laboratory under polysomnographic control at baseline and at the end of the treatment period. Statistical analysis of the CGI score values revealed a larger improvement of the erectile dysfunction under moclobemide medication compared to placebo. However, this therapeutic efficacy had no correlate on the neurophysiological level: No alterations of nocturnal erections became apparent under treatment in both groups. The medication was well tolerated, and no clinically relevant adverse effects occurred. Our findings support the hypothesis that moclobemide has a specific effect on erectile dysfunction. Thus, depressive men complaining of erectile difficulties as well as patients suffering from psychogenic erectile dysfunction without depression might benefit from moclobemide.

FC01.04
FAMILY FUNCTIONING IN THE FAMILIES OF PATIENTS WITH BIPOLAR AND SUBSTANCE USE DISORDERS

C.L. Vandeleur*, M. Preisig, F. Ferrero. *Epidemiology and Psychopathology Research Programme, University Department of Adult Psychiatry, Lausanne; University Psychiatric Hospital, Geneva, Switzerland*

a) Objective: Several studies have shown familial dysfunction to be associated with psychiatric illnesses such as schizophrenia and major depression. However, the few studies which have assessed family functioning in bipolar and substance use disorders have revealed contradictory findings, particularly for bipolar disorder. The aim of the present study was to determine whether families of origin or families of procreation of patients with bipolar disorder, alcohol and drug dependence were more disengaged and more rigid than those of healthy subjects.

b) Method: Our sample included 100 bipolar patients, 60 patients with alcohol dependence and 60 patients with drug dependence as well as 60 healthy subjects recruited for an epidemiologic family study in Lausanne and Geneva. Diagnoses were made according to a best-estimate procedure based on a semi-structured interview, medical records and family history information. Family functioning was assessed using the Family Adaptability and Cohesion Evaluation Scales III (FACES III).

c) Results: Multiple regression models revealed the families of origin of the clinical groups to be more disengaged (low cohesion) than the families of healthy controls, whereas no significant differences were found across groups for families of procreation. With respect to rigidity (low adaptability), families of origin or procreation did not differ across groups.

d) Conclusion: Our data support an association between familial dysfunction and bipolar and substance use disorders with respect to the family of origin, but not for the family of procreation. This suggests there may be different familial dynamics across family types.

FC01.05
INCESTUOUS RELATIONSHIPS IN CZECH FAMILIES

P. Pöthe. *Department of Child Psychiatry, Polyclinic at Narodni, 9 Narodni, 11000 Praha 1, Czech Republic*

(a) The author analyses the results of retrospective study of child sexual abuse completed on a representative sample of the Czech adult population in 1998. (b) Czech adaptation of "Childhood experiences" questionnaire. The self-completion document was completed by a ramdom stratified sample of 1112 women and men in the age of 18–45 years in the presence of the interviewer. The questionaire included 32 items related to experiences of sexual victimisation in the childhood. (c) 26% of all sexually abused respondents were abused by their relatives. 27% of them were sexually abused by their cousins, 22% by their uncles, 14% of them by their stepfather, 7% by their father, 11% by a brother or stepbrother, 4% by a sister, 3% by their mother or stepmother. (d) The author will discuss main differences in forms, frequency, duration, shortterm and long term effects, disclosure, attitudes towards parents and management between intrafamiliar sexual abuse and extrafamiliar sexual abuse. The results will be compared with a methodologically identical study completed in the United Kingdom in 1995.

FC01.06
PROGNOSTIC SIGNIFICANCE OF CHILDHOOD EXTERNALISING SYMPTOMS

M. Gómez-Beneyto*, M. Catalá, I. Tomás, Y. Ariza, C. Rubio. *Department of Medicina, Universidad de Valencia, 17 Blasco Ibañez, 46010 Valencia, Spain*

Background: Externalising symptoms in childhood are a risk factor for the development of antisocial behaviour in adulthood, but the precise nature of this relationship has not been fully described.

Material and Method: A random community sample (n = 200) of 8–11 year children were explored with CBCL and several other instruments. Ten years later they were localised and examined for Axis I (K-SADS) and Axis II (SCID-II) life-time disorders.

Main Findings: A specific relationship was found between externalising factor scores and the development of personality disorder and substance abuse. A discussion will follow on the significance of these association in relation to preventive action.

ML01. Main Lecture 1

Chair: N. Sartorius (CH)

ML01.01
PUTTING MENTAL HEALTH ON THE EUROPEAN AGENDA

J. Eskola

No abstract was available at the time of printing.

PS01. Treatment update 2000 – affective disorders

Chair: M. Maj (I)

PS01.01
PHARMACOLOGICAL AND NON-PHARMACOLOGICAL APPROACHES IN THE MANAGEMENT OF RECURRENT MAJOR DEPRESSIONS

G.A. Fava. *Affective Disorders Program, Department of Psychology, University of Bologna, Bologna, Italy*

There is increasing awareness of the clinical challenge entailed by recurrent depression. The therapeutic strategies available are reviewed with special reference to sequential treatment (pharmacotherapy for acute treatment followed by cognitive behavioural psycotherapy for residual symptoms of depression). There is evidence, in fact, that even highly successful drug treatment is likely

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to leave a substantial amount of residual symptomatology, which is probably the strongest predictor of relapse. Use of psychotherapeutic techniques geared to this residual phase (including well-being enhancing strategies) has yielded substantial advantages in terms of relapse rate over clinical management in controlled clinical trials. The most likely mechanism are that cognitive behavioural therapy prevents the progression of residual symptoms to prodromal symptoms of relapse and/or enhances the protective effects of psychological well-being.

