crisis homes and vocational rehabilitation.

Methods: The principle of evaluation is within a quasi experimental design (intervention-/control region) to obtain register data and clinical data.

Results: During the first two years 90 patients started in the ACT programme in Tønder. A corresponding number of ACT target group patients were identified in the control region (Aabenraa). The Tønder and the Aabenraa regions had prior to the start of the ACT programme the same pattern of use of psychiatric services. Compared to control more patients were treated as outpatients and more were adherent. A significant reduction in use and costs of hospital benefits were found, as improvements in psychopathology and social functions. Patients and relatives were rather satisfied with the treatment and service.

Conclusion: The results are encouraging. Similar projects are in progress at two other places in Denmark, thus meta analyses might be a possibility, before a more general implementation of some of the ACT principles in Denmark.

O-03-02

Nonparticipants have more commonly mental disorders than participants

J. Veijola, M. Haapea, M. Joukamaa, K. Läksy, J. Miettunen. *University of Oulu Psychiatry, Oulu, Finland*

Objective: There exist only a few studies estimating psychiatric morbidity among nonparticipants. We were able to compare the psychiatric morbidity between nonparticipants and participants in a field survey.

Methods: The material consists of 8 411 subjects in the Northern Finland 1966 Birth Cohort. All subjects were invited to participate in a field survey during the year 1997. Of the subjects 5988 participated in the field survey and 2 423 did not. The

psychiatric morbidity of participants and nonparticipants in this general population birth cohort was followed up 31 years using the Finnish National Hospital Discharge Register.

Results: Of the participants 2.6 % and of the non-participants 5.3 % ($p < 0.001$) had been treated at least once in hospital due to psychiatric disorders. The prevalence of schizophrenia was 0.5 % in participants and 1.5 % ($p < 0.001$) in non-participants.

Conclusion: Non-participants were more commonly treated in hospital due to mental health problems than participants. Especially schizophrenia tended to cumulate in the group of non-participants. The true prevalences of severe mental disorders may be higher than the prevalences drawn from epidemiological field studies.

O-03-03

Group treatment of depression: Psycho-education vs. behavior therapy

F. Caspar, W. Greil, T. Doppmann, T. Berger. *Universität Freiburg Klinik Psychologie, Freiburg, Germany*

Objective: “Psychoeducation” is an important contribution to the treatment of depression, be it as a stand-alone therapy, be it as a part of more comprehensive psychotherapeutic approaches. In this study, the effectiveness of two forms of group therapy have been compared: Traditional behavioral group therapy with a flexible approach to the needs and wishes of every individual patient vs. psychoeducation. Differences between these conditions have not been artificially increased; the study has been conducted under practice conditions.

Methods: In each group, 41 patients with an ICD diagnosis in the spectrum of depressive disorders have been attributed to one of the groups. At pre, post and follow up, SCL-90, BDI, IIP-64, U-Questionnaire, EMI-B, VEV, and Goal Attainment Scaling have been assessed. A knowledge test has been filled in by the patients to assess whether they had learned the information provided in psychoeducation in a reproducible way. A special randomization procedure, which is particularly suitable for experimental studies in practice, has been used in which entire groups instead of patients are randomly assigned to a condition.

Results: Patients in both conditions showed changes with effects sizes around .80 with no significant differences between the two conditions. In a knowledge test, there were no significant differences between the two groups. Strong interactions with interpersonal patient properties were found: Very submissive patients profited more from traditional group therapy.

Conclusion: In a psychiatric hospital which emphasized the information of patients, they seem to learn much even outside a special psychoeducative group. The absence of overall differences between the conditions allows to decide about the form of therapy depending on other criteria, such as availability of therapists for one or the other. If both forms are available, very submissive patients should be sent to regular behavior therapy, and vice versa.

O-03-04

Measuring social capital in mental health research: A new approach

M. Webber. *Institute of Psychiatry PO32, Health Services Research, London, United Kingdom*

Objective: There are a number of ways in which social networks can have an influence on mental health. Some are well researched, such as the ‘stress-buffering’ model or the ‘main effect’

model. However, little is known about the effect of access to resources embedded in social networks, the ‘social capital’ model. This is largely due to the lack of standardised instruments to measure individual social capital. This study aims to develop and validate a self-complete measure, the Resource Generator-UK, from a similar version used in a Dutch social survey. Through a series of pilots, it aims to test the reliability and validity of the measure and whether or not common mental disorder is associated with low social capital.

