

Courses

Wednesday, April 14, 2004

Course ID : CMEC13 Interpersonal Psychotherapy (IPT) of depression: an intensive teaching course

Course director: Torsten Grüttert
Düsseldorf, Germany
14:00 – 17:30, Hall E

Educational objectives:

1. Good medical practice in psychotherapy of depression
2. Evidenced based psychotherapy of depression
3. Interpersonal perspective within treatment of depression
4. Dual aims of IPT: symptom remission and interpersonal problem solving (attributed to current depression)
5. Focussed short-term psychotherapeutic work in a here-and-now framework
6. Active psychotherapist initiating self disclosure of patient
7. Clarification, solve interpersonal problems, activation of resources, actualisation of problem
8. Psychotherapy in potential combination with pharmacotherapy
9. IPT of dysthymia, of depressed adolescent and change of IPT setting (group therapy)

Course description: Among various short-term psychotherapies established for the treatment of depression, IPT (16–20 sessions) by Klerman, Weissman et al. (1984) is meanwhile one of the most well known and clinically introduced approaches. IPT has explicitly been controlled in a variety of studies proving efficacy. The interpersonal school (Sullivan) of psychiatry represents IPT's theoretical background hypothesizing that psychiatric illnesses and here depression develop in an interpersonal context. Interpersonal problems may contribute to onset and sometimes chronicity of (current) depression or/and depressive symptoms may interfere with interpersonal well being. Based on empirical studies on e.g. life events, social support, stress and depression the authors defined four problem areas:

- 1) prolonged grief,
- 2) interpersonal conflict,
- 3) interpersonal role conflict/role transition and
- 4) interpersonal deficits/isolation.

The therapy is divided into three parts: Within the introduction period (3–4 sessions) the patient's current depression will be attrib-

uted to mostly one designated problem area on which will be focused within the main therapy section. IPT works in a here-and-now framework and connects state and change of depressive symptoms with state and change of interpersonal functioning and well being through therapeutic work. The dual aim of IPT is

symptom remission and
solving of attributed interpersonal problem
by promoting patients' interpersonal skills in and out of sessions.

Open and focussed exploration, psychoeducation (patient expert of his/her illness), the transportation of the sick role (Parsons), assessment of the interpersonal inventory/interpersonal resources, goal attainment scaling, the definition of patient and therapist role in therapy, the explanation of the IPT concept, the agreement on the problem area/aims and a therapy contract are essential parts of introductory sessions in IPT and represent standard psychotherapeutic procedures for therapists engaged in treatment of clinical depression.

In main (3/4–14 sessions) period the patient and therapist work on the agreed focus. The IPT manual describes goals and treatment strategies for each problem area. Clarification, self disclosure, communication analysis, option seeking etc. are main techniques in IPT.

During termination period the patient resumes what was learned, what still is left, clarify motivation for booster sessions (maintenance), and learn about prophylaxis and crisis management.

This teaching course will transmit the basics of IPT so that course members will e.g. be able to start practicing Interpersonal Psychotherapy under supervision. The following aspects will explicitly be focused on:

- 1) time frame,
- 2) medical model,
- 3) dual aims of solving interpersonal problems and symptom remission,
- 4) interpersonal focus on the patient's affective engagement solving current life problems contributing to current depression,
- 5) specific and general psychotherapeutic techniques and
- 6) empirical support of IPT.

Short role playing with participants will be emphasised within the course to train IPT techniques. A handout will be available.

Educational methods and course material:

1. A handout will be available
2. Reference list will be included into handout
3. Frequent role play expects active participation of participants
4. Presentation via power point
5. Videos to exemplify strategies will be shown

Target audience: Psychotherapists and Psychiatrist interested in short-term and focused psychotherapy of depression with an interpersonal approach

Course level: Previous diagonal reading of 'Klerman G, Weissman MM et al. (1984) Interpersonal Psychotherapy of depression' may be helpful but is not required

Course ID: CMEC07

How to write and publish a scientific paper

(Organised by the AEP Section on Epidemiology and Social Psychiatry)

Course director: Povl Munk-Jørgensen
(Risskov, Denmark)
14:00 – 17:30, Hall F

Educational objectives: To give the participant the basic knowledge needed for writing a manuscript for an international peer reviewed journal, and to give the participant an understanding of the processes within an editorial office.

Course description: The course consists of two halves: The first part deals with basic principles for writing a manuscript about a clinical study, defined in its broad sense. How to write a manuscript about qualitative research studies and basic biological science will not be discussed. A carefully planned research project is easier to report. Therefore, it will be recommended to have the manuscript in mind already when the protocol is performed, and it will be taught that there are advantages in working with the manuscript alongside the performance of the project. Also already at the point of planning the project, to consider in which of 1-3 journals it might be relevant to publish the results.

The parallel between reading and writing an article/manuscript will be highlighted. The standard sections of manuscripts will be presented: abstract, introduction, purpose, material and methods, results, discussion, acknowledgement, literature list.

The second half of the course will be occupied with the editorial assessment of manuscripts and the (hopefully) succeeding publication.

With examples from Acta Psychiatrica Scandinavica we will go through concepts as e.g. instructions to authors, peer reviewing, assessment time, manuscript revision, proof reading, acceptance/rejection percentage, publication time, impact factor. The course will comment on most suitable choice of journal and what an author can do to increase the probability of an accept for publication - given the quality of the research. Course methods and material: During the course PowerPoint presentation or traditional overhead transparencies will be used together with hand outs of (most of) the material. The course will be a combination of teaching hour and interaction between teacher and audience.

The course firstly applies to inexperienced young researchers who do clinical research and who have none or only limited knowledge of international publication. However, supervisors who do not feel experienced in how to guide and advise their trainees in this matter of manuscript writing and publishing are also welcome.

Target audience: Anyone that writes scientific papers.

Course level: No previous experience in manuscript writing is needed, but some participating in research projects will be an advantage.

Course ID: CMEC29

Introduction in intensive short-term dynamic psychotherapy and its comparison to classical analysis and cognitive behavioural therapy

Course director: Heiner Lachenmeier (Affoltern am Albis, Switzerland)

Teaching faculty: Heiner Lachenmeier, Alfred Jordi, Rudolf Bleuler
14:00 – 17:30, Hall G

Educational objectives: At the conclusion of this course, the participant should be acquainted with:

1. The basic metapsychological and technical concepts of ISTDP.
2. The conformities and differences of ISTDP in comparison with classical analysis as well as with cognitive behavioural therapy.
3. Indication, potential, limits and dangers of ISTDP.
4. Have a practical impression of the method due to the observation of a taped therapy session, and know the particular significance of the audiovisual setting both for the patient and the therapist.

Course description:

1. Introduction in the basic concepts of ISTDP according to Davanloo
2. Comparison of ISTDP with classical analysis and cognitive behavioural therapy
3. Video presentation of a therapy session
4. Discussion

Course methods and material:

1. Lecture with power point presentation
2. Commented video presentation
3. Distribution of course fact sheets
4. Throughout the course discussion

Target audience: Psychiatrists and other medical doctors, psychologists, psychotherapists, students in medicine or psychology.

Course level: No previous knowledge in ISTDP required.

Course ID: CMEC03

Cognitive behaviour therapy for anxiety disorders

Course director: Lars-Göran Öst
(Stockholm, Sweden)

14:00 – 17:30, Hall H

Educational objectives: To give participants an overview of current CBT models for and treatment of the different anxiety disorders.

Course description: For each anxiety disorder - specific phobias, social phobia, panic disorder with and without agoraphobia, generalised anxiety disorder, obsessive compulsive disorder, and post-traumatic stress disorder - the theoretical model used by cognitive behaviour therapists to conceptualise the disorder, in particular the

maintaining factors, is described. Then follows a detailed and practical description of the treatment method that has the strongest evidence base for that particular disorder. Finally, the short- and long-term effects of CBT are described.

Course methods and material: PowerPoint presentation

Target audience: Practising psychiatrists

Course level: Beginner-intermediate

Course ID: CMEC11

Assessment of satisfaction with mental health services

Course director: Mirella Ruggeri (Verona, Italy)
14:00 – 17:30, Hall I

Teaching faculty: Thomas Becker, Marc Corbiere, Antonio Lalsalvia, Graham Thornicroft

Educational objectives: The final Educational objective of this Course is to provide the cultural, methodological and practical skills to enable the participants to conduct a service satisfaction survey in their own setting. In particular, the Course will: 1) provide a background knowledge on conceptual and methodological issues regarding service satisfaction; 2) summarize the main research findings so far available; 3) present in detail a series of instruments which the participants could use in their clinical practice; 4) train the participants in these instruments' administration; 5) give practical guidelines on data analysis and on how to provide feed-back, outputs, and use the data in the frame of a continuous quality improvement process.

Course description: Part One: The role of service satisfaction measurement in service evaluation

Satisfaction with services has been given increasing attention in the field of mental health services research and evaluation, and may be viewed both as a measure of outcome and quality per se and/or as an important factor in the process of care.

