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Alcohol related visits account for 10 to 46 % of all emergency department visits each year (D'Onofrio et al. 2006; Nassisi et al. 2006; Baleyrier et al. 2003). This presentation focused on psychiatric guidelines and the clinicians' position about the management of agitation due to substance intoxication. American Psychiatric Experts' recommendations (Allen, 2005) for managing agitation are discussed.

The use of psychiatric validated scales to assess agitation seems to ameliorate the quality of care in emergency psychiatry. Several standardized tools could be useful for assess a diagnosis of alcohol abuse or dependence in emergency for adults and adolescents (AUDIT, CAGE, CRAFFT, et RAPS-QF), even if the clinicians are often sceptical about this issue.

The use of medication to protect the patient, staff and to prevent an escalation of violence remains a personal choice for each practitioner, depending on individual patient needs and context. In the treatment of agitation due to substance intoxication in emergency, a balance needs to be found between the subjective dimension and data issue from evidence based medicine.

## S15.04

Personality disorders and alcohol abuse in emergency setting

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Personality disorders represent the dominant background features in evolution of addictive behaviours. In psychiatric emergency units these kind of conducts are able to start or maintain psychopathological manifestations and behaviours which have at their limits manifest selfaggression and on others and the irreversible failure of vital organs.

We have evaluated these specific conditions considering the main premorbid personality dimensions in two groups of patients on records of Psychiatric Clinique 2 from Tg. Mureş.

The agravant and/or pathoplastic role of personality disorders is confirmed, considering that it influents also – and sometime in a decisive way – the compliance and efficiency of therapeutic relation and of rehabilitation strategies.

The presence of a personality disorder proves itself to be also a predictive factor for the precocity of psychopathological manifestations which require emergency assistance as well as for the frequency and complexity of associations between them.

## Symposium: Eating disorders

### S14.01

Eating habits and eating related psychopathology in patients prior to bariatric surgery and at a 1 year follow up

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About 800.000 people in Germany suffer from a BMI > 40 kg/m<sup>2</sup>. Obesity surgery is one of the most effective strategies for weight loss in this population.

We assessed 150 patients prior to bariatric surgery and are at present conducting follow-up assessments after surgery. Evaluation included the Eating Disorder Examination for the assessment of eating patterns and eating related psychopathology. The SCID Interview was used to assess lifetime eating disorders.

At the time of abstract submission 49 patients had completed pre-surgery evaluation as well as the 1 year follow-up; 73.5% (n = 36) were female, mean BMI pre-surgery was 52.4 (SD = 7.9). At baseline 24.7% met full criteria for Binge Eating Disorder (BED), an additional 10.2% met all but one criteria (sub-threshold BED). 46.9% reported any eating disorder lifetime, among these 8.2% met criteria for lifetime Bulimia Nervosa.

59.1% of the patients reported Binge Eating (loss of control & a large amount of food) prior to the surgery, post surgery only 16.3% (n = 8) reported occurrence of loss of control over eating. Symptoms of BED re-occurred in only 6.1% (n = 3) of the patients, none of them meeting the full criteria for BED any more. 53.1% reported an increase in enjoyment in eating 1 year after surgery. Vomiting occurred frequently: 81.6% (n = 40) reported vomiting 1 year after surgery; however, vomiting with the intention to reduce weight was extremely rare (n = 1).

### S14.02

Imaging serotonergic and dopaminergic neurocircuits in eating disorders: New insight into behavior and treatment

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Several lines of evidence suggest disturbances of serotonin (5-HT) and dopamine (DA) pathways play a role in the pathogenesis and pathophysiology of anorexia nervosa (AN) and bulimia nervosa (BN). Studies using imaging with radioligands specific for 5HT and DA components, have found alterations of the 5-HT<sub>1A</sub> and 5-HT<sub>2A</sub> receptors, and DA D<sub>2</sub>/D<sub>3</sub> receptors in AN and BN. In addition, some studies suggest relationships between these components and traits often found in individuals with AN and BN, such as harm avoidance and drive for thinness. Moreover, subtypes may have different patterns of 5-HT-DA dysfunction which may shed light on understanding specific symptoms such as inflexibility and rigidity and disregard of normal rewards in AN, or unstable mood and impulse dyscontrol in BN. The 5HT and DA systems are highly complex. Thus disturbances of these components may reflect dysregulation of these neuronal systems, rather than identify the exact etiology. In summary, new technologies such as PET and/or fMRI offer the promise of understanding the relationship of behavior and neurocircuits contributing to ED. Furthermore PET and radioligand studies may be a useful tool for investigating and managing medication response in treatment resistant individuals.

