

SAL09. Magnus Huss Lecture – State-of-the-Art in treating alcohol problems

SAL09

State-of-the-Art in treating alcohol problems

M. Berglund*. *Department of Clinical Alcohol Research, Lund University, Malmö University Hospital, Malmö, Sweden*

The golden standard for evaluation of treatment effects is the randomized controlled trial, RCT. 46% of all RCT studies concerning alcohol problem have been published during the last 10 years. In order to conclude efficacy the Swedish Council on Technology Assessment in Health Care appointed a task force for the study of treatment of alcohol and drug abuse included 13 actively working people, among those a statistician. Based on the reports an independent evaluation of effective prevention and treatment methods was performed by the SBU board. Short-term preventive interventions by healthcare providers that target hazardous levels of alcohol consumption are shown to be effective in reducing alcohol consumption. Many psychosocial treatment methods with a clear structure and well-defined interventions have favourable effects on alcohol dependence. Benzodiazepines are the most thoroughly documented medication for alcohol withdrawal. In long-term treatment of alcohol addiction, acamprosate and naltrexone have conformed effects, as does disulfiram if delivered under supervision. An integrated model of treatment effects is finally presented included results in treatment of drug addiction.

SAL10. The role of non-developmental factors in schizophrenia

SAL10

The non-developmental causes of schizophrenia

R.M. Murray*. *Institute of Psychiatry, De Crespigny Park, London, UK*

Schizophrenia results from the cumulative operation of a number of risk factors, some of which are neurodevelopmental. Susceptible individuals inherit a number of slightly deviant traits each of which is not uncommon in the general population but which together render them vulnerable to schizophrenia. This genetic vulnerability may be compounded by early insults to the developing brain. As a result a proportion of preschizophrenic children show slight developmental delays, minor cognitive difficulties and social anxiety; these set the child apart from his/her peers and he/she begins to have odd ideas. But what converts such an adolescent into frank psychosis? Actively psychotic individuals release more dopamine in response to amphetamine, and the extent of release correlates with degree of psychosis. The dysregulation of dopamine is postulated to arise from a process of sensitisation which, in animals, can be caused by repeated abuse of dopamine releasing drugs such as amphetamines. A similar process can arise in humans, and some individuals are particularly susceptible to this. For example, methamphetamine abusers who develop psychosis are distinguished from those who don't by having relatives with a greater morbid risk of schizophrenia. Evidence from Sweden and New Zealand shows that cannabis has similar risk-increasing effects. Stress can induce dopamine release, and epidemiological studies have demonstrated the risk increasing effects of adverse

life events. Being a migrant also is a risk factor, and that this is mediated by social isolation and alienation. Similar factors may underlie the effect of being raised in cities rather than rural areas social. Increasingly, it appears that mood disorder is in itself a risk factor for psychosis. In short, stresses in adolescence or adult life such as drug abuse, social adversity & isolation, & affective disorder can propel the susceptible individual over a threshold to the expression of frank psychosis.

SES08. AEP Section Women's Mental Health – Social risks for women's mental health

Chairs: I.F. Brockington (GB), A. Coen (F)

SES08.1

Women as refugees

S. Anton. *Osijek Hospital, Psychiatric Clinic, Croatia*

War in Croatia and Bosnia and Hercegovina made many refugees, mostly women and children. For 5 years I worked as a member of a baby-team in refugee camp Gasinci, giving psychosocial support to mothers with babies under one year old. I observed influence of psychosocial factors on psychopathology of mother and dynamic in diade mother/child in that extraordinary and stressful situation. Mothers were mostly married /their husbands were with them in the camp/, low educated, housewives, with low social status. Islamic religion and had 2 or more children. They left their homes before serious war operations so they did not have symptoms of PTSD but some of them had adaptation disorder. Over 90% mothers were breast-feeding. I did not see alcohol or drug abuse among mothers and depression did not need psychiatric treatment. Only one mother developed psychotic disorder. War trauma and refugee status on our sample showed as not relevant factors for development of serious psychiatric disorders in mother and did not have significant influence on the relationship mother/child in the child's first year of life.

SES08.2

Women's mental health in late life. Experience in Bihor

N. Tataru*, A. Dicker. *Neuropsychiatric Hospital Oradea, Romania*

As the population ages, the prevalence of late life mental disorders is increased especially in women. The most common disorders are depressive and cognitive disorders, which, frequently, are comorbid in very old patients. Suicide and attempted suicide is one of the major health problems in the world, being a leading cause of morbidity and mortality among older adults in particular women.

Objectives: The authors present an analysis of the findings of the mental health status for women over the age of 50 years, for the last 10 years, from Bihor county.

Method: We have done a comparison study of women's mental health with a control group matched for age, gender, ethnicity, profession and residence area, in the community and in the hospital.