Satisfaction can influence various behaviours of users, such as care seeking behavior (for example, whether consumers seek care during an illness episode and the number of visits), adherence behavior (whether patients do the things they are supposed to do while under care, for example adherence to regimens, compliance with follow-up visits and referrals), and reactive behavior (actions initiated by consumers specifically to express their satisfaction or dissatisfaction, such as, for example, recommendations in favor or against a particular provider or facility, changing providers, registering formal complaints). Patient's satisfaction has been shown to be a predictor of both changes in doctors and disenrollments from health plans, and relatively small differences in satisfaction rating scores have noteworthy consequences for patient behavior.

Findings obtained so far point also at a strong relationship between client assessment of satisfaction and global client reports of outcome. When users are given a role as 'consumers', as opposed to passive service recipients, a disparity between the intended purposes of various treatments and the results as described by patients themselves may emerge and greatly enlighten data based on professionals' evaluations alone. For example, it has been shown that patients with a more negative assessment of treatment tend to have less improvement of psychopathology and longer duration of hospitalization, both in the short and in the long term run, and that

users' satisfaction is the most sensitive discriminator of difference between traditional hospital-based psychiatric care and community-based care. Moreover, satisfaction ratings of patients have been found to correspond to criteria for physician excellence customarily used by health providers, such as more years of training, positive motivation of the physician toward patients, peer supervision of physicians, use of interpersonal skills such as communication, empathy, listening, openness and genuineness.

But satisfaction has been also hypothesised to depend on various users' characteristics, such as subjects expectations with services, subjects' attitudes toward life, self-esteem, illness behaviour, previous experience with services. Moreover, especially in severely ill psychiatric patients, awareness of their problems may be incomplete and their capacity to judge reliably the care they receive is not guaranteed. Finally, a careful analysis of the components of care which may be properly assessed by users is needed.

In the first part of the Course a complete review of the literature findings will be provided with special regard to:

- users' behaviours influenced by service satisfaction;
- users' characteristics which might influence service satisfaction;
- users' characteristics which might preclude a reliable assessment of satisfaction;
- service or therapist characteristics which might be associated with users' satisfaction or dissatisfaction.

A review of the main studies on service satisfaction so far available will be provided, with special regard to studies exploring the relationship between service satisfaction and outcome of care.

Part Two: Methodological issues in satisfaction measurement

Several progresses have been done in the last decade in the measurement of service satisfaction. Most limits of satisfaction surveys in the past were due to incorrect measurement of satisfaction rather than to intrinsic limits of the measurement of such a variable. Efforts to measure satisfaction with services have varied widely in method, and systematic knowledge within the area has been scattered. Inadequacy of the study design or implementation, and, specifically, lack of confidentiality play a major role in producing flattened responses by the patients. The choice of the adequate instrument to be used in a survey is another important aspect. Proven psychometric properties such acceptability, sensitivity, validity, reliability of the instruments used are a fundamental requirement. In the past, most studies have adopted questionnaires composed of either a few broad questions about satisfaction or unstandardised, single-item subscales that tap reactions to one or two dimensions. Such kind of surveys not only may fail in detecting dissatisfaction but are also inherently destined not to detect the reasons for dissatisfaction. Up to date, the majority of findings available and whatever the country (intercultural studies) in the literature support the idea that satisfaction is a multidimensional concept, which should include various dimensions of care, such as professionals' skills and behaviour, access, information, efficacy, type of interventions, and combine assessment of both cross-setting and setting-specific aspects.

In the second part of the Course, an overview of the main methodological aspects concerning the measurement of service satisfaction will be provided, together with detailed information on the more commonly used instruments for its measurement. In this part, an interactive commented reading of some key-instruments will be performed, using in particular the Verona Service Satisfaction Scale (VSSS). Specific information will be given on cross-cultural adaptation issues, and the teachers' experience in adapting

the VSSS for use in several countries of the world will be presented and discussed.

Part Three: Practical guidelines on how to measure service satisfaction

In the third part of the Course, practical information will be provided on:

1. How to develop a protocol for the measurement of service satisfaction and select appropriate instruments;
2. How to conduct the survey, with simulation of difficult situations;
3. How to analyse data obtained;
4. How to represent data in a easy and understandable way;
5. How to maximise service outputs.

Course methods and material: Lectures on the Course theme; interactive commented reading of some key-instruments for the measurement of service satisfaction; practical exercises with training on how to assist the patients during an instrument's administration and simulation of difficult situations; examples of data analysis, representation and outputs.

Copies of the basic material (print of the slides, instruments, manuals, examples of data outputs) used in the Course will be given to the participants.

Target audience: The Course is directed to Psychiatrists, Psychologists, Social Workers, Psychiatric Nurses, Educators, Rehabilitation Workers.

Course level: No specific knowledge is requested beside the basic professional skills.

Thursday, April 15, 2004

Course ID: CMEC04 **How to set-up and evaluate community mental health services for the severely mentally ill**

Course directors: Graham Thornicroft (London, UK) and Michele Tansella (Verona, Italy)
08:30 – 12:00 (Wengen, Crowne Plaza)

Educational objectives: The final Educational objective of this Course is to provide the methodological and practical skills to enable the participants to plan and evaluate community mental health services. In particular, the Course will: 1) provide a background knowledge on conceptual and methodological issues regarding community mental health services satisfaction; 2) summaries the main relevant research findings 3) present a summary of relevant research instruments, 4) give a paradigm to understand the relationship between service development and mental health service research.

Course methods and material: The course will be delivered through lectures with a strong interactive element during each session. The course material will relate to the following background texts

- Knudsen H & Thornicroft G (1996) *Mental Health Service Evaluation*. Cambridge University Press, Cambridge. (translated into Italian).
- Goldberg D & Thornicroft G (1998) *Mental Health in Our Future Cities*. Laurence and Erlbaum, London.

- Slade M & Thornicroft G et al. (1999) *Camberwell Assessment of Need (CAN)*. (Translated into Italian).
- Tansella M & Thornicroft G (1999) *Common Mental Disorders in Primary Care*. Essay in Honour of Professor Sir David Goldberg. Routledge, London. (Translated into Portuguese).
- Thornicroft G & Tansella M (1999) *The Mental Health Matrix. A Manual to Improve Services*. Cambridge University Press, Cambridge. (Translated into Italian, Rumanian, Russian and Spanish).
- Reynolds A & Thornicroft G (1999) *Managing Mental Health Services*. Open University Press, Milton Keynes. (Translated into Italian) (Highly Commended in BMA Medical Book Competition, 2000).
- Thornicroft G & Szmukler G (2001) *Textbook of Community Psychiatry*. Oxford University Press, Oxford. (Highly Commended in BMA Medical Book Competition, 2002).
- Thornicroft G & Tansella M & Thornicroft G (2001) *Mental Health Outcome Measures (2nd Edition)*. Gaskell, Royal College of Psychiatrists, London.
- Thornicroft G (2001) *Measuring Mental Health Needs (2nd edition)*. Gaskell, Royal College of Psychiatrist, London.
- Thornicroft G, Becker T, Knapp M, Knudsen HC, Schene A, Tansella M & Vazquez-Barquero J-L (2003) *International Outcome Measures in Mental Health. Quality of Life, Needs, Service Satisfaction, Costs and Impact on Carers*. Gaskell, Royal College of Psychiatrists (in press).
- Knapp M, McDaid D, Mossialos E & Thornicroft G (Eds) (2003) *Mental Health Policy and practice across Europe. The future direction of mental health care*. Open University Press. (in press).

Target audience: The Course is directed to Psychiatrists, Psychologists, Social Workers, Psychiatric Nurses, Educators, Rehabilitation Workers with a research interest.

Course level: No specific knowledge is requested beside the basic professional skills.

Course ID: CMEC25 **ADHD throughout life**

Course directors: Sam Tyano and Iris Manor (Petach Tikva, Israel), Iris Manor (Petah Tikva, Israel)
08:30 – 12:00 (Villars, Crowne Plaza)

Educational objectives: To support the novel knowledge about Attention Deficit and Hyperactivity Disorder (ADHD) throughout life, according to the different stages of life.

Course description: Attention Deficit and Hyperactivity Disorder (ADHD) is a chronic disabling disorder that often persists to adulthood (70%). It is a developmental syndrome expressed along three domains: inattention, hyperactive-impulsive and combined type. Both environmental and genetic factors contribute to the etiology of this complex disorder, as evidence from family based studies suggests genes play a substantial role in the etiology of ADHD. ADHD throughout life is another much discussed subject, that is studied more and more in the last decade. In contrast to past knowledge, ADHD is now believed to continue as a characteristic or as a disturbance in most of the adults who suffered from it as children. But, its characteristics change over the years.

Due to these characteristics, interest is increasing and many new studies are performed each year.

We will concentrate on the following topics, in respect to the different age groups (children, adolescents, adults):

1. The etiology of ADHD, including genetic, physiological and biochemical aspects.
2. The environmental influences on the expression of ADHD and its final characteristics in the individual.
3. The chronicity of ADHD and its development.
4. Diagnostic issues, including rating scales and continuous performance tests.
5. Therapeutic issues, including pharmacotherapy, psychotherapy (individual and group therapy), educational management and classroom management.

