

S14.03

Technology-based interventions for young people with bulimia nervosa and related disorders

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Background and Aims: Bulimia nervosa (BN) is a common and disabling disorder in young women. Cognitive-behavioural therapy (CBT) is the treatment of choice, yet the majority of people with the disorder do not access treatment, given the limited availability of CBT for BN. Even for those that do access treatment care may be disrupted, as this is a young mobile population. Thus, new models of service delivery for this group need to be found. Technology based treatments delivered via CD-ROM or the internet may bridge this gap. In this paper, results from two randomized controlled trials (RCTs) and one large cohort study will be presented.

Methods: All three studies evaluated the use of an interactive multi-media programme 'Overcoming bulimia' (Williams et al., 1998) in young people with bulimia nervosa and related disorders, delivered via CD-ROM or the internet, with different types and intensities of support and in different settings (e.g. specialist clinic, or community sample recruited via University network or a large self-help organization). Outcomes were assessed using an interview-based measure of eating disorder symptoms.

Results: Participants' eating disorder symptoms improved significantly compared to waiting list and improvements were maintained over time.

Conclusion: The findings from these studies suggest that a computerized intervention does have promise as a first step in the treatment of BN and may improve access to treatment. However, in people recruited from the community, the opportunity of having some face-to-face contact appears important.

Symposium: International collaboration between developing and developed countries in psychiatry

S49.01

International collaboration in psychiatry: Perils and gains

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This presentation will outline the reasons for international collaboration as well as its possible benefits and risks. It will propose a series of principles that have been developed in the course of international projects in which the author was involved. These principles have proved useful in ensuring that international collaborative efforts were productive and useful to the participants as well as to science and countries involved.

S49.02

Teaching ethics and medical conduct in developing countries under unstable political conditions

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An overview with practical experiences from teaching medical-ethical values and ethical conduct based on the international medico-legal declarations on patient human rights is presented. Weight is put on ways and means of organizing collegial workshops with emphasis on sharing supposed common values as doctors of medicine and psychiatry. Special target groups have been colleagues in countries under armed conflict, respective unstable political conditions.

S49.03

Access to antipsychotics for schizophrenic patients in developing countries

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Background: In developing countries mental disorders are emerging as a major contributor to the Global Burden of Diseases, but mental health cares are accessible to only a minority. Psychiatric diseases do not benefit from recent dramatic progresses in terms of access to medicines seen in other fields. Thus, in the case of schizophrenia, cost effective treatment combining first generation antipsychotics and adjuvant psychosocial treatment are not widely used.

Aim: Our objective is to demonstrate that access to treatment in the field of schizophrenia could be improved by simple, assessable and adaptable programs.

Method: In partnership with Health Authorities and local psychiatric networks, a pilot project has been elaborated in one province of Morocco (Benslimane). It will be set up early 2008 and will last 3 years. It will combine:

- Population awareness about mental diseases
- Information for patients' families
- Primary care medical staff training, for diagnosis and treatment
- Supply of antipsychotics with a preferential pricing policy (preferential price policy).

A strict assessment of the impact of this program will be performed. The primary criterion will be: treated people each year as a proportion of the total estimated annual prevalence. Involuntary admissions as a proportion of annual admissions, clinical evolution, the potential capacity, and the burden for families will be also measured.

Results: The present situation, the program's content, and the assessment tools will be presented.

Conclusion: Once the efficiency of such programs is established, the scaling-up will require commitments from international organizations and donors.

Core Symposium: Disability – concept and implications

CS04.01

Disability in mental disorders - diagnostic criterion on separate axis

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The development of the International Classification of Diseases has been a major step in the development of a common understanding of mental disorders. But classification by symptoms limits