psychiatric examination, biopsychosocial development and clinical issues such as schizophrenia, mood disorders, dissociative disorders, anxiety disorders, psychopharmacology, psychotraumatology, and consultation-liason psychiatry. A specialty training is entered depending on the performance in the competitive central exam after the completion of medical school. As this exam includes few questions on psychiatry currently, the motivation of medical students on learning psychiatry remains rather limited. This central exam is also valid for the selection of candidates for postgraduate training in psychiatry. There are debates on the accuracy of this selection process which can not be considered as an ultimate method concerning this specialty which requires certain abilities different than that of the other areas in medicine.

W03.05

TOWARD BETTER PUBLIC MENTAL HEALTH BY MEANS OF PROBLEM ORIENTED AND COMMUNITY BASED MENTAL HEALTH EDUCATION

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The current global mental health need has been highlighted in a number of institutes of medicine, World Bank and academic reports. These have made it clear that the mental health burden of the poor worldwide who are inheriting the health problems of the rich, is great and increasing. The scope and complexity of mental health problems warrant that mental health should be a core part of the medical curriculum, particularly since prevalence rates of psychiatric disorders are high across a range of medical settings, particularly in primary care. Psychiatric skills are an essential ingredient of the doctor-patient relationship and the management of illness course. A key reason for including a public mental health, community approach to psychiatric education is that mental health problems are not randomly or evenly distributed in a population, illness is localised in risk groups that often reside in specific neighbourhoods or social settings, and at the individual level the experience of psychopathology fluctuates with time, place and culture. Given this ubiquitousness of mental health problems in society and medicine as well as the evolving scene of the psychiatric knowledge, mental health education may best be achieved by the addition to the medical curriculum of self-study skills and primary health care experience in the community. This can help the young practitioner in medical school place illness in real life contexts, providing insight into both causes, prevention and management of illness. It is the proposition of this paper that self and small group study skills and community based approaches should be added to hospital based curricula that tend to stress only diagnoses and treatment. A public mental health educational, self-study focus on mental health based on the community and "Problem Based Learning" curriculum of the Network of Community-Oriented Educational Institutions for Health Sciences (Secretariat: Maastricht University, the Netherlands) is presented in this paper as part of the response to meeting the global mental health need.

W03.06

PSYCHIATRIC EDUCATION AND THE CHANGING UNDERGRADUATE CURRICULUM IN THE UK

M. Greenberg

No abstract was available at the time of printing.

FC05. Affective disorders

Chairs: S.J. Claes (B), E. Ceskova (CZ)

FC05.01

THE ASSOCIATION BETWEEN ONE-YEAR OUTCOME OF MAJOR DEPRESSION AND CARE UTILISATION IN THE GENERAL POPULATION. FINDINGS FROM THE NETHERLANDS MENTAL HEALTH SURVEY AND INCIDENCE STUDY (NEMESIS)

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Background: Data on outcome of depressive disorder are difficult to interpret because of the different patients profiles found in different levels of care. General population studies have the advantage of their non-selection of patients.

Design: NEMESIS is a prospective survey on 7147 respondents from the Dutch adult general population (aged 18 to 64). Diagnoses of psychiatric disorders according to DSM-III-R are based on the Composite International Diagnostic Interview (CIDI), Version 1.1 (computerized version). Care utilisation, sociodemographic and clinical factors were evaluated and social functioning was assessed with the Short-Form-36 Health Survey (SF-36).

Results: At baseline 305 persons had a major depression (MD) in the preceding six months. At follow-up after one year 72 (23.6%) had been lost to attrition. Of the 233 who remained, 166 (71.2%) had recovered from the MD and 67 (28.8%) had not. 159 (68.2%) got in contact with professional medical care for their mental problems. Increasing level of care was significantly associated with severity of depression, comorbidity with anxiety disorders and dystymia and longer duration of previous episodes and with impaired role functioning. Antidepressant use was associated with severity of depression, comorbidity with anxiety disorders and dysthymia and unemployment and impaired social role functioning. Best outcome (83.8% recovered) was found in those persons who didn't receive professional care and worse outcome (41.9% recovered) in those persons who received specialised mental health care with antidepressants. All respondents improved in role functioning except those who received primary care without antidepressants

Conclusions: Depressed patients on different levels of care with different types of care can be distinguished on clinical characteristics and role dysfunctioning. The outcome varies and is especially poor in specialized mental health care with antidepressants. In discussing outcome of MD it is advisable to consider subcategories of patients and to use changes in role functioning next to depression status as a measure of outcome.