Course methods and material: AV requirements - PowerPoint

Reference lists for further readings

Booklet of major slides and algorithms

Target audience: General psychiatrists, Child and Adolescents psychiatrists.

Course level: No previous experience or knowledge is needed.

Course ID: CMEC05

The care and custody of children by mothers with psychiatric illness

(Organised by the AEP Section on Women's Health)

Course director: Ian Brockington (Birmingham, UK)
08:30 – 12:00 (Arosa, Crowne Plaza)

Educational objectives: To review the problems arising when mothers with psychiatric illness are in charge of young infants, including the risks of abuse and neglect, methods of investigation, and solutions. To compare the administrative and legal arrangements made by different European countries to deal with these problems.

Course description: In the field of the psychiatry of motherhood, there is no more important, difficult or neglected problem than the care and custody of children by mothers who are suffering from mental illness. On the one hand, babies and children undoubtedly suffer when their mothers are severely mentally ill, whether the illness is depression, psychosis or a disorder of the mother-infant relationship. In extreme cases they may suffer neglect or fatal assaults. On the other hand, the loss of a baby, removed from a mother with psychiatric illness, is among the worst tragedies that can occur in a woman's life.

In the diversity of Europe, with over 40 sovereign nations, each with its own traditions, laws and child protection systems, we have an opportunity to share our ideas on how this problem can be addressed. This needs to be approached from the adult and child psychiatric standpoint. The discussion will be limited to the first year after childbirth.

The principles:

- It is probably universal that the child's needs are paramount.
- Some consideration must also be given to the rights and needs of the natural mother.

From the mother's side, there are many different psychiatric disorders to be considered, each with different effects, course, response to treatment and prognosis.

- Chronic disorders - delusional, organic psychoses, and learning difficulties.
- Transitory disorders - severe mood disorders with delusions and/or disturbances of the mother-infant relationship.

From the children's side, we need to consider

- The relative value of nurturing by adoptive and natural mothers.
- Whether it is necessary for the child's wellbeing to have a complete break with the natural mother or whether continued access by a natural mother to her relinquished infant is compatible with the child's harmonious development.

We need to review and compare processes of assessment and placement, including:

- The assessment of risk to the child.
- Different forms of risk – physical abuse, neglect and emotional abuse or neglect.
- The agencies and professional groups involved in the assessment.
- Where observations are made – at home, in family day centres, in mother-and-baby homes, in psychiatric mother-and-baby units, and the resources required.
- In the resolution of disputes, the roles of teamwork and adversarial debate.
- The outcomes – relinquishment without access, relinquishment with access, or care by the natural mother with monitoring and safeguards.

The first session will start with introductory lectures, followed by the first series of parallel small group discussions, based on an actual case. The second session will start with the second and third series of small group discussions. The workshop will end with feedback from these groups, and an extended discussion.

Educational methods and course material: After introductory lectures, the main work of the day will be the consideration of actual cases by small groups. One small group session will be held in the morning, and two in the afternoon. Thus 3 cases will be considered. The last hour will be devoted to a plenary session, at which the small groups will be reported, followed by a general discussion. Handouts and reference lists will be provided.

Target audience: General psychiatrists, child psychiatrists, other mental health professionals, lawyers and members of lay organisations dealing with mothers with psychiatric illness

Course level: Those attending should have experience of these problems

Language: English

AEP CME points: 1 per hour

Course ID: CMEC06

Neuroanatomy for psychiatrists

Course director: Lennart Heimer (Charlottesville, VA, USA)

08:30 – 12:00 (Zinal, Crowne Plaza)

Educational objectives: To give the participants a reasonable understanding of the neuroanatomical structures and circuits known to be crucially involved in major neuropsychiatric disorders.

Course description: Uncertainties in regard to the anatomy and function of the limbic system has generated an increasingly contentious debate about its relevance in modern neuroscience. With this in mind, this course will be based on a purely anatomical approach.

An introductory lecture will present an expanded version of the *grande lobe limbique* of Broca (1878) defined on the basis of cortical development. The other main objective of the introductory lecture is to familiarize the participants with the ventral striatopallidal system, the extended amygdala and the notion of parallel frontal-subcortical reentrant circuits. The importance of the ventral striatopallidal system and the extended amygdala is reflected by the fact that they, together with the much better known basal nucleus of Meynert, serve as major output channels for the above-mentioned expanded version of the limbic lobe. The introductory lecture will be followed by a video-taped dissection of the human brain focused primarily on the 'greater limbic lobe' and the anatomy of the basal forebrain.

In the last hour we will discuss clinical-anatomical correlations of the major neuropsychiatric disorders in order to highlight the importance of the 'greater limbic lobe' and its cortico-subcortical neuronal circuits. Examples to this effect, from pathology and imaging studies, can be found in the clinical literature of all the major neuropsychiatric disorders, including schizophrenia, mood disorders, obsessive-compulsive disorders, Alzheimer's disease and addictive disorders.

Target audience: Biological psychiatrists

Course level: Basic knowledge of brain anatomy will be helpful.

Course ID: CMEC12 Complexity of posttraumatic reactions

Course director: Tanja Frančiškovič (Rijeka, Croatia)

Teaching faculty: Boris Droždek, Rudolf Gregurek, Ljiljana Moro

14:15 – 17:45 (Wengen, Crowne Plaza)

Educational objectives: To rise the awareness on spectrum of post-traumatic reactions which is much broader than clinical entities described within diagnostic criteria, and stress their links to other psychiatric disorders as well.

Course description: Course is planned to have three parts:

- Presentations of our experiences and current knowledges and dilemmas in the field in the form of lectures with accents on some most interested topics like comorbidity, long term sequelae of psychotraumatization, posttraumatic psychoses and therapy;
- Discussion in small groups (depending of number of participants);
- Final comments and overview.

Course methods and material: Lectures are planned to serve as focus on some of the main topics in psychotraumatology, lasting not more than half of the time. Discussion in small groups is aimed to facilitate exchange of experiences. All presentations and lectures would be available for all participants on floppy discs.

Target audience: Professionals working with psychotraumatised persons and those interested in role of traumatisations in development of psychiatric disorders.

Course ID: CMEC09 Collaboration in the management of bipolar disorder

Course directors: Mark S. Bauer (Providence, RI, USA) and Jean-Michel Aubry (Geneva, Switzerland)
14:15 – 17:45 (Villars, Crowne Plaza)

Educational objectives: By the end of this course the participants will have an overview of the life goals program. They will be able to define the Collaborative Practice Model and will be able to apply specific strategies to the treatment of bipolar disorder in psychoeducation groups. Participants will also be able to generalize these principles for use in their dyadic work with individuals with bipolar and other serious mental disorders.

Course description: The course will begin with general background information on the role of psychoeducation in mood disorders. The principles of Bauer and Mc Bride's structured group psychotherapy for bipolar disorder, the life goals program, will then be presented, focusing on practical examples regarding group implementation, illness management skills and dealing with roadblocks on the way to goals achievement. The place of the life goals program in the Collaborative Practice Model will be described and discussed.

Course methods and material: Power point slides, flip charts, Interactive session

Target audience: Psychiatrists, psychologists and any medical practitioners or health workers dealing with bipolar patients

Course level: No prerequisite required

Course ID: CMEC10 Assessment of cognitive dysfunctions in schizophrenia

Course directors: Silvana Galderisi (Naples, Italy), Michael Davidson (Tel Hashomer, Israel), Armida Mucci (Naples, Italy)

14:15 – 17:45 (Arosa, Crowne Plaza)

Educational objectives: Learning methods to assess and remediate cognitive dysfunctions in schizophrenia. Updating knowledge on the impact of standard and novel antipsychotics on cognitive functions.

Course description: Schizophrenia is characterized by a variety of cognitive impairments, more often involving memory, attention and executive functions. Some of these deficits are present at the onset of the illness or even earlier and persist after remission of florid manifestations of psychosis. Their presence in healthy relatives of patients has suggested the possibility that they represent markers of susceptibility to schizophrenia.

Substantial evidence has been provided that cognitive dysfunctions in schizophrenia are related to poor outcome and may interfere with psychosocial rehabilitation programs. Nevertheless, their assessment remains limited to research settings.

In the present course neuropsychological tests more frequently used to assess attention, memory and executive functions will be demonstrated and practiced: the Continuous Performance Task and the Digit Symbol Substitution Test for the evaluation of attention; the WHO Auditory Verbal Learning Test and Picture Memory and

Interference Tests for the investigation of memory, and the Wisconsin Card Sorting Test and Verbal Fluency tests for the assessment of executive functions.

Research findings on the impact of standard and novel antipsychotics on cognitive functions will be presented. Tests sensitive to antipsychotic drug effects will be illustrated.

The use of recently developed programs for cognitive remediation will be described and practiced in the course.

