

S11.05
THEORETICAL AND METHODOLOGICAL
CONSIDERATIONS FOR FUTURE DYSCONNECTIVITY
RESEARCH

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Modern schizophrenia research is focussing on two different approaches. Firstly, psychopathological syndromes are reconstructed as neuropsychological core deficits, which can then be operationalized, especially for functional imaging studies. Secondly, research is concentrated on the organic brain changes underlying schizophrenia looking at certain candidate regions. Brain studies are performed with different neuroscientific methodologies comprising structural and functional imaging studies, and post mortem studies. Although these methodologies have generated evidence for pathology of the frontal and the temporal lobes and the limbic system, studies failed to identify a single site of brain pathology underlying schizophrenia. In contrast to a naive assumption of a circumscribed pathology in the brain, the leading hypothesis is based on the idea of a disturbed network which involves different brain structures leading to a complex dysconnection syndrome. Dysconnection may occur as a disturbance of cortico-cortical, interhemispheric and/or cortico-subcortical connectivity. The talk focuses on fronto-temporal and fronto-parietal connections and presents functional neuroimaging and post mortem data, in which a multiregional correlational approach was performed.

**SES02. AEP Section “Emergency Psychiatry”:
Emergency psychiatry and substance abuse**

Chairs: D. Moussaoui (MA), G. Invernizzi (I)

SES02.01
DRUG ABUSE AND PSYCHIATRIC EMERGENCIES IN
DEVELOPING COUNTRIES

D. Moussaoui. *Morocco*

No abstract was available at the time of printing.

SES02.02
CRISIS INTERVENTIONS IN ADDICTIONS

O.M. Lesch. *University of Vienna, Department of Psychiatry, Austria*

From an epidemiological point of view alcohol and drug abuse is an important factor, from which complications in intensive care patients may arise. Therapeutic concepts have to take into regard a possible alcohol or drug intoxication or withdrawal. Drug related disabilities influence the effects but also the side effects of all medication applied. The different abused drugs are followed by individual withdrawal syndromes, different in nature, duration and symptoms.

From the viewpoint of addiction treatment the symptoms in crisis situations are always a mixture of severity of intoxication or withdrawal, of the basic disturbances, drug related disabilities and of social strain, often even a total isolation. In crisis intervention we have to define a short term aim and a long term plan.

The first aim in crisis intervention is an immediate medical and social help (protection, support, admission, help for a setting in which the patient can stay sober, special withdrawal treatment, treatment of drug related disabilities). Each crisis intervention gives the chance for a motivation process following the proposal of Di Clemente and Prohaska. In the long term treatment an individual strategy has to follow the individual patterns of subgroups, as e.g. described in alcohol dependent patients. The specific psychopathological and medical syndrome, observed during a crisis, influences in modern addiction therapy the long term treatment concepts. This will be demonstrated in crisis intervention of alcohol dependent patients, whereby 3 different symptom patterns of acute withdrawal states will be outlined.

SES02.03
EMERGENCY DRUG ABUSE AND SECURITY PROBLEMS:
WHAT ABOUT TREATMENT?

I. Ferrand

No abstract was available at the time of printing.

SES02.04
SUBSTANCE ABUSE IN PSYCHIATRIC EMERGENCIES:
THE FAMILY CRISIS AND ITS DEVELOPMENTS

G. Invernizzi

No abstract was available at the time of printing.

S12. Internet and clinical psychiatry

Chairs: J.E. Mezzich (USA), S. De Risio (I)

S12.01
GRAND ROUNDS: THE NEXT GENERATION

R.C. Hsiung. *Department of Psychiatry, University of Chicago, USA*

Grand Rounds is a staple of continuing medical education and has the potential to be transformed by the Internet. We have made it possible both to participate in our Grand Rounds "live" and to play back recorded Grand Rounds online. The major advantage is increased accessibility. Patient education and public relations purposes are also served. It should be possible to offer continuing professional education credit. The more experience with the Internet psychiatrists gain and the more widespread and inexpensive computers and Internet access become, the clearer the advantages of this next generation of Grand Rounds will be.

S12.02
SETTING UP THE ROYAL COLLEGE OF PSYCHIATRISTS'
WEBSITE

D.S. Jago. *The Royal College of Psychiatrists, London, UK*

The College's website (www.rcpsych.ac.uk) has evolved constantly since its creation, and if it is to remain healthy it will continue to grow and develop indefinitely. To be of any value, websites must be driven by the needs of users, and the College site is moving gradually from a reflection of the College's internal structure towards a more user-driven model. Along the way, we are trying

to incorporate suggestions from Members, College staff and the public. We have had to find a way to harness the enthusiasm of more web-literate members while promoting the many unique advantages of this new technology to those with little or no experience of the internet. Above all, we have always focussed on providing useful, reliable, and up-to-date content, and as the amount of content increases the challenge is to provide clear and effective pathways to this content. The reward for the College is a way of communicating all sorts of information with a speed and ease undreamt of just a few years ago.

