between impulsive acts (previously conceptualized as impulsions), whose paroxysmal, automatic psychomotoric and internally generated nature could be close to catatatonic behaviour or immediate reflexive actions, and from other type of aggressive impulsivity, secondary to delusions or hallucinations with a strong self- implication. Quite a different phenomenon is observed in Bipolar patients (phase dependent) in which goal-directed impulsivity can assume two expressions: a ''pure'' appetitive impulsivity form connected with euphoric or dysphoric mood and a desinhibited impulsivity one close to a more labile mood. The later expressive behaviour is distinct from reckless and desinihibited impulsivity common to ADHD and hypertimic bipolar patients.

In schizophrenic psychotic patients, impulsive acts can be understood as psychopathological expressions of a morbid process at the same level of other psychotic symptoms. On contrary, in mood psychotic disorders the main emphasis is both on the role of self awareness and control, as well as on the understating of several types of impulsivity in a continuum between normal primary emotions and excessive emotional experiences and drives.

S22.03

Loss of control in personality disorders

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Abstract not available at the time of printing.

S22.04

Pathological gambling: Addiction or impulse control disorder

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In ICD-10 we find pathological gambling in the rest-category ''Habit and Impulse Disorders'' together with pathological fire setting (pyromania), pathological stealing (kleptomania), trichotillomania and other habit and impulse disorders. In DSM-IV the same disorders have to be attributed to the rest-category named ''Impulse control Disorders''. In ICD-10 as well as in DSM-IV the diagnosis impulse (control) disorders should be used for kinds of persistently repeated maladaptive behaviour that are not secondary to a recognized psychiatric syndrome, and in which it appears that there is repeated failure to resist impulses to carry out the behaviour and the patients report a prodromal period of tension with a feeling of release at the time of the act. Without any doubt, pathological gambling cannot be reduced to mere maladaptive behaviour. As we know from clinical praxis, patients suffering from pathological gambling show a much more complex psychopathology. Beside the signs of a strong desire or sense of compulsion to gamble and an impaired capacity to control gambling in terms of its onset, termination, or levels of gambling (which may seem similar to symptoms of impulse control disorders) all other signs of a dependence syndrome (e.g. evidence of tolerance with a need for significantly increased frequency of gambling, preoccupation with gambling, persistent gambling despite clear evidence of harmful consequences, physical withdrawal states) can be observed in patients suffering from pathological gambling. Concluding we may say that pathological gambling is a much more complex disorder than impulse control disorders. Beside phenomenological analyses also comorbidity studies indicate similarities of pathological gambling to substance-related addictions. Therefore we propose for DSM-V that pathological gambling should not longer be part of the rest-category ''impulse control disorders'' but should be attributed as gambling addiction (or gambling dependence syndrome) together with other substance-related and non-substance related addictions (e.g. internet addiction, buying addiction, working addiction) to a new group of dependence disorders.

S23. Symposium: NEW ADVANCES IN MENTAL ILLNESS SUBSTANCE MISUSE (Organised by AEP section on Alcoholism and Drug Addiction)

S23.01

Comorbidity across the life span

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Over the last decade there has been an increasing awareness of comorbidity in the adult population. It is also increasingly recognised that substance misuse is increasing in young people and the older population is increasing. Prevalence estimates and clinical experience point to more younger and older addicts attending clinical services. Substance problems are associated with psychological and physical comorbidities and social difficulties across the lifespan. This leads to poorer outcome. Inadequate assessment of substance problems, prescription and over the counter medication, including interactions and compliance, in younger and older age groups leads to ineffective management. The key principles which inform the implementation of effective pharmacological and psychological treatment interventions for nicotine, alcohol and illicit drugs treatment options in adults is well established. Outcome studies in the adult population suggest patient benefit. Although limited, studies of substance misuse treatment interventions that have been carried out in younger and older age groups demonstrate improvement. Although outcome studies that have been undertaken in comorbid groups do not yet point to a particular type of intervention or service model, administration of effective interventions for substance misuse may lead to improvements, which has policy ramifications. Most of the scientific research has been carried out is in the United States which has a very different health care system and there is need for a focus on neurobiological and social research in particularly vulnerable populations.

S23.02

Policy and dual diagnosis

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Despite legislation to harmonise mental health practice and convergence in systems of training there remains an extraordinary diversity in mental health practice in Europe. Approaches to tackling substance misuse and attitudes towards substance misuse and mental illness also show definite international differences.

Whilst mental health services are organised and financed in very different ways there are nevertheless a number of common trends and issues. The most obvious trend has been the run-down of psychiatric beds, giving rise to the problem of providing alternative services. Throughout Europe people are striving, with mixed success, to establish new community-orientated services, providing reasonable levels of clinical care, some continuity and co-ordination, and appropriate accommodation and day-time activities.

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