

## C01. Brief dynamic psychotherapy

Chair: A. Dahl (N)

### C01.01

#### BRIEF DYNAMIC PSYCHOTHERAPY

A.A. Dahl. *Norway*

No abstract was available at the time of printing.

## FC03. Psychotherapy

Chairs: S.M. Stein (UK), H. Papezová (CZ)

### FC03.01

#### INFERTILE COUPLES – POSSIBILITY OF COGNITIVE-BEHAVIORAL THERAPY IN REDUCTION DISTRESS

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**Objective:** In our pilot study we evaluated the impact of Cognitive-behavioral therapy for infertile couples, included women with recurrent spontaneous abortion for period of 4 mounts.

**Methods:** In therapy program were participated twenty-four infertile couples, included ten women with recurrent spontaneous abortion, who had experience of distress. To evaluate consequences a distress, Zung scale of anxiety and depression, CRS scale/circumplex Model of family Counseling were used, before and after the therapy. The therapy infertile couples contained mostly systematic desensitization that consists of three steps: relaxation training, hierarchy construction and the desensitization of the stimulus. The therapy program comprised some of modules of cognitive-behaviorally that optimized chance of conception, improved sexual satisfaction and functioning, improved marital communication skills, and reduced thoughts of anxiety, helplessness, and other aspects of depression.

**Results:** After 4 mounts follow-up, some problems focused on thoughts had decreased significantly, specially anxiety, depression, and helplessness in 62% all couples. Two women delivered living children, and in 70% infertile couples were reported decrease in marital distress.

**Conclusion:** As known, cognitive-behavioral therapy has been successful in variety of disorders and could be easily practiced. It requires less time than other therapies and it is less expensive to administer. In our study we suggest, that cognitive-behavioral treatment could be an effective approach for treatment the infertility evaluation of the infertile couples problems, motivation and psychological strengths and this treatment should be the psychotherapy of choice.

### FC03.02

#### A COGNITIVE-BEHAVIOURAL GROUP-BASED INTERVENTION FOR SOCIAL PHOBIA IN SCHIZOPHRENIA

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An area of disability associated with schizophrenia, and which has not hitherto been adequately addressed, is that of social anxiety. We describe here a randomised controlled trial of a group-based

cognitive-behavioural intervention for social anxiety in individuals with schizophrenia.

Cases were ascertained by screening (using the Brief Social Phobia Scale) attenders at a Living Skills community based mental health facility, catering for the severely mentally ill. In addition to the BSPS, all participants in the intervention phase of the study were administered the following questionnaires, both pre- and 6 weeks post-treatment:

- The Social Interaction Anxiety Scale
- the Calgary Depression Scale for Schizophrenia
- the Quality of Life Enjoyment and Satisfaction Questionnaire
- the Brief Symptom Inventory
- the Alcohol Use Disorders Identification Test.

The first twenty screen-positive patients who agreed to participate in the study, were randomly assigned to the group intervention or waitlist control. The intervention employed cognitive behavioural principles, with exposure and response prevention, cognitive restructuring, and homework.

The intervention group showed significant improvement from baseline on all measures, with little or no change in the control group. At follow-up 6 weeks post-treatment, gains were maintained by the intervention group. The gains in direct social phobia items were mirrored by improved mood, as well as improved quality of life. The study underlines the potential benefits for schizophrenia patients, of treatments targeting specific comorbidities.

### FC03.03

#### INTERPERSONAL PSYCHOTHERAPY: UPDATE FOR 2000

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Interpersonal psychotherapy (IPT), a time-limited treatment initially developed by the late Gerald L. Klerman, M.D., Myrna M. Weissman, Ph.D., and collaborators for major depression has been defined in a manual, and tested in randomized clinical trials. It has subsequently been modified for different age groups (adolescents-elderly); types of mood disorders (dysthymia, bipolar disorder, antepartum and postpartum depression); and non-mood disorders (bulimia, drug abuse, borderline personality disorder, social phobia, somatization and medically ill patients). It has been used as a long-term treatment; in a group format; over the telephone; and as a patient guide. It has been translated into Italian, German and Japanese and soon will be in French and Spanish. Having begun as a research intervention, IPT is only recently being disseminated among clinicians or in residency training programs. The publication of efficacy data, the appearance of two practice guidelines in the United States that include IPT among treatments for depression and the interest in defined treatments for managed care have led to increasing requests for information and training. An update of the original manual and modifications by Weissman, Markowitz and Klerman appeared in November, 1999. This talk will describe the concepts and techniques of IPT and the current status of adaptations. In summary, evidence from controlled clinical trials suggests that IPT is a reasonable alternative or adjunct to medication as an acute, continuation, and/or maintenance treatment for patients with major or mild depression; patients who are human immunodeficiently virus (HIV) positive, or who have bulimia for depressed adolescents and for geriatric patients. It is promising treatment for patients with dysthymia and as treatment for depressed couples with marital disputes. A final conclusion awaits the completion of clinical trials underway before substantial claims can be made. IPT

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.