Course methods and material: Power point slide presentation; demonstration and practice of both computerized and paper and pencil tests; demonstration and practice of computerized programs for cognitive remediation.

Target audience: Psychiatrists, psychologists, neuropsychologists.
Course level: Basic (no previous knowledge required).

Course ID: CMEC26

Prevention of depression relapse : Cognitive psychotherapy strategies

Course directors: Guido Bondolfi (Geneva, Switzerland) and Lucio Bizzini (Geneva, Switzerland)

Teaching faculty: Guido Bondolfi, Lucio Bizzini and J.M.G. Williams

14:15 – 17:45 (Zinal, Crowne Plaza)

Educational objectives: 3 main objectives:

1. State of the art of the topic
2. Cognitive model of depression relapse
3. Specific treatment to prevent depression relapse

Course Description, methods and material: We will review the literature of depression prevention relapse treatments, give through case vignettes a large number of psychological strategies adapted to different clinically depressive population and also propose to participants an active involvement in the workshop. We will specifically present a treatment for patients with 3 or more previous depressive episodes. In this population, interventions which aim at reducing the risk of relapse in depression should lead to a change in the patterns of cognitive processing that become active in states of mild sadness. Mindfulness Based Cognitive Therapy (MBCT, Segal, Williams and Teasdale, 2002) offers a promising cost-efficient approach to preventing relapse and recurrence for this population. The rationale of this intervention is based on the idea that it is not essential, or even desirable, that treatment should aim to eliminate the experience of sadness. The aim should be to normalize the pattern of cognitive activity in unhappiness so that these moods remain mild or transient and do not escalate to more severe affective states. Training in Mindfulness Meditative Practice helps patients to re-deploy their attention in the midst of these processing cycles. Mindfulness means paying attention in a particular way; on purpose, at the present moment and non-judgmentally (Kabat-Zinn, 1990). MBCT is effective for the “autonomous” relapse processes that increase risk of relapse with more experience of major depression - consistent with the specific theoretical rationale behind MBCT. During the course we will offer some examples of practice on mindfulness.

Target audience: Psychiatrists, psychologists, member of psychiatrist staff, psychotherapists, trainees in psychiatry

Course level: Post-graduate training

Language: English

AEP CME points: 1 per hour

Friday, April 16, 2004

Course ID : CMEC21

Differential diagnosis of organic dementia

(Organised by the AEP Section of Geronto-Psychiatry)

Course director: Lars Gustafson (Lund, Sweden)

Teaching faculty: Aki Johanson, Elisabet Londos, Ulla Passant

08:30 – 12:00 (Wengen, Crowne Plaza)

Educational objectives: Early and specific diagnosis of dementia has becoming increasingly important due to the possibility of early intervention, pharmacological treatment, management and care.

Course description: Diagnosis of dementia has to consider a panorama of etiologies, the marked individual variation of physical and mental capacities and the similarity to normal physiological ageing, other organic brain syndromes and dementia-like conditions caused by non-organic mental disease.

Diagnosis of dementia has to consider the panorama of etiologies, the individual variation and the similarity to normal physiological aging, other organic brain disease and dementia-like conditions caused by non-organic mental disease. Differential diagnosis of dementia in different age groups can only be achieved by an optimal combination of neuropsychiatric, psychometric, neurological, neuropathological, radiological, biochemical and neurophysiological assessments. The session will focus on early recognition and diagnosis of Alzheimer's disease, frontotemporal dementia (FTD) and vascular dementias by using systematic clinical evaluation, neuropsychological investigation and different brain imaging methods.

Course methods and material: Lectures including case presentation.

Target audience: Post graduate and specialist training in psychiatry, geriatric psychiatry, geriatric medicine and neurology.

Course level: Post graduate/CME level

Course ID : CMEC22

Delusions: diagnosis and treatment

Course director: Michael Musalek (Vienna, Austria)

08:30 – 12:00 (Villars, Crowne Plaza)

Educational objectives: 4 main objectives:

1. Definition and diagnosis
2. Pathogenesis
3. Position in contemporary classification
4. Integrative treatment of delusions

Course description: Concluding the literature on definition, pathogenesis, nosological position and treatment of delusions we are confronted with a wide range of opinions. In the first part of the course the various definitory approaches and their value in clinical practice will be discussed. The main focus of second part of the course is dedicated to the manifold results concerning the pathogenesis of delusions, which showed that delusions are caused by complex interactions of various mental, physical and social factors. The

choice of a particular delusional theme is determined by gender, age, civil status, social isolation, and special experiences (“key experiences”) whereas the incorrigible conviction is based on cognitive disorders and/or emotional derailments and reinforced by social factors. But delusions cannot be longer reduced to psychopathological manifestations once established and therefore persisting. The delusional conviction is a dynamic process which only persists if disorder maintaining factors become active. These disorder maintaining factors are not necessarily corresponding with the delusion’s predisposing a triggering factors. In the third part classificatory problems will be raised. Assumptions concerning nosology and classification of delusions have ranged from an independent nosological entity to the attribution to a certain mental disorder, to multicategorical classification models. Previous polydiagnostic studies indicate that delusional disorders are neither a nosological entity nor due to one particular disorder (e.g. schizophrenia) but represent nosologically non-specific syndromes which may occur superimposed on all psychiatric disorders. Most of the so-called primary delusions (or delusional disorders in a narrower sense – delusions not due to another psychiatric disorder) have to be considered as diagnostic artefacts caused by the use of diagnostic criteria in particular classification systems. The final part of the course will focus on differential diagnostics and differential therapeutics. As delusions represent nosological non-specific syndromes with a multifactorial pathogenesis modern integrative treatment approaches (including psychopharmacological, psychotherapeutic and socio-therapeutic methods) have to be based on a multidimensional differential diagnosis of all the predisposing, triggering, and disorder maintaining factors. In this context the disorder maintaining factors provide the basis for effective, pathogenesis-oriented treatment of the actual symptomatology, whereas the predisposing and triggering factors provide informations for planning prophylactic long-term treatment.

Course methods and material: Each of the four subtopics will be introduced by a short lecture reviewing the state of the art. The main part of the course, however, should be the intensive and extensive case-oriented and case-based discussions of practical problems arising in the field of diagnostics and therapeutics of delusions. The participants will receive a course hand-out.

Language: English

Power Point presentation utilities required

Target audience: Psychiatrists, psychopathologists, psychotherapists, trainees in psychiatry

Course level: Post-graduate training

Course ID : CMEC14

Transcranial magnetic stimulation in neuropsychiatry

Course director: Leon Grunhaus (Tel Hashomer, Israel), Ehud Klein (Haifa, Israel)

Teaching faculty: Leon Grunhaus and Ehud Klein
08:30 – 12:00 (Arosa, Crowne Plaza)

Educational objectives: To describe the basic physical principles of TMS.

To characterize the patient populations most sensitive to the actions of TMS in neuropsychiatry.

To review the basic mechanisms, both in animals and humans, of TMS.

To review the cognitive effects and side effects of TMS.

To provide hands on experience regarding TMS equipment.

Course description: Core lectures will be given by Professor’s Grunhaus and Klein TMS equipment manufactures (Nextim, Magstim, Dantec, Neuronetics, etc) will be requested to bring TMS equipment to the conference room for the hands on demonstrations of the equipment

Course methods and material: Frontal lectures, Equipment demonstrations

Target audience: Psychiatrists, Neurologists, Basic scientists with clinical interests, Psychologists

Course level: Basic

Course ID : CMEC19

Therapeutic drug monitoring and pharmacogenetic tests in psychiatry

Course director: Pierre Baumann (Lausanne, Switzerland)

Teaching faculty: Finn Bengtsson, Christoph Hiemke, Eveline Jaquenoud Sirot

08:30 – 12:00 (Zinal, Crowne Plaza)

Educational objectives: The aim of this course is first to briefly summarize some basic knowledge on TDM and pharmacogenetics of the metabolism of psychotropic drugs. Psychiatrists who already have experience in this field will have their knowledge updated: recently progress will be illustrated by clinical situations, which will be discussed in an interactive way. A consensus paper with recommendations on the optimal use of TDM and pharmacogenetic tests in psychiatry will be summarized and submitted for discussion, by speakers (clinicians, clinical psychopharmacologists) from Switzerland, Sweden and Germany.

Course description: Therapeutic drug monitoring (TDM) of psychotropic drugs is now a widely introduced practice, and it is especially recommended in patients who are non-compliant, or who poorly tolerate, or respond to, a medication. It is also useful in patients belonging to the category of “special populations”, i.e. somatically ill patients, who are comedicated with a variety of drugs and who suffer from a liver or renal disease, as well as in elderly or very young patients. Increasingly, the use of generics has been shown to represent a source of unexpected treatment outcomes, and TDM may help to explain pharmacokinetic particularities after switching from an original to a generic preparation (or vice versa). Finally, the increasing knowledge of the metabolism of psychotropic drugs allows to take account of the pharmacogenetic status (e.g. cytochrome P-450, P-glycoprotein) of the patients not only in adapting their medication, but also for interpreting pharmacokinetic interactions with clinical consequences. In this respect, TDM and pharmacogenetic tests (phenotyping, genotyping) have now also to be considered as a tool in pharmacovigilance.