FC05.02

PSYCHOPATHOLOGY AND TREATMENT PROGNOSIS IN BDV-INFECTED PATIENTS

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Borna disease vires (BDV) is known as pathogenic in certain animal species. Recently, human strains of BDV were isolated from

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patients with recurrent mood disorders, suggesting a etiopathogenetic link. We were trying to evaluate both the efficacy of amantadine, a substance of known, but not unchallenged, antiviral properties towards BDV and possible psychopathological clusters that could eventually lead to a better knowledge of prognostic factors in amantadine treatment. Our studies gave reason to believe that there is an antidepressive effect of amantadine related to antiviral but not predominantly other pharmacodynamic properties of the substance. Here, psychopathological patterns and illness courses are used to characterize subtypes of affective disorders, that differ in their response to treatment and in virological findings, respectively. These results can be applied to generate hypotheses regarding the underlying pathophysiologic neurotransmitter changes in patients with affective disorders. Also, concepts as "endogeneity" and "reactivity" can be discussed. Further research, especially international epidemiological studies as well as large-scale treatment studies taking into account the described differentiation are needed to fully understand these. phenomena.

FC05.03

FAMILIAL RELATIONSHIP BETWEEN BIPOLAR I DISORDER AND ATTENTION-DEFICIT/HYPERACTIVITY DISORDER

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Background: Although several studies found mania to be associated with attention-deficit/hyperactivity disorder (ADHD), the nature of this association remains unclear. The aim of the present paper was to study the mechanism of the association between bipolar I disorder and ADHD by assessing the cross-aggregation of the two disorders.

Methods: The familial patterns of bipolar disorder and ADHD were examined using data from an epidemiological family study with 100 treated bipolar I probands as well as 80 psychiatric (alcohol and heroine dependence) and 60 non-psychiatric comparison probands. Diagnostic assignment of the probands and more than 400 of their adult first-degree relatives was based on a best estimate procedure including semi-structured interviews, medical records and family history information. Data were analyzed using proportional hazard models.

Results: 1) A lifetime history of ADHD was highly associated with bipolar I and to a lower extent with substance use disorders in both probands and relatives; 2) a strong degree of familial aggregation was observed for bipolar I disorder but not for ADHD; 3) there was no evidence of cross-aggregation between bipolar I disorder and ADHD.

Conclusion: The high association between ADHD and bipolar I disorder as well as substance use disorders and the finding of a lack of familial aggregation of ADHD suggest that this condition is rather an unspecific precursor of psychiatric psychopathology than an independent disorder.

FC05.04

INFLUENCE OF PHARMACOLOGICALLY DIFFERENT ANTIDEPRESSANTS ON NEUROCOGNITION OF PATIENTS WITH DEPRESSIVE DISORDERS

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Introduction: Neuropsychological deficits may be part of the symptomatology of depression, but can be side effect of psychotropic medication as well. Which is most of all supposed for drugs with anticholinergic property.

Material und Method: Three different groups of patients were examined by means of standardized, computerized performance tests (the visual attentiveness test VAT, the word recognation test WWT, and the continuous attentiveness test DAUF). The groups were matched with respect to age, gender, duration of illness and frequency of depressive episods. Each group had a different AD-medication. Group I had TCA's, group II SSRI's and group III novel, atypical agents such as mirtazapine, venlafaxine and nefazodone. The clinical status was determined by use of the HAMD. The dosages of AD's were categorized by means of a expert rating procedure. For statistical analysis, the Mann-Whitney U-Test was performed.

Results: HAMD-Scores were higher in group III than in group I ($p < 0.03$) and group II ($p < 0.04$). The dosage of the AD's showed no difference. As to the cognitive performance, Group III came off worse in the variation of the reaction-time (DAUF) than group I ($p < 0.05$), and in part I ($p < 0.01$) and part III ($p < 0.03$) of the WWT than the patients of group II. No differences at all were found between group I and group II.

Conclusion: According to the cognitive performance tests group III came off slightly worse than the two other groups. Since group III contained some patients with severe depression this fact was to be expected. The conclusion is, that no differential effects of the different AD's, especially the TCA's, on the cognitive performance of our patients were found.

FC05.05

A GENOME-WIDE SCAN IN 10 MULTIPLEX FAMILIES WITH BIPOLAR DISORDER

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We present data of a genome-wide scan (391 markers) in 10 large Belgian families with bipolar disorder. For linkage studies, patients with bipolar disorder I or II, and with recurrent major depressions were considered to be affected, other psychiatric diagnoses were coded as "unknown". 54 persons were affected, 55 unaffected and 27 unknown. Linkage simulation studies showed an average LOD score of 7.75 with a linked marker for the total sample under the assumption of homogeneity. Linkage analysis was performed using GENEHUNTER. The maximal parametric LOD score found in twopoint analysis was 0.89 with marker D10S581. The flanking marker (D10S537) also yielded positive LOD scores. With these 2 markers, twopoint NPL-Z scores of respectively 2.84 and 2.93 were found. Multipoint analysis showed a maximal parametric LOD score of 0.65 and an NPL-Z score of 4.82 in the same region of chromosome 10, the highest scores found over the genome. The candidate region spans around 30 cM in the centromeric part of 10 q, and is not overlapping with the published candidate region close to the telomere. Other positive LOD scores were obtained with markers on chromosome 7 (NPL-Z = 2.73 in twopoint analysis) and chromosome 12 (NPL-Z = 2.24 in multipoint analysis).

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