care should be carried out and should integrate quantitative and qualitative variables, including measures such as quality of life, unmet needs, satisfaction with services and costs. In the last few years we developed an integrated model for assessing the outcome of care *routinely:* the South-Verona Outcome Project (OUT-*pro*). According to this model, variables belonging to four main dimensions are considered: clinical variables, social variables, variables concerning the interaction with services (specifically, needs for care, satisfaction with services, family burden) and data on service utilisation and costs. Most of the assessments are actually completed, after a short training, by the clinicians themselves, some other assessments are made by the patients, with the help of research workers. A comparison of results obtained in the group of psychotic patients (those with a diagnosis of schizophrenia, schizotypal and delusional disorder; affective disorder and organic psychosis) and non-psychotic patients will be presented. These data indicate that in South-Verona the diagnosis of psychosis is not necessarily a marker for unfavourable life conditions and that the South-Verona CPS meets the demands of psychotic patients. Moreover, they indicate that the perspective of patients and professionals convey complementary point of views.

TRUE VERSUS TREATED PREVALENCE OF PSYCHOSIS — THE PRISM CASE IDENTIFICATION STUDY

G. Thornicroft, S. Johnson. *PRiSM, Institute of Psychiatry, De Crespigny Park, Denmark Hill, London SE5 8AF, England*

In a defined population of 47, 800 for one mental health sector in the Camberwell Health Authority in South London, a comprehensive case identification study was carried out. There were two aims. First, to establish baseline service contact for a prospective study of the outcomes of introducing community mental health teams. Second, to establish more precise data on true one year prevalence of psychosis in the community. The method used was to find possible cases from contacts within the index year with mental health, general health and primary care and social services. In addition, church ministers, probation officers, users groups and a wide range of housing, voluntary and homeless agencies were contacted. Possible cases were screened using the OPCRIT system [1] to define ICD-10 and DSM IIIR cases. From 718 initial possible cases, less than half were confirmed, using this research diagnostic procedure, as having a functional psychosis. The characteristics of the social and demographic patients will be described, along with their history of psychiatric service contact, with particular reference to differences between the three main patient groups: current-contacts (mental health services), past-contacts, and never-contacts. The implications of these results for data from other studies, based only upon current secondary service level contacts, will be discussed.

[1] McGuffin P, Farmer A. And Harvey I. (1991). A Polydiagnostic Application of Operation Criteria in Studies of Psychotic Illness. Arch. Gen. Psychiatry, 48, 764–771.

S29. Conceptual obstacles to research progress in affective disorders

Chairmen: GA Fava, P Bebbington

THE CONCEPT OF RECOVERY IN AFFECTIVE DISORDERS

G.A. Fava. *Affective Disorders Program, Department of Psychology, University of Bologna, viale B. Pichat 5, I-40127, Bologna, Italy*

The definition of recovery is a current pressing need of psychiatric research and practice. It is hindered by conceptual and methodological problems and by the relative paucity of studies on the psychobiological assessment of patients judged to be remitted, particularly in affective disorders. Only a very small percentage of patients, regardless of the affective disorder (bipolar illness, unipolar depression, panic, agoraphobia, social phobia and obsessive-compulsive disorder) and the therapy involved (whether psychotherapeutic or pharmacological or both), appears to be fully asymptomatic after treatment. The majority of patients experience residual symptoms, which are among the most powerful predictors of relapse or recurrence. There is preliminary evidence suggesting a relationship between prodromal and residual symptoms in affective disorders (the rollback phenomenon) and that improving these subclinical symptoms may ameliorate outcome. Clinicians treating patients with affective disorders often have partial therapeutic targets, neglect residual symptomatology and equate therapeutic response with full remission. A reassessment of the concept of recovery, which may provide new directions for therapeutic efforts specifically directed to residual symptomatology, is presented. Examples of such novel strategies are provided.

PSYCHOTHERAPY AND PHARMACOTHERAPY IN ANXIETY DISORDERS

I.M. Marks. *Institute of Psychiatry, London SE58AF, UK*

Many myths stand in the way of advancing treatments for anxiety disorders. Evidence will be presented against common illusions that:

1. treatment can be matched tightly to diagnosis;
2. disorders with physical bases require physical treatment (usually meaning medication) and disorders with psychological causes need psychotherapy;
3. brief, appropriate and effective psychotherapy is less cost-effective than medication;
4. it is hard to learn to do brief effective psychotherapy;
5. years of ongoing treatment can be justified from brief trials lasting a few weeks or months (the idea that chronic treatment need not to be based on results from chronic trials);
6. results from randomised controlled trials are always a reliable basis for clinical decisions;
7. patient satisfaction is unimportant in deciding which treatment to give.

RELAPSE AND CHRONICITY IN DEPRESSION

E.S. Paykel, R. Ramana, A. Jenaway. *Department of Psychiatry, University of Cambridge Addenbrooke's Hospital, Cambridge CB2 2QQ*

In the last ten years it has become clear that, although with modern treatment the immediate outcome of depression is generally good, on longer term follow up there are high rates of symptom return.

https://doi.org/10.1016/0924-9338(96)88520-8 Published online by Cambridge University Press