There will be three main speakers, but the course will be shortly introduced by the course director, who will present an outline of a consensus paper about TDM.

F. Bengtsson will mainly treat TDM of antidepressants, while C. Hiemke will deal mainly with antidepressants. E. Jaquenoud will show the usefulness of TDM and pharmacogenetic tests in situations of “pharmacovigilance”.

Course methods and material: Oral presentation of each speaker, general presentation and presentation of cases and situations, interactive (e.g. questions by the audience concerning special situations experienced in their practice).

Slide projection (beamer), overhead projector, handouts.

Target audience: Psychiatrists in private practice, psychiatrists working in psychiatric hospitals, in liaison psychiatry, but also residents.

Course level: Basic and medium level

Course ID: CMEC30

Trends in the drug treatment of schizophrenia

Course director: Frits-Axel Wiesel (Uppsala, Sweden)
14:15 – 15:45 (Villars, Crowne Plaza)

Educational objectives: To increase the understanding of advantages and disadvantages between the newer antipsychotics and the classical drugs. To present how knowledge of brain neurotransmission can be used to optimize drug treatment of patients with schizophrenia.

Course description: Evidence based data on antipsychotic drug treatment with classical and newer compounds will be presented. There will also be an update on what is known about maintenance treatment with antipsychotics in schizophrenia. Are the new compounds more effective in the treatment of psychiatric symptoms? What are the side effect profiles for the different new compounds? To which extent do the new compounds represent progress in the drug treatment of patients with schizophrenia? A great problem is the fact that there are very few studies giving support for how to combine different rational combinations in order to find optimal drug treatment in the individual patient. This matter is controversial but is a clinical reality and strategies will therefore be discussed and presented to the participants to help them in therapeutic efforts for their patients.

Course methods and material: The course will be given as a seminar, chaired by the director. The participants will have handouts of the seminar content together with critical reprints and reference lists for future reading. The participants will be activated by the director with group discussions and presentations. AV requirements are overhead, board and slides.

Target audience: Any psychiatrist who want to be updated in psychopharmacological treatment of patients with schizophrenia.

Course level: Participants may preferably use antipsychotic drugs in their clinical practice.

Course ID : CMEC18

Management of Eating Disorders (Organised by the AEP Section on Women's Health)

Course directors: Janet Treasure (London, UK) and Ulrike Schmidt (London, UK)
14:15 – 17:45 (Arosa, Crowne Plaza)

Educational objectives:

- To introduce participants to the fundamental concepts and processes underlying eating disorders.

- To introduce participants to a critical review of empirical research into eating disorders.
- To introduce participants to current theory and practice of clinical applications relevant to eating disorders.

Course description: Approaches to assessment and risk management in anorexia nervosa.

Approaches to assessment and risk management in bulimia nervosa.

Aetiology and Case conceptualisation in anorexia/bulimia nervosa.

Evidence based Treatments for anorexia/bulimia nervosa.

Course methods and material: The course will include a mixture of seminar based presentation of theory and evidence with time for discussion. There will also some practical based learning and video demonstrations . The course will also include some fundamental skills such as how to engage with a case of eating disorders introducing motivational interveiwng and enhancement The course will cover the theoretical and practical application of how models of behaviour change influence practice. Furthermore this course will help develop some of the core skills in managing people who are not ready to change. The basic principles of motivational interviewing will be discussed, demonstrated and enacted. Also there will be an introduction as to how to assess case and develop a case conceptualisation. There will also be an introduction to some of the pricipal skills of evidence based treatments of eating disorders

Target audience:

Trainees in psychiatry

Specialists with an interest in womens mental health or in eating disorders

Course level: Specialist

Course ID : CMEC15

Treatment of postpartum mental illness

Course director: Ian Brockington (Birmingham, UK)
14:15 – 17:45 (Zinal, Crowne Plaza)

Educational objectives: To discuss, in relation to actual case histories, the optimum treatment for mentally ill mothers in charge of young infants.

To consider the resources required to treat maternal psychiatric illness, such as multi-disciplinary specialist teams, day hospitals and in-patient mother and baby units.

To compare resources available in different European countries.

To consider risk assessment in these mothers.

To consider how postpartum mental illness can be prevented.

Course description: Pregnancy and the postpartum period are complicated by a wide range of psychiatric disorders, some common, some rare, some mild and some among the most severe. Maternal mental illness has a profound effect on family life, and the welfare of infants. There is the case for the development of a speciality of perinatal psychiatry.

In the diversity of Europe, with over 40 sovereign nations, each with its own pattern of health care and with some diversity of family and social structure, we have an opportunity to share ideas on treatment, prevention and the development of services.

There are many psychiatric disorders to be considered, each with different causes, effects, course, response to treatment and prognosis. They include:

- Post-partum psychoses.
- Disorders of the mother-infant relationship.

- Depression.
- Anxiety and obsessional disorders.
- Post-traumatic stress and querulant disorders.

The risks include:

- Maternal suicide.
- The removal or relinquishment of an infant by a mother with transient illness.
- Child neglect & abuse.
- Infanticide.
- Impairment of cognitive and personality development of children.

The issues include:

- Teamwork and the constituents of the multidisciplinary team.
- The role of child and adult psychiatrists.
- Scope and problems of parent and infant day hospitals.
- Funding and safety of conjoint mother & baby admission.
- The assessment of mothering.
- The role of midwives, health visitors and other professionals in prevention.
- Working with social services and child protection agencies.
- Working with voluntary and self-help agencies.

The first session will start with introductory lectures, followed by the first series of parallel small group discussions, based on an actual case. The second session will start with the second and third series of small group discussions. The workshop will end with feedback from these groups, and an extended discussion.

Educational methods and course material: After introductory lectures, the main work of the day will be the consideration of actual cases by small groups. One small group session will be held in the morning, and two in the afternoon. Thus 3 cases will be considered. (The cases will be provided by Dr Gill Wainscott from the Queen Elizabeth Mother and Baby Unit, Birmingham). The last hour will be devoted to a plenary session, at which the small groups will be reported, followed by a general discussion. Handouts and reference lists will be provided.

Target audience: General and child psychiatrists, other mental health professionals and members of lay organisations for mothers with psychiatric illness.

Course level: Those attending should have experience of these problems.

Language: English.

AEP CME points: 1 per hour.

Saturday, April 17, 2004

Course ID : CMEC20 Values based medicine (VBM): a new paradigm for clinical decision making in clinical practice – the training agenda

Course director: K.W.M. Fulford (Oxford & Warwick, UK) Giovanni Stanghellini
08:30 – 12:00 (Wengen, Crowne Plaza)

Educational Objectives: Improving epistemological and ethical awareness and skills of clinicians.

Course description: The Course will be divided into two Parts each of two Sessions. Indeed, we propose two Courses.

Part 1:

VBM in Clinical Practice: Introduction and Case Study (KWM Fulford and G. Stanghellini)

Session 1: Introduction

This will take the form of a brief interactive exercise on the role of philosophy in psychiatry. The session will aim to draw out the practical importance of philosophy in developing thinking and emotional (empathic) skills for clinical practice.

Session 2: Case study

The importance of values alongside evidence in clinical decision-making will be illustrated by the differential diagnosis of delusion and spiritual experience. The role of values in defining psychotic phenomena will be examined, drawing on philosophical value theory. The session will end with an introduction to a new paradigm for clinical decision-making in the context of conflicting values, Values-Based Medicine (VBM).

Part 2:

VBM in Clinical Practice: The Training Agenda (G. Stanghellini and KWM Fulford)

Session 3: Clinical skills

VBM is skills-based. The skills supporting VBM will be described within a framework covering awareness, knowledge, reasoning skills, and emotional (empathic) and communication skills. Resources and training methods covering each of these areas will be illustrated drawing on developments in the Royal College of Psychiatrists' programme for basic psychiatric training and Continuing Professional Development (CPD). Among other educational initiatives, the College's new curriculum for basic specialist training (the MRCPsych) now includes a substantial section on philosophy. This includes key topics in the history of ideas, conceptual analysis, phenomenology, philosophy of science and philosophy of mind. Resources for education and training in the philosophy of psychiatry will be described, including three textbooks to be published by Oxford University Press.

Session 4: Values as evidence in the clinical setting

Patients' values are not always transparent for the clinician, and often not even for patients themselves. Moreover, psychiatric textbooks mainly focus on symptoms as the relevant facts for clinical management and tend to ignore the patients' value-system. Yet, as the case study in Part 2 illustrated, it is often values rather than facts that are the key to assessing and understanding the patient's psychopathological condition. In this session, further case studies will be introduced illustrating the values actually held by patients with both schizophrenic and manic-depressive psychotic disorders. This session serves to illustrate the importance of empirical and clinical research in developing knowledge of values as one of the key skills supporting VBM as described in Session 3.

Course methods and material: The first part of each Course will take the form of an interactive exercise on the role of philosophical awareness in psychiatric practice and research. The second part will be skills-based.