Methods: Focus group discussions and an expert panel were used to generate items for the Resource Generator-UK and establish its face validity. Cognitive appraisals were also used to minimise potential response error. Data from the first cross-sectional pilot study ($n=295$) was used for item reduction and scaling. The second pilot tested convergent-divergent validity and, using the GHQ-12, measured common mental disorder. Two further pilots established its test-retest reliability and ‘known group’ validity.

Results: The Resource Generator-UK is a 27-item measure of individual social capital. Early results from the study indicate that it is both valid and reliable.

Conclusion: This brief instrument can help researchers to investigate the effect of social capital on mental health. Two examples of its use will be briefly presented.

O-03-05

Having mentally ill parents: Impact on spare time activity, school performance and familial relationship

S. Rothen, F. Ferrero, O. Chouchena, M. Preisig. *UREP, Prilly, Switzerland*

Objective: 1) Is there an association between psychopathology in probands and spouses and social variables in their children, such as school performance, spare time activity and familial relations? 2) Are children of psychiatric patients at a higher risk of psychiatric disorders? 3) Do these psychiatric disorders in children impact social variables?

Methods: Extensive clinical information was collected on patients with bipolar or unipolar mood disorder, alcohol or heroin dependence and medical controls, with their 336 7 to 17-year-old children. Diagnostic assignment of parents and children was based on a best-estimate procedure using semi-structured interviews, medical records and family history information. Data on social variables in children were gathered within the interview.

Results: 1) The offspring of probands suffering from psychiatric disorders revealed more problems with spare time activity, familial relations and school performances, whereas, psychopathology of spouses was not associated with social variables in children. 2) The offspring of probands suffering from psychiatric disorders were at an increased risk for psychiatric disorders, such as MDD, anxiety disorders and ADHD. 3) The presence of psychiatric disorders in offspring was associated with all three social variables in children. Using logistic regression models including all variables, only mood disorders in probands predicted lower levels of school achievement, whereas child’s psychopathology remained associated with all social variables.

Conclusion: Our data confirmed the impact of proband but not spouse psychopathology on school performance, social activity and familial relations of children. The effect of proband

psychopathology is generally mediated by the presence of psychopathology in offspring.

O-03-06

New perspectives on reducing stigma: Fighting burnout to enhance provider attitudes of recovery

B. Schulze. *Psychiatric Univ. Hosp. Zurich Public Mental Health Research, Zürich, Switzerland*

Objective: Psychiatry itself has been described as contributing to mental health-related stigma. Interventions in this field have repeatedly been called for. Professional attitudes, however, can hardly be improved by training interventions with a moral imperative alone. All providers share the aim of offering effective treatment – which may be hampered by excessive job strain and burnout. A new training programme against stigma is being developed for mental health professionals, integrating burnout prevention and training in empowerment competencies.

Methods: Interventions will consist of three modules: (1) staff support in stress management and burnout prevention; (2) developing recovery skills and (3) facilitating client empowerment. Contact with service users in competent roles will be a central part of the programme, aiming to challenge common stereotypes. Courses will be evaluated in a pre/post experimental design.

Results: Course content concerning staff support is based on the results of a needs assessment carried out among Swiss mental health professionals (n=100). Central training needs concerned stress awareness and stress management, effective client-provider communication, time management, as well as relaxation techniques.

Conclusion: Improving providers' work-related quality of life and stress management skills is expected to contribute to facilitating effective client-provider relationships and more positive treatment outcomes – which, in turn, are likely to enhance provider attitudes of recovery.

O-03-07

Study on mental health status in hemodialysis patient

A. Navidian. *Iran*

Objective: hemodialysis as a resoluton in treatment of chronic renal failure which it is a stressful process and has several psycho-cognitive and social complication. This investigation was done to determine the mental health status in hemodialysis patient.

Methods: This descriptive-analytic research was carried out on 80 persons (40 dialysis patient, 40 healthy persons) that matched as group. data were gathered by GHQ - 28 questionnaire and through interview then compared two group together. Results: finding showed that dialysis patient (mean=11/65) has lower mental health state than control or healthy group (mean = 6/20) the result of T test show a significant relation between these two group ($p < 0/001$). Also there are statistical significant relation between mental health status of dialysis patient and dialysis times in week ($p < 0/009$) and sex ($p < 0/03$).

