exchange. As most young European psychiatrists are looking for a research experience across the Atlantic, the presentation focuses on the specifics of doing research in the USA. Issues to be addressed include the following: At what stage of my career should I go, before or after completion of my residency? Where should I go? How can I get into touch with research institutions in the USA? How can I apply? What position can I expect? Which funding sources can I use? Are there only advantages or may there by some risks that I should be aware of? How do I keep in touch with my European institution? When is it time to return to Europe? Should I return at all?

This presentation is meant to be a stimulus for young colleagues considering a research fellowship in the USA, rather than a traditional lecture. A lively discussion is highly appreciated.

Plenary lecture: Pathways to integrative care in adults

PL02.01

Pathways to integrated care: Adults

N. Sartorius. *Association for The Improvement of Mental Health Programmes, Geneva, Switzerland*

This lecture will address the three types of pathways that have to be explored in efforts to improve mental health care. The first are the pathways that people who have a mental disorder (or fear that they might have one) will take to get help. Information about these pathways can be of immense value to public health decision-making and obtaining it is relatively simple but rarely done in a systematic way.

The second type of pathways are those that lead to an integration or at least a coordination of care provided by the various types of institutions and social sectors, that provide care in the community. Parallel to this effort is also the effort to integrate or coordinate the action by health professionals, psychologists, social workers and the many other professionals who are dealing with people with mental health problems. The integration of care provided by families and non-professional carers with that of the professional care system is a neglected area leading to a wasteful and sometimes harmful use of resources that are often very scarce.

The third type of pathways that need exploration (and creation) are pathways that lead from research and educational efforts to those directed to the improvement of care. The gaps that exist between these endeavours grow in parallel with the advances of science and with the separation between academic and clinical (particularly private) psychiatry that can be observed in many countries.

Satellite Symposium: A vision of future treatment paradigms in bipolar mania: The promise of new antipsychotics. Sponsored by Bristol Myers Squibb

SS03.01

Current treatment paradigms in bipolar mania: The European landscape

F. Bellivier. *Pôle de Psychiatrie (Pr. M. Leboyer), CHU Henri Mondor-Albert Chenevier, Créteil Cedex, France*

Despite converging treatment guidelines, current treatment practices in bipolar mania still vary greatly. We will review the evidence for various pharmacological options for bipolar mania – in the acute inpatient setting, in continuation therapy, and long-term in the outpatient maintenance setting as well as key treatment guidelines. Potential explanations for the existence of gaps between real life clinical practices and treatment guidelines will be presented. Although there is reasonable satisfaction with current treatments for bipolar mania among European psychiatrists, treatment resistance and early relapses are quite frequent. Thus, there is a need for improved treatments in both the acute and maintenance settings. Patients with an acute episode of bipolar mania often enter the healthcare system at the emergency room and are subsequently moved to a psychiatric hospital ward. Following resolution of an acute episode, prevention of relapse (manic or depressive) becomes the principal aim of treatment. Thus, the focus is moving toward evaluating differently the risk/benefit ratio in the acute inpatient setting and in the long term maintenance setting. The focus also moves towards achieving better patient functioning and long-term outcomes so that patients can achieve functional remission. Different treatment options for each stage of the illness will be reviewed. A core medical need in bipolar mania treatment paradigms in Europe is a rapid-acting efficacious agent, with low potential for excessive sedation. The potential for emerging options to fulfil this need will be reviewed.

SS03.02

Introducing Aripiprazole: Clinical evidence in the acute and long-term settings in bipolar mania

E. Vieta. *Bipolar Disorders Programme, Institute of Neuroscience, Hospital Clinic, University of Barcelona, IDIBAPS, Barcelona, Spain*

Aripiprazole is an atypical antipsychotic with a novel pharmacologic profile of potent partial agonism at D2 dopamine and 5HT1A serotonin receptors and antagonism at 5HT2A and 5HT2C serotonin receptors. Aripiprazole shows rapid efficacy in acute bipolar mania. Four 3-week studies have shown significantly greater symptom improvement than placebo; a recent study showed an onset of significance as early as Day 2. Aripiprazole also demonstrates sustained efficacy, providing maintenance of effect in two recent 12-week studies, each including a control arm (haloperidol or lithium). Adjunctive aripiprazole provides significant clinical benefits when used with lithium/valproate in patients with bipolar disorder who had an incomplete response to lithium/valproate alone. Aripiprazole was superior to placebo in preventing a new mood episode in a double-blind, placebo-controlled, 26-week study. Additionally, aripiprazole-treated patients had significantly fewer relapses than placebo-treated patients. Patients who completed the 26-week phase continued in a 74-week, double-blind extension (providing a total of 100 weeks of double-blind treatment), during which aripiprazole continued to delay the time to relapse. Aripiprazole demonstrates a good efficacy and tolerability profile in bipolar mania.

SS03.03

From study to practice in bipolar mania: Recommendations for optimizing the clinical benefits of new antipsychotics

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https://doi.org/10.1016/j.eurpsy.2008.01.124 Published online by Cambridge University Press