that eating disorder patients have a reputation for being difficult to treat. The aims of this paper are: (1) to discuss the different motivational challenges presented by different types of eating disorders (anorexia nervosa, bulimia nervosa and binge eating disorder); (2) to review what we know about the use of motivational techniques in the treatment of eating disorders (Treasure and Schmidt, 2000), (3) to present data from ongoing trials at the Maudsley Hospital using these techniques in anorexia nervosa, bulimia nervosa (Treasure et al., 1999) and binge eating disorder (Schmidt et al., 1999) and (4) to discuss limitations of motivational approaches to treatment.

S41.03
DIAGNOSTIC SUBGROUPS IN EATING DISORDERS RELATED TO PAIN THRESHOLD

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We studied a relation between pain perception and diagnostic subgroups of eating disorders (ED). The pain threshold latencies on thermal stimuli were measured under rest and stress conditions in 37 DSM-IV diagnosed anorexia nervosa (AN) and bulimia nervosa (BN) patients (15 BN, 22 AN – 11 restricting and 11 nonrestricting type) and in 34 healthy controls. In AN restricting type we showed a higher pain threshold when compared with controls, AN nonrestricting type and BN. Pain thesholds were negatively correlated with BMI and illness duration. In controls all stressors increase the pain threshold while in ED the pain responses vary with the type of stressor. Major differences were observed between mental (MS) and alimentary stress (AS). The MS increased the pain threshold in all ED groups with exception of AN nonrestricting type. During AS the pain threshold in both groups of AN remained unchanged while in BN decreased. The pain sensitivity decreases by stress via antinociceptive mechanism, analgesic-like effect of sweet nutrients or stress anticipation. The inverse reaction of pain threshold during AS was typical for ED with shortest duration of illness. We are suggesting that the "alimentary pain test" might be used as a state marker and differentiate the diagnostic subgroups. This phenomenon may reflect more general psychopathological pattern explaining both continuum and differences in eating disorders pathology.

S41.04
WHEN THE BODY SPEAKS: THE CULTURAL CONTEXT OF EATING DISORDERS

M. Katzman

No abstract was available at the time of printing.

S41.05
GUIDELINES FOR PHARMACOTHERAPY

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Pharmacotherapy is not the first choice in the treatment of eating disorders. Behavioral and cognitive behavioral therapy are usually preferred.

As for Anorexia Nervosa only a few controlled studies of different treatment methodes have been conducted. There are some promising results in relation to the use of SSRI'-s in preventing relapse of anorexia nervosa and reducing obsessionality. In small open trials some cases with severe anorexia nervosa were successfully treated with atypical antipsychotics like Olanzapine.

As for bulimia nervosa more then 15 controlled studies have been done on the effect of antidepressants. Nearly all antidepressants have been shown to be effective treatments in reducing binge eating and purging behaviour in bulimia nervosa. Especially fluoxetine 60 mg/day has been effective in large controlled trials. However based on evidence from randomized trials and clinical experience most experts prefer cognitive behavioral or interpersonal psychotherapy as the therapy of first choice.

Binge eating disorder seems to be a more mild disorder in which the prescription of antidepressants can have its value.

A review will be given of the work done in this field. Guidelines will be presented and recommendations will be made for further research.

C02. Interpersonal psychotherapy for depression

Chair: L. Schramm (D)

C02.01
INTERPERSONAL PSYCHOTHERAPY (IPT)

E. Schramm

Interpersonal Psychotherapy (IPT) is a short-term model for the treatment of outpatients with major depression. It was developed by Klerman and Weissman over a twenty year period. Based on the ideas of the interpersonal school according to Sullivan, the treatment focus is on dealing with interpersonal stress related to the current depression. Examples are: marital disputes, loss of a significant other, loneliness, role transitions by retiring, job promotion, moving, etc. IPT attempts to intervene in symptom formation and psychosocial problems rather than personality structure. It is also used as a maintenance treatment in a modified format.

The workshop focuses on the theoretical and empirical basis for IPT and the discussion of the course of treatment within the IPT model. Clinical illustration (videotaped cases) is used.

C06. Development of programmes combating stigma and discrimination because of schizophrenia

Chair: N. Sartorius (CH)

C06.01
DEVELOPING PROGRAMMES AGAINST STIGMA AND DISCRIMINATION BECAUSE OF SCHIZOPHRENIA

N. Sartorius, J.J. Lopez-Ibor, W. Gaebel, W. Schöny, G. Rossi

The World Psychiatric Association, aware that stigma and discrimination related to schizophrenia present a major obstacle to the provision of care for people suffering from the disease, has initiated an educational programme that is to help its member societies to undertake relevant action at national or regional level. The programme, which started in 1996, quickly grew and was declared an institutional programme of the World Psychiatric Association

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