Conclusions: considering lowering mental health status of dialysis patient and its effect on disease process and patient health / well being, the psychological team has a pivotal role in assessment before dialysis and during dialysis period which they are effective in patient adjustment and coping.

O-03-08

When is the most appropriate moment for psychotherapeutic intervention following autologous peripheral blood stem cell transplantation?

E. Frick, M. Tyroller, N. Fischer, R. Busch, B. Emmerich, I. Bumedel. *Psychiatric Clinic Psychotherapy & Psychosomatics, München, Germany*

Objective: To compare the impact of (A) an earlier (months 1 to 6 after PBSCT) vs. (B) a later (months 6 to 12) individualised psychodynamic short-time psychotherapy on health related quality of life.

Methods: Psychotherapy focused on coping and relevant elements of the patient's history. It used guided imagery. One hundred and seventy-nine of 194 eligible patients were randomly assigned to the arms A (n = 88) and B (n = 91). Fifteen patients participated in data survey only. All patients filled in the EORTC Questionnaire Core 30 and the Profile of Mood States (POMS).

Results: Sixty-one patients (36 A; 25 B) completed psychotherapy. In comparison with B-completers, A-completers showed significantly higher pre/post psychotherapy improvements in the following EORTC QLQ-C30 subscales: Global Health Score (empirical effect size $d = .97$; $p = .001$), Role Function ($d = .84$; $p = .004$); Fatigue ($d = .74$; $p = .01$). Furthermore, A-completers scored better than B-completers in Emotional and Social Function and in POMS-Vigour ($p = .32$). We statistically controlled for Karnofsky performance status and illness stage. Additionally, we carried out an analysis of dropouts and an intention-to-treat analysis implementing different strategies to deal with missing data.

Conclusion: Psychotherapy can more efficiently enhance HRQoL during the early phase following PBSCT, rather than later in the survivor's time trajectory.

O-03-09

Religious coping with a life-threatening disease

O. Seidl, E. Frick. *Psychiatric Clinic Psychotherapy & Psychosomatics, Muenchen, Germany*

Objective: The effect of religious coping (RC) with severe diseases is considered to be important. There are, however few empirical studies.

Methods: We interviewed 105 HIV-infected homosexuals, haemophiliacs, and iv-drug addicts during a period before anti-retroviral medical therapy. Coping was assessed with the Berner Bewältigungsformen (Heim et al. 1990). The outcome of coping was assessed with the Beeinträchtigungsschwerescore (Schepank 1995).

Results: Twenty-five percent of the patients reported RC. This group of respondents consisted almost exclusively of homosexuals. RC was not more effective than other coping strategies. There was no change RC patterns during the disease time-trajectory. RC was not influenced by the severeness of the illness nor by the subjective beliefs about aetiology of the illness. Patients with RC showed more optimism and help-seeking behaviour than other patients. RC was associated with internal locus of control.

Conclusion: RC seems to be a stable trait factor of coping-behaviour. Patients who report PC do not adjust more efficiently than other patients.

O-03-10

Ethics in psychiatry: From Hippocrates to the WPA Declaration on Ethics

G. Christodoulou. *Hellenic Psychiatric Associa., Athens, Greece*

Objective: The contribution of Hippocrates to the establishment of ethical rules in Psychiatry is discussed and the conclusion is reached that Hippocrates managed to harmonize the theocratic and the rational approaches in Medicine and Psychiatry, thus avoiding one-sided approaches and polarization. The common elements in the ethics declarations and rules that followed Hippocrates are outlined and it is pointed out that practically all of them identify the rights of the patient as the most important priority. Controversial issues like exposure of incompetent colleagues will be discussed.

Sunday, April 3, 2005

P-06. Poster session: Interdisciplinary II

Chairperson(s): Marianne Kastrup (Copenhagen, Denmark), Borys Mykhaylov (Kharkov, Ukraine)
18.00 - 19.30, Gasteig - Foyers

P-06-01

The ill child and his quality of life

A. Michopoulou, G. Stefanou, E. Chatzioannidou, A. Iliadou, D. Panagiotou, P. Georgiadou. *Pentelis Children Hospital Psychology, Palea Pendeli, Athens, Greece*

Objective: This study aims to compare quality of life between three groups of children: a) hospitalized children at Penteli Children's Hospital b) children consulting the different outpatient services (such as Pediatric, Endocrinology, Allergiology, Orthopedic, Child Development and Psychological sections) and c) a control group of schoolers.