Target audience: Psychiatrists (mainly clinicians, but also researchers)

Course level: Basic

Course ID: CMEC01
Liaison psychiatry: Identifying and treating psychiatric problems in the medical population

Course director: Francis Creed (Manchester, UK)
 08:30 – 12:00 (Villars, Crowne Plaza)

Educational objectives: To enable psychiatrists to identify within general medical or primary care populations, people with depressive and related disorders who have the greatest need for treatment. This will ensure that the most needy receive treatment and appropriate patients are referred to psychiatric services.

Course description: Up to a quarter of patients attending general medical facilities have anxiety or depressive disorders. These disorders lead to an impairment of health related quality of life and increased health care costs.

Identification of psychiatric disorders in the medical population: the participants will learn the strengths and weaknesses of using a screening instrument to detect psychiatric disorders in medical populations. The results of two phase surveys will be demonstrated. A practical method of identifying patients who need treatment for anxiety or depressive disorders will be outlined.

Videotapes will be shown to indicate the importance of depressive disorders in medical populations so that participants are aware of the advantages of detecting and treating depressive disorders in this population.

Different modes of referral will be discussed with participants. Methods of audit of this work will be described.

Course methods and material: The main format for the audience participation will be a series of small group discussions which will tackle scenarios. The first scenario will involve participants drawing conclusions from data collected in studies of 260 medical in-patients and 280 medical out-patients. The second scenario will illustrate different aspects of detection and treatment of anxiety and depressive disorders in medical settings. Target audience: All psychiatrists, general psychiatrists and liaison psychiatrists. The course would also be of interest to psychologists who work in the general medical setting.

Course level: No previous experience or knowledge is required. An understanding of English will be necessary to understand the course.

Course ID: CMEC02
How to develop a programme against stigma and discrimination because of schizophrenia

Course directors: Norman Sartorius (Geneva, Switzerland), Julio Arboleda-Florez (Kingston, ON, Canada)

Teaching faculty: J. Arboleda-Florez, J. López-Ibor, H. Stuart

08:30 – 12:00 (Arosa, Crowne Plaza)

Educational objectives: At the end of the course the participants should be able to start a programme against stigma and discrimination in their setting.

Course description: The faculty of the course is composed of leaders of teams that have developed successful programmes against stigma and discrimination in their own settings in Alberta (Canada), Germany, Spain and Slovakia. The descriptions of the work in the three settings will be used as case studies to illustrate various ways of starting programmes, overcoming obstacles, building teams and evaluating the results of the work done. The course will be interactive, allowing participants who have an interest in starting programmes to obtain advice and guidance from the faculty. Materials that have been developed in these sites as well as a selection of materials created in other sites collaborating in the WPA Global Programme Against Stigma and Discrimination because of Schizophrenia will be made available to the participants.

Course methods and material: Volume I of the WPA Global Programme Against Stigma and Discrimination because of Schizophrenia, Interim Reports from the WPA programmes in different countries, Training Manual (pre-final draft) for Programme Development and other mental health materials.

Target audience: Psychiatrists or other mental health professionals interested to work against stigma.

Course level: No previous knowledge is required.

Course director's relationship to sponsor: WPA Member of Council, Scientific Director of the Global Programme against Stigma and Discrimination

Course ID : CMEC23
Treatment of sexual abusers

Course directors: Paul Cosyns (Antwerp, Belgium), and Elda Mincke (Antwerp, Belgium)
 08:30 – 12:00 (Zinal, Crowne Plaza)

Educational objectives: The participant will learn to diagnose, assess and establish a treatment plan for sexual abusers. The course rests on the relapse prevention model and the cognitive and behavioural treatment approach. The participant will be familiarized with the treatment of cognitive distortions, of empathy feelings and the (pharmacological) treatment of the sexual drive.

Course description:

1. Key-concepts: sexual abuse as a social deviance and/or a psychiatric disorder (paraphilia or disorder of sexual preference). Ethics and features of the judicial coerced treatment.
2. The cognitive behavioral treatment program as a therapeutic process.
3. The relapse prevention model of sexual abuse.
4. The treatment of cognitive distortions.
5. The pharmacological control of sexual drive.
6. The treatment of empathy feelings.

Course methods and material: Power-point presentation with hand-outs and discussion of clinical cases (vignettes).

Course ID : CMEC24
Diagnosis and treatment of conduct disorders in children

Course director: Stephen Scott (London, UK)
 14:15 – 17:45 (Wengen, Crowne Plaza)

Educational objectives: Increase intervention skills and knowledge of evidence base.

Course description: Participants will receive

- 1) a review of the evidence of the effectiveness of parent training
- 2) a discussion of why prevention studies have been disappointing
- 3) practice based session of the Webster-Stratton approach, including how to handle difficult parents and 'problem' families
- 4) an introduction to a new parent-based literacy programme
- 5) a review of our study of the long-term cost of antisocial behaviour
- 6) a review of our study of the cost-effectiveness of parent training revealed in our multi-centre controlled trial, and the predictors of a good response

Course methods and material: A mixture of lecture format plus interactive discussion, plus, crucially, experiential role play of the skills to be acquired, so that participants practice the parenting methods they will teach their patients. These include how to attend to child play, how to praise, how to give commands and set limits, how to enforce these through targeted ignoring, and how to put a child into time out.

Target audience: Psychiatrists and other Mental health practitioners concerned with the treatment of established conduct disorder, prevention of antisocial behaviour and later criminality, substance abuse, and social exclusion

Course level: Previous experience of working with this client group and advantage but not essential.

Language: English

Course ID: CMEC08

Introduction to cognitive therapy

Course director: Stirling Moorey (London, UK)
14:15 – 17:45 (Villars, Crowne Plaza)

Educational objectives: To give participants an introduction to the cognitive model and methods as applied to common psychiatric conditions and to review the evidence for the effectiveness of cognitive therapy.

Course description: Cognitive Therapy is establishing itself in psychiatry as a powerful treatment for a variety of psychological disorders, including anxiety, depression, eating disorders and schizophrenia. In less severe conditions it can prove as effective as psychotropic medication, while in more severe conditions it can complement drug treatment. Follow up studies suggest that cognitive therapy has a long term effect on relapse in anxiety and depression. Cognitive therapy is a brief, structured, problem focused approach that aims to alleviate symptoms and solve problems, teach coping strategies and prevent relapse through changing underlying beliefs and assumptions. Patients learn to identify and modify unhelpful thoughts and behaviours within a collaborative relationship with the therapist. The general cognitive model as applied to anxiety and depression will be described and a method for conceptualising cases presented. Specific models for panic disorder and schizophrenia workshop will be outlined. A mixture of presentation, video and group discussion will be used to demonstrate the therapy in action and introduce participants to some basic cognitive and behavioural techniques. Empirical evidence for cognitive therapy in psychiatric disorders will be reviewed.

Course methods and material: Material will be presented in an interactive format. Basic CBT principle will be presented using Powerpoint and illustrated with VHS videotapes. Participants will be encouraged to contribute through experiential exercises and discussion of their own clinical experience.

Target audience: Psychiatrists and other mental health professionals.

Course level: No previous knowledge or experience of cognitive therapy is required.

Course ID: CMEC27

Genes and environment: Beyond the classical nurture-nature debate – Part I and Part II (Organised by the AEP Section on Epidemiology and Social Psychiatry)

Course director: Jim van Os (Maastricht, The Netherlands)

Teaching faculty: Jim Van Os and Nele Jacobs
14:15 – 15:45, Arosa (Crowne Plaza)

Educational Objectives:

- Description and discussion of the methodology of the classical twin study design, the application of structural equation modeling and results coming from these studies.
- Beyond the nurture-nature debate: description and discussion of genotype-environment correlation and genotype-environment interaction (results from studies and consequence for molecular genetic studies).

Course description: Genetic epidemiology studies the influence of genes and environment on diseases and psychiatric disorders, bringing genetics and epidemiology together. Twin studies, done on single-egg twins (monozygotes) and double-egg twins (dizygotes) are an ideal way to distinguish the influence of genes from the influence of environmental factors. The methodology of the classical twin study, the application of structural equation modeling and results coming from these studies will be discussed. However, the basic idea of the classical twin study that a disease or disorder is influenced by genes and environment apart from each other is a simplification of what really occurs. It is known that there can be an interplay among the two: they can correlate or interact. Genotype-environment correlation and genotype-environment interaction will be described and will be illustrated by several studies. The future of genetic studies like twin studies but also molecular genetic studies, consists of charting these genotype-environment effects.

Keywords: Genetic epidemiology, classical twin study design, Genotype-environment correlation and genotype-environment interaction, molecular genetic studies

Course methods and material: Powerpoint presentation

Target audience: People interested in genetically sensitive research and/or in results coming from these studies.

