

Background: We have examined gyral folding in a total of more than 500 subjects with first episode schizophrenia, subjects at high risk who do and do not become ill, people with learning disabilities (LD) with and without schizophrenia, and LD with schizotypal or autistic features, as well as appropriate healthy controls.

Methods: The gyrification index (GI), the ratio of the inner and outer cortical surface contours, was hand-traced bilaterally on every second 1.88-mm image slice throughout the brain in about 100 scans. We then developed an Automated-GI (A-GI) approach to determine cortical folding in pre-frontal lobes, and have applied this to the other scans.

Results: Gyrification index values were significantly increased in the right temporal lobe of the schizophrenic patients. Right prefrontal lobe GI values were significantly increased in high risk individuals who subsequently developed schizophrenia (especially in BA 9 and 10). A-GI reduces the analysis time, improves repeatability, has low susceptibility to scanner noise and variability. Using A-GI we have replicated hand-traced results and also found a similar pattern of increased 'gyrification' in LD with schizophrenia or schizotypy but not LD alone or with autistic features.

Conclusions: Differences in fronto-temporal GI might reflect trait disconnectivity predictive of schizophrenia across a range of IQ levels. GI is however poorly understood and influenced by age, sex and volume measures. Further examination of sulco-gyral patterns is required to clarify this. A-GI could be usefully applied to MRI data sets of the brain in health and disease to address these issues.

SOA3. STATE-OF-THE-ART LECTURE

SOA3

Drug addiction comorbidity with borderline personality disorder and attention deficit hyperactivity disorder in adults

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The simultaneous presence of a substance use disorder (SUD) along with a psychiatric disorder represents a challenge to the clinician. The self-medication hypothesis suggests that drugs of abuse are used as a means of alleviating the distress associated with the mental disorder. Borderline Personality Disorder (BPD) and Attention Deficit/Hyperactivity Disorder (ADHD) show high comorbidity with substance use disorders, with 40%-60% of patients with the former and 9%-30% of adults with the latter also have an SUD. It is clear that these comorbidities seriously complicate both the detection and the treatment, in as much as the presenting disorder can mask the other, the upshot of which all too frequently the substance abuse or BPD and ADHD remain untreated. SUDs tend to increment the chronicity of BPD and ADHD, and vice versa. Differential diagnosis between BPD and ADHD is complex as some symptoms such as impulsivity, distractibility and low self-esteem are common to both disorders. The co-occurrence of ADHD and BPD further complicates matters, particularly when comorbid with an SUD. Accurate diagnosis and identification of all mental disorders present is essential for effective treatment. Psychostimulants have been found to be effective in the treatment of adults with ADHD, and psychological treatments have been identified for the treatment of both ADHD and BPD, but effective pharmacological treatment of BPD remains elusive. Further research is required to clarify the relationship between ADHD, BPD and substance abuse, and to identify optimal psychopharmacological and psychological treatment for ADHD and BPD when comorbid with an SUD.

S37. Symposium: COGNITIVE BEHAVIORAL APPROACHES TO THE THERAPY OF PERSONALITY DISORDERS

S37.01

Schematherapy: personality disorders and schema processes

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A theoretical overview is given on the advancement of cognitive psychotherapy achieved by schema-theoretical concepts.

S37.02

Dysfunctional interactional styles of clients with narcissistic and histrionic personality disorders

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In a psychotherapy study the interactional behavior of clients within the therapeutic process was analysed with the "Bochumer Bearbeitungs- und Beziehungs-Skalen" (BBBS).

The interactional styles of clients with anxiety disorders and clients with narcissistic or histrionic personality disorders have been compared.

The theory of Sachse (1992) leads to the hypothesis, that clients with personality disorders clearly show more dysfunctional styles of interaction at the beginning of psychotherapy (high images, high appeals, manipulative strategies) than clients with anxiety disorders. This hypothesis could be verified empirically: clients with personality disorders show problematic patterns of interaction concerning the interpersonal level; beyond that they also show a higher level of avoidance and a lower level of explication.

Therapeutic consequences of the results will be discussed.

S37.03

Evaluation of a new integrative therapy program for patients with personality disorder - results of a multi-center study

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At present there is a paucity of standardised group behaviour therapy approaches targeting different kinds of personality disorders. On this background, our research group developed a new manualised treatment approach ("Schema-focused Emotive Behavioral Therapy"; SET), which integrates schematherapeutic, emotion-focused, cognitive and behavioural therapy methods. A multi-centre RCT-study evaluated SET based on a sample of 93 patients with personality disorders of clusters B and C. This study compared SET (n=47) with a classical Social Skills Training (SST, n=46) over 30 sessions. Patients were assessed before and after treatment and one year after study intake (follow-up). SET showed significantly higher improvements in several domains such as interpersonal behaviour, emotional coping, and symptomatic impairments. Clinically relevant effects on the SET occurred both in a reduction of the suffering from the disorder, severeness of

the disorder, and hope for improvement. Furthermore, SET obtained a highly significant reduction of the dropout rate and a significantly increased use of therapy. Similar results for both comparison groups were found regarding behavioural coping and self-effectiveness. Results indicate that SET both entails a high acceptance of treatment and offers an adequate and effective group therapy for patients with personality disorders. From a clinical and economic point of view, SET promises to significantly contribute to mental health care.

