

**S37 Alcohol abuse and dependence: ...****ANXIETY DISORDERS AND ALCOHOL DEPENDENCE****E. Poldruga.** *Alcohol Research Centre, Trieste, Italy*

Given the known co-existence of anxiety disorders in alcohol use disorders, the author postulates that the prevalence estimation of anxiety in patients with alcohol use disorders is unreliably high when based on patient populations from psychiatric institutions or clinics. Apart from the non-representative patient sample, there is an exacerbation of mental illness when associated with alcohol consumption. In addition, non-standardized definitions of anxiety with reference to cross-sectional rather than longitudinal studies, and the unproved self-medication hypothesis, contributes to the frequent but unfounded clinical assumption that alcohol use disorders develop to achieve a reduction in anxiety.

Psychiatric symptoms which are common in active alcohol consumption generally disappear within two weeks of treatment for alcoholism and do not respond to standard psychopharmacological treatment for primary mental illness.

The most consistent finding from studies which employ reliable clinical assessment of independence status between alcoholism and psychiatric disorders is that less than 10% of abstinent alcoholics fulfil the criteria for anxiety disorders. Since alcohol-related syndromes have a different course from uncomplicated anxiety disorders, accurate identification could contribute to optimisation of treatment and outcome.

**S38 Personality disorders: from research to practice****THE PSYCHOBIOLOGICAL APPROACH****W. Maier.** *Department of Psychiatry, University of Bonn, Germany*

Neurochemical and genetic research in personality disorder and personality dimension are focussed on impulsive personality disorders (borderline and antisocial) and on neuroticism, extraversion and novelty seeking. These conditions are broadly overlapping with the reasons for intra-individual co-variation being unclear. It has been widely acknowledged for years that these norm deviations are familiar, partly due to genetic forces. However, familial-genetic relationships between these features still remain obscure. A considerable amount of research has been dedicated to the relationship between neuroticism and its pathophysiological correlates to various neurotransmitter systems without conclusive evidence. Recently binding, challenge and genetic studies supported a link between serotonergic dysfunction and impulsive behaviour and lability of mood. This contribution summarizes the available evidence for biological and particularly genetic underpinning of the most extensively studied personality conditions. In addition, new family and genetic association studies testing the proposed hypothesis on the familiar genetic origins of personality deviations are presented.

**S37 Alcohol abuse and dependence: ...****NEW PHARMACOLOGICAL APPROACHES OF ALCOHOL ABUSE AND DEPENDENCE****L. Besson** *Department of Psychiatry, University of Lausanne, rue du Tunnel 1, 1005 Lausanne, Switzerland*

New data has emerged from clinical research in the field of alcohol. The pharmacological treatment of alcohol abuse and dependence includes four categories of agents: 1) treating withdrawal, 2) the place of aversive agents, 3) treating the comorbidity of alcohol dependence, 4) new agents on the craving for alcohol.

Anti-craving agents include: (a) anti-glutamatergic agents such as acamproste, (b) opioid-antagonists such as naltrexone, (c) serotonergic agents, (d) dopaminergic agents. As an illustration, some results of the Swiss study with acamproste will be presented, showing a combined efficacy with disulfiram.

These new medications will improve the integrated treatment of alcohol dependence.

**S38 Personality disorders: from research to practice****PERSONALITY DISORDERS: DIAGNOSTIC ASPECTS****C. B. Pull, M. C. Pull, M. Matheis.** *Service de Psychiatrie, Centre Hospitalier de Luxembourg, 4 rue Barblé, Luxembourg 1210*

The most controversial issue in the field of personality disorders concerns the fact that a classification has to choose between a dimensional and a categorical approach for defining personality disorders. Psychiatrists tend to favourise the categorical model, while psychologists favourise the dimensional model. Both the ICD-10 and DSM-IV have opted for the categorical model, but it is clearly recognised in both systems that the scientific evidence supporting this decision cannot be considered to be conclusive.

Other major issues concern the specific types of personality disorders to be included in a classification and the specific criteria to be defined for each of the disorders. ICD-10 lists 8 specific personality disorders versus 10 in DSM-IV. As regards the definitions provided in the two systems, results from recent studies have shown sufficient disagreement regarding cases of personality disorders as identified by the two systems as to justify the use of an instrument that can accommodate both classifications.

The WHO's International Personality Disorder Examination is the most widely used instrument in this field. Results obtained in ongoing studies using the IPDE will be presented by the present authors.