**S14.03**

Technology-based interventions for young people with bulimia nervosa and related disorders

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**Background and Aims:** Bulimia nervosa (BN) is a common and disabling disorder in young women. Cognitive-behavioural therapy (CBT) is the treatment of choice, yet the majority of people with the disorder do not access treatment, given the limited availability of CBT for BN. Even for those that do access treatment care may be disrupted, as this is a young mobile population. Thus, new models of service delivery for this group need to be found. Technology based treatments delivered via CD-ROM or the internet may bridge this gap. In this paper, results from two randomized controlled trials (RCTs) and one large cohort study will be presented.

**Methods:** All three studies evaluated the use of an interactive multi-media programme 'Overcoming bulimia' (Williams et al., 1998) in young people with bulimia nervosa and related disorders, delivered via CD-ROM or the internet, with different types and intensities of support and in different settings (e.g. specialist clinic, or community sample recruited via University network or a large self-help organization). Outcomes were assessed using an interview-based measure of eating disorder symptoms.

**Results:** Participants' eating disorder symptoms improved significantly compared to waiting list and improvements were maintained over time.

**Conclusion:** The findings from these studies suggest that a computerized intervention does have promise as a first step in the treatment of BN and may improve access to treatment. However, in people recruited from the community, the opportunity of having some face-to-face contact appears important.

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## Symposium: International collaboration between developing and developed countries in psychiatry

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**S49.01**

International collaboration in psychiatry: Perils and gains

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

This presentation will outline the reasons for international collaboration as well as its possible benefits and risks. It will propose a series of principles that have been developed in the course of international projects in which the author was involved. These principles have proved useful in ensuring that international collaborative efforts were productive and useful to the participants as well as to science and countries involved.

**S49.02**

Teaching ethics and medical conduct in developing countries under unstable political conditions

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An overview with practical experiences from teaching medical-ethical values and ethical conduct based on the international medico-legal declarations on patient human rights is presented. Weight is put on ways and means of organizing collegial workshops with emphasis on sharing supposed common values as doctors of medicine and psychiatry. Special target groups have been colleagues in countries under armed conflict, respective unstable political conditions.

**S49.03**

Access to antipsychotics for schizophrenic patients in developing countries

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**Background:** In developing countries mental disorders are emerging as a major contributor to the Global Burden of Diseases, but mental health cares are accessible to only a minority. Psychiatric diseases do not benefit from recent dramatic progresses in terms of access to medicines seen in other fields. Thus, in the case of schizophrenia, cost effective treatment combining first generation antipsychotics and adjuvant psychosocial treatment are not widely used.

**Aim:** Our objective is to demonstrate that access to treatment in the field of schizophrenia could be improved by simple, assessable and adaptable programs.

**Method:** In partnership with Health Authorities and local psychiatric networks, a pilot project has been elaborated in one province of Morocco (Benslimane). It will be set up early 2008 and will last 3 years. It will combine:

- Population awareness about mental diseases
- Information for patients' families
- Primary care medical staff training, for diagnosis and treatment
- Supply of antipsychotics with a preferential pricing policy (preferential price policy).

A strict assessment of the impact of this program will be performed. The primary criterion will be: treated people each year as a proportion of the total estimated annual prevalence. Involuntary admissions as a proportion of annual admissions, clinical evolution, the potential capacity, and the burden for families will be also measured.

**Results:** The present situation, the program's content, and the assessment tools will be presented.

**Conclusion:** Once the efficiency of such programs is established, the scaling-up will require commitments from international organizations and donors.

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## Core Symposium: Disability – concept and implications

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**CS04.01**

Disability in mental disorders - diagnostic criterion on separate axis

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The development of the International Classification of Diseases has been a major step in the development of a common understanding of mental disorders. But classification by symptoms limits