PS01.02

PHARMACOLOGICAL AND NON-PHARMACOLOGICAL APPROACHES IN THE MANAGEMENT OF MILDER DEPRESSIONS

E.S. Paykel. *University of Cambridge, UK*

This presentation will review studies of antidepressants, interpersonal therapy (IPT) and cognitive behavioural therapy (CBT) in milder depressive episodes and dysthymia, both regarding acute treatment and prevention of relapse and recurrence.

Regarding acute treatment, tricyclic antidepressants show a clear threshold level around Hamilton total score of 13 for benefit in depressive episodes. Evidence for SSRIs is still accumulating. Both classes of antidepressants also show efficacy in dysthymia, although evidence is less clear cut. There is consistent evidence from controlled trials of benefit from IPT and CBT in depressive episodes but little evidence regarding dysthymia. For continuation and maintenance treatment, although there is strong evidence of benefit overall from antidepressants, there have been only a small number of studies in milder depressions, acute or chronic. For IPT, evidence of prevention of further episodes is less overall, and so far based on severe episodes. For CBT there is increasing evidence of relapse prevention effects. Recent studies have focused on partial remission with residual symptoms after major depression, where there is high risk of relapse. In a large controlled trial, we found clear evidence of relapse prevention by CBT when added to moderately high dose antidepressants in residual depression.

PS01.03

PHARMACOLOGICAL AND NON-PHARMACOLOGICAL APPROACHES IN THE LONG-TERM MANAGEMENT OF BIPOLAR DISORDER

W. Greil*, N. Kleindienst. *Departement of Psychiatry, University of Munich, Germany*
Psychiatric Private Clinic Sanatorium Kilchberg, Zurich, Switzerland

In the last years, the maintenance treatment of bipolar disorders is characterized by an expansion of treatment alternatives to lithium and by the application of various psychotherapeutic approaches in this distinctly biological mental disorder.

Besides valproate and carbamazepine, initial data support the prophylactic efficacy of further anticonvulsants such as lamotrigine, gabapentine and topiramate, of calcium antagonists (nimodipine, verapamil) and of atypical antipsychotics (clozapine, olanzapine). But even regarding the differential use of lithium and carbamazepine, prospective data are very scarce.

In a randomized clinical trial (MAP-study) with an observation period of 2.5 years, we compared the differential efficacy of lithium versus carbamazepine in 171 bipolar patients (DSM-IV). The whole sample was subdivided into a classical subgroup (Bipolar-I patients without mood-incongruent delusions and without comorbidity; n = 67) and a non-classical subgroup including all other patients (n = 104). Classical bipolar patients had a significantly lower hospitalization rate under lithium than under carbamazepine prophylaxis. Regarding suicidal behavior, there was a trend in favor of lithium, whereas data on patients' satisfaction were significantly in favor of carbamazepine. In conclusion, lithium appears to be superior to carbamazepine in classical bipolar cases and might have additional impact on suicidality. The distinctly larger group of patients with non-classical features might profit more from carbamazepine which seems to be well accepted by the patients (Greil et al., J. Clin. Psychopharmacol 1998, 18, 455–460).

Various psychotherapeutic approaches, such as psychoeducation, family focused, cognitive-behavioral, interpersonal or social rhythm therapy, may improve the effectiveness of drug therapy by enhancing compliance, promoting the recognition of early signs of an emerging episode and by supporting the patient to cope with stressful life events. Self help groups, may assist the patient to overcome the denial of the illness.

S06. Evaluation of psychiatric training

Chairs: S.P. Tyrer (UK), J. Raboch (CZ)

S06.01

CONTINUING MEDICAL (PSYCHIATRIC) EDUCATION IN HUNGARY

I. Bitter. *Department of Psychiatry and Psychotherapy, Semmelweis University., Budapest, Hungary*

Continuing medical education (CME) was the responsibility of Postgraduate Medical School in the former communist countries including Hungary. After the major political changes of 1989/90 CME became decentralized, other medical faculties, professional societies and the industry became involved However no quality control existed until recently and some problems emerged, for example CME became target for marketing activities of some drug companies. The Hungarian Psychiatric Association (HPA) in collaboration with all five psychiatric departments and other professional bodies of the country initiated the establishment of a nationwide CME coordinating board which helps in supervising and evaluating the programs. A new regulation published January 2000 by the Ministry of Health confirms the initiative of the HPA. The following problems are still to be solved: 1. Access to CME programs is difficult in some remote areas of the country. 2. Financing of the system has to be improved, conditions for sponsorship have to be clarified. 3. The responsibilities of the Universities and of a newly established nationwide CME Board has to be defined. 4. The possibilities offered by new technologies such as videoconferences or the Internet should be better utilized in CME. The development and use of European Guidelines for CME would help in providing CME for psychiatrist in Hungary and perhaps in other countries as well.

S06.02

Evaluation of postgraduate training

I. Tuma

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