

is not effective, as compared to a standard drug program, for opiate and cocaine addicted patients.

FC03.04

THE TRANSGENERATIONAL PSYCHODYNAMICS OF OPIATE ADDICTION

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Though opiate use seems to stabilize or even decrease in Western Europe and North America it is still a growing problem in the Eastern and Central European countries. Beside the many theories of addiction a family-centered approach of the problem seems to be a very successful one. The author presents the data gained from two recent researches: one dealing with the interpersonal relationship among family members of opiate addicts, while the other examines the transgenerational family history of addicts. Based on the results of these researches the author underlines the importance of examining addiction in the context of family development. He emphasizes that the roots of opiate addiction can be understood by examining the transgenerational family history of addicts with a focus on the family structure and the dynamics among family members.

FC03.05

MEASURING "THE AILMENT": PERCEPTIONS OF CLINICAL PROGRESS BY STAFF AND PATIENTS

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In 1957, Dr. T.F. Main published his paper *The Ailment*. He described the institutional dynamics that influence relationships between patients and therapists, especially how reassuring it is for doctors when their patients get better whilst patients who recover slowly or incompletely are less satisfying. This project was therefore developed to measure the potential differences between staff and patient perceptions of clinical progress. The project was carried out at a multi-disciplinary in-patient unit which caters for young people between the ages of 16–20. Patients are referred to the service with psychotic symptoms, mood disorders, personality problems, psychosocial difficulties and behavioural problems. The study included 30 patients admitted to the clinic over a 6 month period. Both objective and subjective measures were utilised to determine the possible difference between staff and patient perception of clinical progress. This included the Health of the Nation Outcome Scales for Children and Adolescents (HoNOSCA), the "Purpose in Life Test" which has been validated in the literature and the Global Assessment of Function scale (DSM-IV). The results show that both staff and patients rated progress similarly in terms of the HoNOSCA outcome variables, but differed markedly when these measures were related to purpose in life or general levels of functioning. This supports Main's hypothesis that staff may often be reluctant to accept a bad prognosis or failure of treatment in regard to their patients as it reflects poorly on their identity as a clinician.

FC03.06

RESULTS OF INDIVIDUAL PSYCHOTHERAPY OF PSYCHOSIS EXPERIENCED PATIENTS – A 3-YEARS PROSPECTIVE FOLLOW-UP STUDY

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An experiment with intensive individual psychotherapy for young adults with psychosis diagnosis (ICD 10) was carried on in an ordinary psychiatric ambulatory care of one health district of Helsinki City. Initially 18 cases and controls (matched with age, sex, diagnosis, marital status, employment status, disease history and treatment history) were followed during 3 years (1997–2000). Outcome criteria were hospital days and disability days in previous year, GAFF- and SOFAS-results. Psychotherapy was psychoanalytic oriented therapy with frequency of 1–3 times in a week. There were two qualified therapists and own doctor for cases. Controls had ordinary psychiatric care with contact 3–20 times in a year. Both cases and controls had mostly some medication (neuroleptics, antidepressive medicines). Preliminary results show clearly better outcome for cases than controls.

S13. The WPA consensus on the usefulness and use of second generation antipsychotic medications

Chairs: N. Sartorius (CH), J.J. Lopez-Ibor (E)

S13.01

THE WORLD PSYCHIATRIC ASSOCIATION'S CONSENSUS STATEMENT ON THE USEFULNESS AND USE OF SECOND GENERATION ANTIPSYCHOTIC MEDICATIONS

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After an introductory section, in which the purpose of the document will be outlined, a brief chapter will summarize the antipsychotics in question and provide definitions. The main part of the statement will offer a review of the benefit-risk profile of novel antipsychotics. This chapter will cover advantages of these newer agents over classical neuroleptics in terms of efficacy, including information about their effects on the negative and affective symptoms as well as cognitive dysfunctions, suicide prevention and quality of life. The problem of the effect of newer medications in patients with partial or non-response to traditional drugs will also be discussed. In terms of adverse events, the significantly lower risk of these novel compounds to induce extrapyramidal motor symptoms will be summarized. Other side effects such as sexual dysfunctions, sedation, laboratory and ECG abnormalities, weight gain, etc. will also be reviewed.

The next section will deal with opportunities that these new drugs may offer for the patients treated with them as well as with the constraints of their use, with special emphasis on pharmacoeconomical issues. This will be followed by a section covering areas of uncertainty, in which issues where the currently available information is still insufficient are outlined. The document will also indicate areas that might deserve research priorities. Lastly, the document will give recommendations concerning the utilisation of the Consensus Statement in the light of worldwide socioeconomic and cultural specificities and health care policies.