

between cannabis use at conscription and diagnosis of schizophrenia 15 years later. In 2002, similar findings were reported from The Netherlands where cannabis use was found to increase the risk of psychosis in psychosis-free individuals. A birth cohort study from Christchurch examined the relationship between cannabis use and the development of schizophrenia. Individuals who were cannabis dependent at age 18 years had a 3.7-fold increased risk of psychotic symptoms than those who were not cannabis dependent. Furthermore, the development of psychotic symptoms tended to decrease the consumption of cannabis. The Dunedin study showed that individuals using cannabis at ages 15 and 18 years had increased rates of developing psychotic symptoms, and carriers of the COMT val allele were most likely to develop schizophreniform psychosis after adolescent cannabis use street drug users know that cannabis can induce delusions (though not hallucinations). There is also some preliminary evidence that one of the reasons for the increase in the incidence of schizophrenia in south London is the increased consumption of cannabis. Our most recent studies concern the mechanism of action of cannabis.

W05. Workshop: NEUROPSYCHIATRIC SYMPTOMS MANAGEMENT IN HIV POSITIVE PATIENTS: A CASE DISCUSSION

W05

Neuropsychiatric symptoms management in HIV positive patients: a case discussion

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Abstract not available at the time of printing

S15. Symposium: TRANSITION FROM PSYCHIATRIC INPATIENT TO COMMUNITY CARE: A EUROPEAN PERSPECTIVE (Organised By The AEP Section On Epidemiology And Social Psychiatry)

S15.01

Effect on outcomes of advance statements of patient preferences

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An 'advance statement' allows a patient to state treatment preferences in anticipation of a time in the future when, as a result of a mental disorder or disability, he or she may no longer be able to make treatment decisions. A number of types of advance statements in psychiatry can be described: 'advance directives' (and 'facilitated advance directives'), 'crisis cards' and 'joint crisis plans'. They differ according to a number of characteristics – the degree to which they have

legal force, whether the clinical team is involved in their formulation, and whether a third party acts as a facilitator. There is accumulating evidence that some forms of advance statement empower patients and reduce the need for coercive treatments. The results of a randomized controlled trial of 'joint crisis plans' carried out by our research team in SE England will be discussed. A significant reduction in compulsory admissions to hospital was an important finding.

S15.02

Deinstitutionalization in the Netherlands and the effectiveness of act to maintain contact with the severe mentally ill

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Background and Aims: Deinstitutionalisation may put part of the severe mentally ill patients at risk to deteriorate in the community, mainly because they are difficult to engage with services. Assertive community treatment (ACT) is widely seen as an adequate answer for these difficult to engage patients. ACT is now rapidly implemented in many European mental health services, but recently the evidence base is questioned. Positive results of randomised trials in the US could not be replicated in the UK.

Method: In Groningen (The Netherlands) a psychiatric case register (PCR) is in operation since 1986, and now covers a catchment area of 1.6 million inhabitants. It is a perfect tool to study the transition from inpatient to community care.

We did a randomized controlled trial (RCT) to study the effectiveness of the first ACT team in our region, using the PCR to measure primary outcomes. It is the only RCT of ACT in the Netherlands. In total 118 patients were randomized to two conditions. The primary research questions were:

- Is ACT better than standard care in maintaining contact with patients?
- Is ACT better than standard care in reducing the use of inpatient care?

Results: ACT was superior in engaging patients to services, but no effect on the use of inpatient beds were found. Moreover, we did not find benefits in functioning, quality of life and unmet needs.

Conclusions: Too many patients are lost in standard care and therefore we highly value the sustained contact ability of ACT.

S15.03

An overview of the Nordic comparative study on sectorized psychiatry 1987 - 2000

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The aims of the study were to investigate how the characteristics of the psychiatric services, the environmental factors and the patient characteristics are related to contact rates and use of psychiatric services.