Methods: Five domains of quality of life were evaluated: somatic, psycho-emotional, social, family and school life. Hypothesis was that control group had better quality of life than the other two groups of ill children and especially hospitalized and chronically ill children. Children were given a questionnaire of quality of life constructed by our Department, based on Kid-KINDL questionnaire for children

Results: Percentage of children presenting difficulties on the five domains of quality of life How often Domain Never Rarely S/ times Often Always Somatic complaints 25,5 45,5 21,5 7,0 0,5 Psycho-emotional 22,0 48,5 23,5 5,5 0,5 Family life 32,7 42,2 21,1 3,5 0,5 School life 28,4 45,8 21,9 3,5 0,5 Social life 51,2 33,8 10,0 2,0 3,0

Conclusion: Hypothesis was confirmed the control group had a better quality of life than the ill children (outpatient and inpatient group). Especially, the somatic and school life domains were affected more negatively for the hospitalized children. Hospitalization is experienced as a traumatic period of their life, so that their main wish is to be healthy and capable of physical activities. The chronicity of the disease is an important factor for the aggravation of the children's difficulties.

P-06-02

Validity of general health questionnaire-12 in a student mental health clinic

S. M. Rezaki, H. Ozdemir. *Hacettepe University Psychiatry, Ankara, Turkey*

Objective: General Health Questionnaire-12 (GHQ-12) is a widely used screening instrument for psychological distress in medical settings. Our aim was to assess the usefulness of GHQ-12 in a university student health center mental health clinic.

Methods: Study was conducted at a university student health center psychiatric clinic where students can apply without any referral. GHQ were filled in by consecutive patients together with a sociodemographic data form before their visit to the psychiatrist. DSM-IV psychiatric diagnosis was established using SCID-I.

Results: A total of 170 students (115 female, 55 male) participated in the study. Mean age was 21.9 ± 2.2 years. Depression was the most prevalent DSM-IV diagnosis (48.2%) and 34.7% of the students did not get any psychiatric diagnosis. Mean GHQ score was 7.5 ± 3.7 (8.0 ± 3.6 for females and 6.4 ± 3.7 for males). Sensitivity and specificity for any DSM-IV diagnosis were: 78% and 58% (cut-off point 6.5); 73% and 68% (cut-off point 7.5); 65% and 81% (cut-off point 8.5) respectively.

Conclusion: Previous validity studies of Turkish version of GHQ-12 yielded lower cut-off points (1.5) for primary care patients (Kilic C (1996) Turkish Journal of Psychiatry. 7(1): 3-9.). Our findings suggest GHQ-12 to be a useful screening instrument with a higher cut-off point (e.g. 7.5) for the present sample.

P-06-03

Patients's satisfaction assessment in mental health care within community mental health centers services

D. Salcic Dizdarevic, A. Bravo Mehmedbasic, A. Kucukalic, S. Popovic. *Clinical University Center Psychiatric Clinic Sarajevo, Sarajevo, Bosnia and Herzegovina*

Objective: The aim of this paper is patient's satisfaction assessment in mental health care within community mental health centers in Canton Sarajevo, Bosnia and Herzegovina.

Methods: This study is analytical-descriptive. As research instrument was used the Self-report questionnaire for patient satisfaction measure, developed by Swedish Institute for Health Services Development, which was adjusted for this study. The Questionnaire has been applied to 90 patients who have been treated in six community mental health centers in Canton Sarajevo during 2004.

Results: The results of this study generally show the optimal level of patient's satisfaction with community mental health centers services, indicating some weak points related to informations on treatment alternatives, patient's view of treatment, informations on effects and side-effects of drugs, participation of relatives, side-effects of medication and treatment plan.

Conclusion: The results of this study represent the indicators of effective implementation of new organizational mental health care concept in Bosnia and Herzegovina, first of all related to community mental health care center, as basic organizational form within the concept. The results of patients satisfaction assessment in the community mental health centers services reveals some weaknesses, perceived from patient's point of view, whose