S12.03

INTERNET AND PSYCHIATRY: A MIDSUMMER NIGHT'S DREAM?

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The Internet is more than a physical network or set of protocols. It is a communications phenomenon by which more and more people will have the ability to transmit more and more information quickly and easily on a global scale; it is becoming a part of everyday life around the globe, and this presence is extending into clinical practice as well. In psychiatry, we are faced with calls from researchers who want clinical data; educators who want clinical experience; and patients who want documentation of clinical expertise. Psychiatrists are expected to be able to use the Internet to meet these demands. Nevertheless there are some problems that limit the Internet use in clinical psychiatry in Europe. First many practitioners sometimes refuse to use the Internet, for a sort of cultural prejudice. Moreover the quality of information available varies widely and it's not easy discriminate what is really useful without wasting an enormous quantity of time. The Authors will show as new technologies, such as real video technologies, give us the possibility to spread teaching and conferencing in new fashions and present an Italian project of a web site focused on the Depression (www.depressione.it) directed to both patients and practitioners.

S12.04

ECOLOGY, PSYCHIATRY, INTERNET AND GLOBAL ENVIRONMENT CHANGES

S. Giuseppe*, J. Luigi, L.G. Luca. *Italian Section of Ecology, Psychiatry and Mental Health, Italy*

Nowdays, telecommunications systems and the internet allow doctors from different parts of the world to exchange ideas, experiences and information.

In this framework it is necessary for many countries to develop new dynamic institutions and organizations to keep up with the times, update their scientific knowledge and avoid becoming lost in their own bureaucracy. As a part of these changes, new and old institutions are signing joint programs, strategic alliances or joint ventures making their fields of action either international or global.

Towards twenty-first century, psychiatry and mental Health compare with the Impact of Globalization.

The differents countries differ in their geographical, demographical and socio-economical characteristics consequently they also differ in their problems, and the resources that are assigned to mental health.

The interegration process began years ago and it will reach its maximal expression in the early decades of next century.

That process will drift on in changes in mental health which will differentiate in others in regional psychiatry, with a particular

regard to the legal and deontological framework of the professional formation and practice, as well as to demand and distribution of services and the geographical apportionment of resources. At the same time, regional culture as much as economy, increasingly feels the impact of globalization. This double process puts the response-capability of national, regional and world-wide associations to the test.

A particular involving can be underlined for the comparison between the new way of operating in Psychiatry and Internet, in a background to improve a new quality of life style.

- (1) Bayardo Cancela E.: The Contributors of Ecology and Psychiatry/Antropology: Current Opinion in Psychiatry, Vol. 12, Suppl. 1, June 1999, pag. 320.
- (2) Hsiung RC, The student Counseling Virtual Pamphlet Collection: An innovative resource, Behavior Research of Methods, Instruments, & Computers, 29: 154-157, 1997.
- (3) Inglehart J.: Forum on the Future of Academic Medicine: Session V-Implications of Basic and Applied Research for AMCs. ACAD. MED., 73 (12): 1241-8, 1998.

SES03. AEP Section "Personality and Personality Disorders": Neurobiological aspects of personality disorder

Chairs: H. Sass (D), W. Maier (D)

SES03.01

BIOLOGICAL CORRELATES OF EMOTION IN BORDERLINE PERSONALITY DISORDER

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Background: Borderline personality disorder (BPD) is characterized by intense, rapidly changing emotional responses which are thought to result from a general emotional hyperresponsivity. Our work intends to assess biological correlates of emotional responses to standardized experimental stimuli of positive and negative valence.

Design: Two studies are reported: the first which was performed in a forensic setting recording psychophysiological parameters such as skin conductance response, mimic activity, and startle response in male BPD subjects in comparison to antisocial, psychopathic subjects and healthy controls; the second, a fMRI study, assessing neurofunctional correlates of abnormal emotional processing in female BPD inpatients against controls.

Results: While male BPD subjects showed an autonomic and startle response pattern highly different from psychopaths but rather similar to controls, their expressive behavior reflected a tense, restrained mimic activity. The fMRI results indicated enhanced amygdala activation in BPD during the presentation of aversive stimuli which was not accompanied by orbital prefrontal activation, which is thought to modulate amygdala-driven emotional processing.

Conclusions: fMRI findings are suggested to reflect the intense and extinction-resistant emotions commonly observed in response to even low-level stressors in BPD. Implications for therapy from both studies are discussed.