S37.04

Time series analysis of therapy process in groups of clients with personality disorders

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During recent years the treatment of personality disorders has increasingly come into focus. As the psychotherapeutic interventions are still limited with respect to these demanding disorders there is a considerable need for further efficacy and, particularly, therapy process investigations. A promising approach is the development of integrated psychotherapy which combines cognitive-behavioral interventions with further change mechanisms such as the clarification of maladaptive schemata. On top of that, interventions should maintain a focus on emotional aspects of the therapeutic alliance (emotion regulation). In a study on “Schema-focused Emotive Behavioral Therapy” (SET), 93 patients with personality disorders of clusters B (predominantly narcissistic and Borderline PS) and C (avoidant and dependent PS) were randomised into one arm with SET group therapy and a control arm with manualised social skills training (SST). Therapies lasted for approximately 30 two-hour sessions.

Therapy process was closely monitored using therapy session reports both from the patients’ and therapists’ perspectives. Therapy outcome was assessed prior to and after therapy.

We report here on the change mechanisms, which were derived from modeling therapy session reports with novel time series methods (vector autoregression based on the estimation of session-to-session changes). It was found that the two therapy approaches differed with respect to change mechanisms. In SET (yet not in SST) therapy groups, clarification and insight reduced feelings of being rejected and disrespected, which was a major concern of many patients. In addition to this, a contrast was found between the prototypical therapy processes of cluster B and C patients. In conclusion, these results lay the ground for a disorder-specific application of integrated psychotherapy in personality disorders.

S38. Symposium: NEW DIRECTIONS IN CULTURAL DIRECTORY (Organised by the AEP Section on Cultural Psychiatry)

S38.01

Cultural identity, cultural congruity and distress

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Migration, cultural identity and mental distress are linked. In addition, social support can provide a buffer against mental illness. Other vulnerability factors in migrants include the type of society they originate from and the type of society they settle in. Societies and cultures have been described as being individualistic or collectivist (also called ego-centric or socio-centric). Similarly, individuals are idio-centric or allocentric. When individuals migrate from one type of culture to another it is likely that, depending upon their own personality traits (along with their biopsychosocial vulnerabilities), they may develop psychiatric disorders. It is possible that response to stress as a result of migration will depend upon the type of culture people migrate to. However, the cultural identity of the individuals will also determine their coping strategies. Under these circumstances, it is crucial that clinicians are aware of the impact cultural identity has on the expression of distress and coping among individuals. The cognitions and idioms of distress will be influenced by cultural factors. The clinicians must take into account cultural background when planning any interventions to enable a stronger therapeutic alliance.

S38.02

The challenge of cultural diversity and psychiatric assessment

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Background and Aims: Psychiatric diagnosing is a gateway to mental health care for the individual, central to psychiatric research and socially affects the conditions for mental health care delivery for refugees and minority groups. This presentation will discuss: 1) The value of combining psychiatric categorisation with an understanding of patients’ cultural life context, and 2) Clinician needs for models supporting the capacity for taking culture into account, and for showing sensitivity to patients’ needs, as well as for making psychiatric diagnoses in individualised ways.

Methods: The outline for a Cultural Formulation in DSM-IV (2005, pp. 897-898) is an attempt to construct a clinical model for an idiographic formulation that reviews culture in a systematic way, and pays attention to cultural aspects of presentation and interaction in psychiatric diagnosing. When taking into account patients’ culture in Sweden it is often pivotal to pay attention to migration, patients’ transitional situation of being uprooted, displaced - often involuntarily - and relocated.

Results and Conclusions: In this presentation preliminary results from a current study on adapting, applying and evaluating the Cultural Formulation in a multicultural milieu in Stockholm/Sweden will be discussed.

S38.03

The Rif-project delivery of psychiatric care to Dutch-Moroccan migrants in Morocco during summer

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The Department of Transcultural Psychiatry (TCH) of the Regional Institute for Mental Health Care (Riagg) Rijnmond, Rotterdam, the Netherlands, set up an outreaching program, the Rif-Project, in response to the need for adjusting mental health care services to a more diverse and mobile client population while containing costs. In the past, TCH observed a decline in mental health status in