The study included all new patients contacting the psychiatric services during one year in 7 Nordic catchment areas. For each patient a 1-year follow-up of service use in terms of inpatient care, day

care and outpatient care was performed. An one-day point prevalence study was performed in 5 of the catchment areas.

Multifold differences existed between the services in treated prevalence, contact rates and patterns of care. The accessibility of the services and the amount and allocation of resources were of minor importance in determining the contact rate and use of services. Rates of outpatient staff was the only service characteristic associated with the contact rates.

The use of services was very skewed, e.g. 10% of the patients accounted for 90% of all inpatient days. High consumption of services was related to older age, living alone, being unemployed, female gender, a diagnosis of psychosis and a history of psychiatric service use. Use of inpatient services was correlated to supply of beds. Highly staffed community services did not reduce the use of inpatient services. An availability of day care services was related to less use of inpatient services for psychosis patients.

S15.04

RCT on discharge planning for high utilisers of psychiatric services I: Background and first results

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Background: Attempts to reduce high utilisation of psychiatric inpatient care by targeting the critical time of hospital discharge have been rare. In Germany, until now no such intervention has been implemented, let alone subjected to a clinical trial.

Method: “Effectiveness and Cost-Effectiveness of Needs-Oriented Discharge Planning and Monitoring for High Utilisers of Psychiatric Services” (NODPAM) is a multicentre RCT conducted in five psychiatric hospitals in Germany (Günzburg, Düsseldorf, Regensburg, Greifswald, and Ravensburg). Subjects asked to provide informed consent to participate have to be of adult age with a primary diagnosis of schizophrenia or affective disorder, and a defined high utilisation of psychiatric care during two years prior to the current admission. Subjects are asked to provide detailed outcome data at four measurement points during a period of 18 months. Recruitment (which started in April 06) is still ongoing. Thus, baseline data of about 350 participants will be presented.

Results: Recruitment has been quite successful and the study has been generally well accepted by participating patients and their clinicians in in- and outpatient treatment settings. Subjects showed substantial initial impairment on outcome measures (e.g. needs, psychopathology, quality of life, and level of functioning) and high utilisation of mental health care. Further results on conduct and feasibility of the trial will be presented.

Conclusions: The first phase of this multicentre trial was promising. The potential of this study to strengthen the integration of mental health care provision in Germany will be discussed.

S15.05

RCT on discharge planning for high utilisers of psychiatric services II. Needs-oriented intervention

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Background: Aim of this contribution is to describe the intervention used in the study “Effectiveness and Cost-Effectiveness of Needs-Oriented Discharge Planning and Monitoring for High Utilisers of Psychiatric Services” (NODPAM). This intervention applies principles of needs-led care and focusses on the inpatient-outpatient transition. The NODPAM intervention manual includes a range of predefined standardised options based on number and type of needs.

Method: For the intervention group, a trained intervention worker provides a coherent package of needs-oriented discharge planning and monitoring focussing on the care process. He or she emphasises continuity of the care process vis-à-vis both patient and clinician (and carers if possible) via providing two manualised intervention sessions: (a) A discharge planning session takes place just before discharge with the patient and responsible clinician at the inpatient service; (b) A monitoring session takes place three months after discharge with the patient and outpatient clinician (office-based or public outpatient mental health service-based). A written treatment plan is signed by and forwarded to all participants after each session.

Results: Acceptance of the intervention by patients and clinicians has been high so far. Further results on duration, participant characteristics, and participants’ appraisal of the NODPAM intervention will be presented.

Conclusion: These first results indicate that the NODPAM intervention is feasible in inpatient mental health services in Germany. Discussion will focus on its applicability in other service systems.

S16. Symposium: WOMEN’S CAREERS IN PSYCHIATRY—DEVELOPMENTS AND DATA (Organised by the AEP Section on Women’s Mental Health)

S16.01

The need for female leadership in international professional organisations

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The proportion of women entering psychiatry is gradually increasing and among psychiatrists in clinical leadership positions women comprise an increasing proportion.