Course level: Average

AstraZeneca Satellite Symposium: Reaching beyond Symptoms: Broader Patient Outcomes

Chairperson: Mario Maj (Naples, Italy)
12:30 – 14:00, Hall B

SAT01.02

Resolving acute symptoms without compromising long-term treatment goals

C. Arango*. *Servicio de Psiquiatria, Unidad de Adolescentes, Hospital 'Gregorio Marañón', Madrid, Spain*

Acute management is often required when a patient first presents with psychotic symptoms or experiences a relapse following previously successful interventions. In addition to experiencing delusions and hallucinations, such patients can prove uncooperative, display aggressive and hostile behaviour, and may represent an immediate danger to themselves and others. Current guidelines recommend treatment of acute psychosis with new generation antipsychotics in the majority of situations because of their efficacy across a broad range of symptoms and more favourable side-effect profiles compared with conventional antipsychotics. The new generation antipsychotic quetiapine has beneficial calming properties and successfully treats the symptoms of aggression, anxiety and hostility that can accompany acute exacerbations of schizophrenia. Moreover, it has been shown that these improvements are maintained over the longer term using quetiapine-based therapy. Together with proven clinical efficacy, quetiapine also shows dose-independent tolerability and high patient acceptability, features which are likely to promote patient adherence to medication and an improved quality of life. To achieve optimum clinical effectiveness it is essential to implement the correct dosing regimen. A rapid initiation schedule can be used to provide well-tolerated, effective treatment in hospitalised patients with acute schizophrenia. Furthermore, while current prescribing information recommends that quetiapine be administered at doses up to 750 mg/day (800 mg/day in the USA), there is growing evidence that higher doses are well tolerated by some patients.

SAT01.03

Genes for schizophrenia and bipolar disorder: No longer like alien spacecraft

R.M. Murray*. *Institute of Psychiatry, London, UK*

Genetic epidemiological studies concur that liability to both schizophrenia and bipolar disorder is transmitted genetically, although environmental risk factors also have an important role to play. For 20 years, geneticists have reported finding genes for these disorders only for others to fail to replicate their initial reports; the only area of human endeavour to produce so many false positive results has been the search for alien spacecraft. However, the situation regarding schizophrenia has changed dramatically in the last two years. Advances in genetic technology, especially the characterisation of polymorphisms, the understanding of haplotypes and the development of statistical models, has led to the identification of several plausible susceptibility genes, including neuregulin-1, proline de-

hydrogenase and dysbindin. COMT, RGS4, and DISC-1 are other promising candidates. Progress for bipolar disorder has been slower. However, genetic epidemiological studies suggest some overlap in susceptibility for schizophrenia and bipolar disorder. Furthermore, at least three loci suggested as 'hotspots' for schizophrenia, on chromosomes 18p, 13q and 22q, may also be linked to bipolar disorder. It seems likely that certain genes predispose to psychosis in general and that others have a more specific effect determining the nature of the psychosis. Greater insight into the molecular genetic basis of schizophrenia and bipolar disorder should help us understand why their clinical characteristics and treatment responses overlap so much. Furthermore, the effectiveness of existing antipsychotics may be improved by guiding treatment selection according to genotype, while new treatments may be developed through identification of new therapeutic targets.

SAT01.04

Tolerability: A pharmacological rationale for atypical antipsychotics

J. Tauscher*. *Department of General Psychiatry, University of Vienna, Austria*

First generation antipsychotics were associated with a high risk of extrapyramidal symptoms (EPS) due to extensive and sustained striatal D2 receptor antagonism. Neuroimaging studies detected a minimum of 65% D2 receptor occupancy necessary for antipsychotic effects with haloperidol, but an upper threshold starting as low as 72–80% for EPS. This example illustrates the relatively small therapeutic window of typical neuroleptics. The introduction of clozapine led to the concept of atypical antipsychotics with relatively low EPS liability. This concept was later broadened to substances showing a propensity for no or relatively minimal prolactin level increases, and to compounds which work against negative symptoms of schizophrenia. Based on their pharmacological profile, novel antipsychotics can be divided into the following groups: (1) Serotonin/dopamine receptor antagonists; (2) Multireceptor drugs; (3) D2/D3 receptor agonists; and (4) Partial D2 agonists. The two antipsychotics with the loosest binding to D2 receptors are clozapine and quetiapine, and both show a very low propensity to induce EPS side effects as compared with other atypicals or typicals. Benefits attributed to this more atypical pharmacological profile may comprise a more physiologic, unimpeded dopamine transmission resulting in a lower incidence of motor side effects, such as EPS and tardive dyskinesia. Therefore, both clozapine and quetiapine may be regarded as atypical within the class of atypical or second generation antipsychotics. The low incidence of motor side effects and their beneficial effects on treatment adherence is of particular importance given the unequivocal evidence that schizophrenia and bipolar disorders are lifetime illnesses necessitating long-term antipsychotic treatment.

SAT01.05

The atypical antipsychotics: A new treatment option for bipolar disorder

H. Grunze*. *Department of Psychiatry, University of Munich, Germany*

Although lithium and anticonvulsants have been the mainstay of treatment for bipolar disorder, evidence for the efficacy of antipsychotic agents is increasing. To optimise clinical outcomes and

maximise adherence, it is important to consider tolerability profiles, patient preference and appropriate dosing when selecting treatments. While conventional antipsychotics have been used in the treatment of mania, they are often associated with unacceptable side effects. The superior tolerability profiles of the newer atypical antipsychotics support the use of these agents in bipolar disorder, although distinct differences exist between individual drugs. Atypicals that have demonstrated efficacy in bipolar disorder include clozapine, risperidone, olanzapine, quetiapine, ziprasidone, and aripiprazole. In the two most recent studies of patients with bipolar I disorder (manic episode), quetiapine demonstrated superior efficacy relative to placebo as early as Day 4, an effect that continued to increase throughout the study horizon, and significantly greater response and remission rates compared with placebo were observed. In these placebo-controlled trials, significant reductions in hostility and aggression were demonstrated with quetiapine. Quetiapine was not associated with significant weight gain or extrapyramidal symptoms, the incidence of which was no different from placebo across the dose range, and there was no association with treatment-emergent depression. Furthermore, risperidone, olanzapine and quetiapine have shown potential against depression, the predominant phase of bipolar disorder; ziprasidone and aripiprazole have not yet been evaluated in this setting. Together with their antimanic properties, these antidepressive effects explain why atypical antipsychotics are emerging as effective treatment options for the management of bipolar disorder.

Eli Lilly Satellite Symposium: Advances in Therapeutic Progress: From Acute Symptom Control to Improved Long-Term Outcomes

Chairperson: Tom Burns (Oxford, UK)
12:30 – 14:00, Hall C

SAT02.02

The agitation spectrum and establishing optimal treatment goals

M.H. Allen*. *Director of Inpatient Psychiatry, University of Colorado Hospital, Denver, CO, USA*

Acute agitation is one of the most common behavioral emergencies and often places other patients, acute care clinicians, and family members or other caregivers at risk for harm due to the characteristic uncooperative, anxious, and violent behavior. Achieving dependable management for the acute episode of agitation requires three simultaneous approaches. Initially, choosing the most appropriate treatment to terminate the emergency with the goal of beginning or resuming a more normal physician-patient relationship as soon as possible is imperative. Secondly, there is a need to decrease the frequency and intensity of these episodes with the initial dose of medication. Finally, there is a need to treat the underlying cause of the agitation and provide long-term maintenance therapy. While existing typical antipsychotic agents provide for control of agitation, they each carry very real limitations including difficulty in establishing the physician-patient relationship. An assessment of the efficacy and safety of olanzapine versus haloperidol during transition from intramuscular to oral antipsychotic maintenance

therapy demonstrated an alleviation of agitation with IM administration and sustained alleviation following transition to oral therapy for both olanzapine-treated and haloperidol-treated patients. Haloperidol-treated patients, however, significantly reported higher incidences of acute dystonia. These findings suggest that the new atypical IM formulations should be considered as first-line treatment choices in an acute setting as these medications seamlessly transition into oral, long-term therapies, have fewer issues of tolerability and compliance, and facilitate overall improved outcomes for patients.

SAT02.03

From crisis to stabilisation: New options in treating agitation

P. Wright*. *Head, Clinical Neurosciences, Eli Lilly and Company Limited, Senior Lecturer, Institute of London, UK*

Acute agitation requires immediate intervention as it inhibits medical and psychiatric assessment and hinders diagnosis and decisive treatment of the underlying cause. As a result, the most common practice in the acute setting is to target agitation and aggression. Because parenteral administration of medications is frequently required in the acute setting, until recently, use of typical antipsychotics was the only option. New research on IM olanzapine demonstrates promising results. Data suggest IM olanzapine exhibits a significant, dose-related response within 15 minutes of initial injection, and incidences of EPS are similar to placebo in patients with schizophrenia and bipolar mania. Also of benefit in the acute care setting, a recent study revealed patients with acute agitation receiving a rapid initial dose escalation of olanzapine improved significantly when compared to patients who received the usual clinical practice. Finally, acutely ill patients with schizophrenia also experienced significant improvements in psychopathology when given an orally disintegrating olanzapine tablet. In summary, the development of IM and orally disintegrating olanzapine as well as alternative dosing strategies, promise to aid in a psychiatric emergency to achieve effective overall management of acute agitation and provide the basis for treatment during the maintenance phase.

