the computer-assisted Munich-Composite International Diagnostic Interview (M-CIDI).

S32-6
CLINICAL COURSE, PHENOMENOLOGY, AND SEQUELAE OF SOCIAL PHOBIA IN YOUTH

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This paper describes the diagnosis and phenomenology of social phobia in youth, with emphasis on the expression of symptomatology within a developmental context. Comorbid conditions (e.g., depression, selective mutism) and behavioral concomitants (e.g., school refusal) will be discussed. The sequelae of social phobia will also be described in the context of risk for secondary diagnoses, especially adolescent substance use disorders. In addition, data examining the role of parent-child interactions as a maintaining variable in the disorder will be discussed. Data from an ongoing NIMH trial examining the effectiveness of cognitive behavioral group treatment for adolescents will be presented, along with a discussion of the relative role of parents in the treatment process. Future directions for research in the area of prevention and combined psychosocial-pharmacologic trials will be discussed.

S33. Setting off a chain reaction: an interdisciplinary educational programme for OCD

Chairs: P Mindus (S), S Andréewitch (S)

S33-1
SETTING OFF A CHAINREACTION THE OCD SCHOOL, AN INTERDISCIPLINARY EDUCATIONAL PROGRAM

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Obsessive-compulsive Disorder (OCD) is manifested by stereotyped, repetetive, obsessions and rituals. OCD is among the 10 top causes of disability worldwide. It need not be. Although prognosis without therapy is poor (8 out of 10 of those untreated remain affected), with behavior and drug therapy, often in combination, 8 out of 10 get much better or well. Yet, OCD remains underdiagnosed and undertreated, which represents a formidable health problem in many Western countries.

In an attempt to bring about a change, we recently initiated a large scale educational program (the OCD School) for teams of psychiatrists and their non-physician co-workers. The faculty included a member of the OCD patient association Ananke, a behavioral therapist and three psychiatrists. The program is endorsed by the Swedish Psychiatric Association and has several aims and targets. The prime aim is, obviously, to increase the awareness of OCD and current treatment options. Second, to improve the professional management of OCD using an integrated approach. Third, to simultaneously train both physician and non-physician team members in both exposure and antiobsessional drug therapy.

The next important targets are the participants own colleagues within psychiatry and in related somatic disciplines in need of an update on OCD. For this purpose, we provide the participants with a kit (brochures, slides, etc) and a primer of presentation skills. At the best of our ability we prospectively monitor the results of this educational program with various parameters. Preliminary, this initiative has been very well recieved and has improved OCD recognition and management. At the time of the congress we expect to have gained worthwhile experience and also to present follow-up data.

S33-2
THE OCD SCHOOL: THE PATIENT AND CONSUMER PERSPECTIVE

B. Gill-Larsson. *Ananke, Sweden*

I am an OCD patient although I now consider myself cured after suffering from the disorder for 20 years.

Some facts from my life with OCD:

- It took 7 years before I sought help.
- It took 19 years until I received correct treatment.
- My personal costs caused by OCD; approximately 500.000 Swedish crowns.
- The costs to the healthcare system and to society; I dare not think of!

Ananke is a charitable support group for those who are affected by OCD and their relatives. I have been a member almost from the beginning in 1989 when Ananke Sweden was started at the initiative of Per Mindus and I have served as chairperson for several years.

In the beginning of my time in Ananke it seemed most patients didn't get treatment for OCD at all. Things have gotten better but we have a long way to go before we can say that most OCD patients get adequate treatment. During the years working for Ananke the most frequent question from OCD-sufferers has been; "Where can I find a doctor or a therapist who knows something about OCD?"

The OCD School has made that question easier to answer. More similar initiatives are needed. Let's work together to spread the message that OCD is both common and treatable!

S33-3
THE OCD SCHOOL: DIAGNOSTIC ASPECTS

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As mentioned in the introductory paper, OCD is one of the most common psychiatric disorders, yet it is often unrecognized and untreated. It is a paradox that once a diagnosis of OCD has been contemplated it is often an easy one to make, yet it is often not made at all or is considerably delayed. For this reason an important part of the OCD School is devoted to improving diagnostic skills.

Participants where introduced to tools for structured diagnostic interviews (SCID, axes I and II) as well as symptom rating scales including the Yale-Brown Obsessive Compulsive Scale (Y-BOCS), Tic-disorder scales and self-rating scales. Each participant was given the task of applying the diagnostic tools on a chosen patient and later to present the results in class. Our hypothesis is that a relatively brief training in diagnostic skills will bear fruit in the form of significantly more OCD patients recieving a correct diagnosis. Our experience from 3 consecutive OCD School cycles and the spontaneus reporting from course participants indicates that our hypothesis holds true. Follow-up evaluation will be presented and issues of training and relevant diagnostic tools will be discussed.