The authors studied the risk factors for mental disorders and especially for suicide and attempted suicide in elderly people. The majority of elderly who attempted suicide were widow, often living alone and with little social support. The main method of attempted suicide was by drug overdose.

This study indicates an association between psychiatric illnesses and suicide in later life, history of suicidal behaviour, poor physical health and functional status and poor social circumstances.

Conclusions: There are significant differences in the area off mental health and the behaviour of elderly women compared with younger subjects and between women and men. The preliminary study revealed that in most of cases, there was an association of major affective illness, substance uses disorder, severe physical illness with functional limitations, moderate and severe pain and little social support.

The prevention of depression – most common mental illness in late life – must address the educational program in primary care to enhance knowledge regarding the treatment of mental illnesses and recognise despair and suicidal ideation. The depression is often under-diagnosed and under-treated. Clinicians should use the newer antidepressants and community care to decrease the suicidal risk in elderly.

SES08.3

Transcultural aspects of women's mental health – a view from India and Denmark

S.K. Jha. *Denmark*

No abstract was available at the time of printing.

SES08.4

Human rights abuses against women

S. Dahl*. *University of Oslo, Psychosocial Centre for Refugees, Norway*

The objective of this presentation is to focus on human rights abuses against women and its relevance to women's mental health. Information published by human rights organizations as well as relevant psychiatric research will be presented. Human rights abuses against women appear on different arenas, not only under state terrorism and oppression, not only in times of war and conflict, but in civil life, in the legal system, the work place, in public and in the private sphere of the family. In the mental health area an increased awareness concerning gender related factors influencing women's mental health has emerged. We have, however, limited knowledge of the effect of discrimination, genital mutilation, slavery, oppression and war on women's psychological development and mental health. We have more knowledge on the effects of sexual abuse and rape, domestic violence and torture on mental health. What we lack is a perspective in research as well as in treatment that combine the human rights perspective with the mental health perspective. Such a perspective can bring the study of social risks a step further.

SES08.5

Migration and Islamic culture in relation to women's mental health

M. Hofecker Fallahpour. *University Hospital, Psychiatric Outpatient Department, Basle, Switzerland*

Women's mental health issues are facing growing importance in German speaking countries. Yet the mental health problems of women in migration are still underscored and almost no research has been done in this field. This is even more the case with women of Islamic background. The consequences are severe as far as under detection of mental illness and insufficient treatment is concerned. Several reasons seem to be responsible for these facts the major ones being language barriers and difficulties in understanding the cultural background as well as the actual context of

living in a foreign community. First steps and initiatives involving multidisciplinary approaches have shown that women in migration need specific attention in psychiatric services as well as specific training is necessary for the providers of such services. Several case descriptions illustrating typical lifespan problems and examples of integrative trans-cultural work in the Psychiatric Outpatient Department of Basle, Switzerland will be shown. Yet there is need for further investigations as well as need for innovative service development and especially for an increase of women therapists to involve themselves into such topics.

SES09. AEP Section Psychopathology – Psychosis, mapping positive, negative and cognitive symptoms

Chairs: S. Opjordsmoen (N), M. Musalek (A)

SES09.1

The concept of positive symptoms from a psychopathological point of view

M. Musalek*. *Anton Proksch Institute, Vienna, Austria*

Schizophrenia represents a phenomenologically heterogenous group of mental disorders. The symptoms of DSM-IV or ICD-10 schizophrenia constructs fall into three natural dimensions: the positive symptoms including firstly a psychotic and secondly a disorganized dimension and thirdly the negative symptoms. Current psychopathology attribute positive symptoms in four groups: delusions, hallucinations, formal thought disorders and catatonic symptoms. Especially delusions and hallucinations play a prominent role in the DSM-IV and ICD-10 diagnostics of schizophrenia in general. The occurrence of bizarre delusions or hallucinations consisting of a voice keeping up a running commentary on the person's behaviour or thoughts alone allows the attribution to the DSM-IV or ICD-10 diagnostic class of schizophrenia. As it could be shown in recent studies on the phenomenology and pathogenesis of delusions and hallucinations, they are caused by complex interactions of physical, mental and social factors and are not only related with schizophrenic disorders. Therefore such diagnostic procedures remain highly doubtful. According to the results of psychopathological as well as treatment studies the replacement of nosology-oriented categorical diagnostics (e.g. categorical classes as schizophrenia, schizotypal disorders, etc.) by symptom- or syndrome-oriented dimensional diagnostics becomes necessary in order to improve the out-come of this group of disorders by the development of effective, pathogenesis-oriented treatment strategies.

SES09.2

Conceptualisation of negative symptoms

G. Stanghellini. *Italy*

No abstract was available at the time of printing.