SAT02.04

From acute care to relapse prevention

A. Young*. *Professor of Psychiatry, Royal Victoria Infirmary, University of Newcastle, Newcastle-upon-Tyne, UK*

Relapse and rehospitalization remain the largest challenge in the treatment of serious and persistent mental illness, and noncompliance is the most important factor for relapse. Thus, it is imperative to choose medications during the acute phase that can be transitioned to long-term treatment and will facilitate compliance, prevent relapse, and improve overall outcomes for patients. This presentation will begin with an exploration of the factors leading to relapse in bipolar disorder and schizophrenia. Because continuation on maintenance antipsychotics has been regularly demonstrated to be one of the most significant contribution to maintaining stability in the community and reducing relapse rate, the presentation will provide a comprehensive review of the use of atypical antipsychotics in maintaining response. Long-term safety considerations and the relationship between side effects and compliance will also be discussed. Finally, all of these pharmacological tools should be used in combination with psychoeducational approaches directed to enhance treatment compliance and improve the long-term effectiveness of the treatment; therefore, these approaches will be examined.

Eli Lilly Satellite Symposium: Sorting out the Truth about ADHD

Chairperson: Alessandro Zuddas (Cagliari, Italy)
12:30 – 14:00, Hall A

SAT.04.02

Sorting out the comorbidities: Differential diagnosis of adult ADHD

J.J.S. Kooij*. *Parnassia, Psycho-Medical Centre, The Hague, The Netherlands*

Attention-Deficit/Hyperactivity Disorder (ADHD) in adults is highly comorbid with other psychiatric disorders. 75% of clinical referred adults with ADHD have at least one other psychiatric disorder and 33% has two or more (Biederman e.a., 1993; Kooij e.a., 2001). This comorbidity complicates diagnosis and treatment in adult patients. The type and frequency of comorbid disorders in children and adults show considerable similarity in over time. On first sight, it may seem difficult to sort out whether symptoms belong to ADHD or to one or more other (comorbid) disorders. Information from research and clinical experience however can help to differentiate ADHD from other psychiatric disorders and to establish comorbidity. Once a (differential) diagnosis is made, the order of treatment in case of comorbidity becomes important, as well as practical questions like how to combine different pharmacotherapeutic treatments. These and other questions will be addressed during this lecture.

SAT.04.03

New pharmacotherapeutic treatment options for ADHD

G.A. Carlson*. *Professor Psychiatry and Pediatrics, Director, Child and Adolescent Psychiatry, Stony Brook University School of Medicine, Stony Brook, NY, USA*

After a 40-year hiatus in the development and release of medications to treat hyperactivity and Attention-Deficit/Hyperactivity Disorder, the last decade has seen a burst of activity. With the impetus provided in the United States by changes in education law that require educational planning for children with ADHD, and with the added impetus of DSM-IV to open the possibility of diagnosing ADHD in adolescents and adults, 'Industry' has responded with developing new delivery systems for short-acting stimulants, as well as developing new medication treatments in general. At this time, at least in the United States, there are 2 major medication types approved for treating ADHD. The first is stimulant medication (methylphenidate- and dextroamphetamine-based); the other is atomoxetine, a nonstimulant. These medications have efficacy and safety in thousands of children and adolescents, and a growing number of adults. Moreover, a variety of other medications are being tried with increasing frequency to explore other options and mechanisms of action. This presentation will review the evidence-based treatments and their evidence as well as some of the treatments tried for youngsters who don't respond to more traditional treatment.

Bristol-Myers Squibb Company-Otsuka Pharmaceutical Co. Ltd. Satellite Symposium: New Directions in Antipsychotic Treatment

Chairperson: Marco Merlo (Geneva, Switzerland)
12:30 – 14:00, Hall B

SAT.05.01

From acute episodes to maintenance therapy: Improved perspectives for schizophrenia care

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Schizophrenia is a highly debilitating psychotic disorder, which starts early in life (at 15-25 years of age) and has devastating effects on social integration. Early recognition and treatment as well as intensive aftercare help to avoid relapses and chronicity after the first episode. An estimated 25-35% of patients do not respond to long-term treatment with first-generation antipsychotic agents (typical antipsychotics). Moreover, only approximately 50% of patients adhere to long-term treatment with antipsychotic therapy. Modern treatment with new generations of antipsychotics improves clinical effectiveness by combining better short- and long-term efficacy, with a more favourable safety and tolerability profile. Aripiprazole is a novel antipsychotic agent with a unique mode of action, combining partial agonist activity at dopamine D2 and serotonin 5-HT1A receptors with antagonist activity at 5-HT2A receptors. In short-term trials, aripiprazole has demonstrated rapid onset in significantly reducing the positive and negative symptoms relative to placebo. The reductions in symptoms in patients treated with aripiprazole were comparable to those seen in patients treated with haloperidol or risperidone versus placebo. The long-term benefits of aripiprazole therapy have been evaluated in two controlled trials. In a 26-week trial, 310 patients with chronic stable schizophrenia were randomised to aripiprazole 15 mg once-daily (n=155) or placebo (n=155). At the end of the study, the risk of relapse in patients treated with aripiprazole was reduced by approximately 50% compared with placebo. In a 52-week trial, 1294 patients were randomised to aripiprazole 30 mg once-daily (n=861) or haloperidol 10 mg once-daily (n=433). At study end, a significantly greater percentage of patients responded on aripiprazole versus haloperidol (response defined as 30% improvement in PANSS total score =³28 days). In addition, aripiprazole-treated patients showed significantly greater improvement in negative and depressive symptoms. Aripiprazole is the first dopamine partial agonist to show short-term and long-term efficacy in the treatment of schizophrenia and schizoaffective disorder.

SAT.05.02

Safety and tolerability of antipsychotics: Implications for compliance and long-term health

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Lack of compliance with antipsychotic treatment is an important causal factor in relapse and poor long-term outcomes in schizophrenia

nia. Compliance is strongly influenced by treatment safety and tolerability. The introduction of atypical antipsychotics has offered major improvements in tolerability over the typical antipsychotics, particularly in their reduced liability for extrapyramidal symptoms (EPS). However, despite these treatment advances, antipsychotic therapy is still associated with side effects that can impact on patients quality of life, long-term health and compliance. Side effects of atypical antipsychotic treatment include sedation, weight gain, dyslipidaemias and hyperprolactinaemia. Weight gain is a common reason for non-compliance. As well as being socially stigmatising, weight gain and obesity are risk factors for diabetes and cardiovascular disease, and dyslipidaemia and diabetes are additional risk factors for vascular disease. Aripiprazole is a next-generation antipsychotic agent with a novel mode of action. A pooled analysis of short-term clinical trials with aripiprazole has shown that it is well tolerated and is associated with minimal weight gain, minimal risk of somnolence, minimal EPS liability, and no hyperprolactinaemia. In aripiprazole-treated patients, discontinuation rates due to adverse effects were similar to those with placebo. This safety and tolerability profile has been maintained in long-term studies, with effects on blood glucose levels and plasma lipids comparable to placebo. The favourable safety and tolerability profile of aripiprazole in patients with schizophrenia offers the potential for enhanced treatment compliance, which may translate into decreased relapse rates and improved long-term health outcomes in the real-world clinical setting.

SAT.05.03

Antipsychotics as treatment options for patients with bipolar disorders: A role for a new-generation antipsychotic

A. Young*. *Department of Psychiatry, Stanley Foundation Research Centre, University of Newcastle-Upon-Tyne, UK*

The management of patients with manic episodes has remained a challenge as almost half of patients do not respond to treatment, and even among responders, the 1-year relapse rate is up to 40%. While lithium is efficacious for the treatment of manic episodes, it must be maintained within a narrow therapeutic range, and close monitoring of serum lithium levels is required throughout therapy. Therefore, research continues to seek alternative treatments. Recent research has focused on the atypical antipsychotics, which represent an improvement over typical antipsychotics in terms of a reduction in some side effects, such as EPS liability and tardive dyskinesia; however, they are still associated with a number of limiting side effects including weight gain, hyperprolactinaemia and QTc prolongation. Aripiprazole is a newly developed antipsychotic to be evaluated for use in bipolar disorder. In two 3-week, double-blind, placebo-controlled trials in patients with acute mania, aripiprazole produced statistically significant improvements on Y-MRS and CGI-BP measures, with minimal effects on weight, QTc interval and prolactin levels. In a 12-week, double-blind, haloperidol-controlled study, aripiprazole showed comparable effects to haloperidol for the reduction of Y-MRS and CGI-BP. Aripiprazole produced a significantly higher response rate at week 12 and led to significantly lower rates of discontinuation. Aripiprazole-treated patients exhibited less EPS than those given haloperidol and was better tolerated overall. These clinical trials support the effectiveness of aripiprazole in the treatment of acute mania due to significantly higher response rates and a more favourable safety and tolerability profile.