

and their social roles as mother and carer will be analysed as part of the need to develop effective services, which detect problems early and deliver appropriate interventions which are sensitively managed.

S47.02

Aetiology of gender effects and dependence

U. Havemann-Reinecke. *University of Goettingen, Goettingen, Germany*

Epidemiological data show pronounced gender differences in the prevalence of substance use disorders (alcohol, sedatives, opioids, nicotine, psychostimulants, cannabinoids). Social, psychological and biological including genetic factors contribute to the gender differences. Several studies show in men a higher participation of genetic factors in the development of an addiction disease than in women, in which besides genetic factors other factors seem to be more prominent. The occurrence of psychic dependence with drug seeking behaviour is the outcome of a number of variables including sex hormonal, neuronal (dopamine and interactive transmitters f.e glutamate, GABA, serotonin, opioid peptides), genetic, developmental, age, neurodegenerative and environmental elements that interact to produce profound individual (gender) differences in both initial and longterm responsiveness to addictive drugs. Sex steroids, especially estrogens, are responsible for the synthesis and secretion of neuropeptides (eg opioids peptides), but also of the neurotransmitters dopamine, serotonin etc and may exert by these mechanisms and environmental interaction gender effects in addiction diseases. The diverse factors also have a significant impact on the accessibility to and effectiveness of pharmacological and psychotherapeutic treatment of different substance disorders in women and men.

Single representative results from animal and clinical studies especially on individual (genetic, sex hormonal, gender identification) differences will be presented which focus on key issues which may improve treatment effectiveness and models of service provision.

S47.03

Gender aspects in the development and treatment of dependence

A. Heinz, J. Wrase. *Charite University Medicine, Berlin, Germany*

Women and men differ in the development of drug and alcohol dependence. In alcoholism, a phenomenon called "telescoping" has been described, i.e. women usually start later with excessive alcohol intake but develop neurotoxic effects (e.g. brain atrophy) earlier than men. On the other hand, estrogens may show neuroprotective effects, which has been postulated to explain relatively preserved serotonin transporter availability in female compared with male alcoholics. Once alcohol dependence is manifest, the relapse risk seems to be higher in women compared with men. Female patients usually report more emotional distress and reduced quality of life. They also show increased comorbidity with respect to anxiety and depression, while men more often display so-called "antisocial" personality traits. Borderline personality disorder also seems to be more frequent in women and may demand specific treatment options.

S47.04

Substance dependence and pregnancy

N. Ebner, G. Fischer. *Medical University, Vienna, Austria*

The majority of women in drug treatment facilities are of childbearing age. According to a SAMHSA Report, four percent of women aged between 15 and 44, are pregnant while entering treatment

systems. These women represent a challenging patient population, that is in need of a comprehensive model of care, consisting of psychiatrists, psychologists, social workers, nurses and OBGYNs. Exposure to illegal substances during pregnancy may have consequences on the course of pregnancy and neonatal outcome. The fact that almost all patients showing up are also nicotine-dependent, should be taken into account, as neonatal withdrawal symptoms can be worsened. Furthermore, substance dependent women often find themselves in a situation of psychosocial instability. Prevalence of comorbid somatic (e.g. hepatitis C, malnutrition) and psychiatric disorders (PTSD, depression) is high. As these pregnancies are rated as "high-risk", prenatal checks should be undergone frequently. Recommended treatment for opioid-dependent, pregnant women is maintenance therapy with opioids. Post-delivery, 55 – 94% of infants exposed to substances in utero, may develop a neonatal abstinence syndrome (NAS). Incidence, time of onset and severity of NAS are associated with type of substances used. A standardized procedure of assessment and monitoring of NAS, as well as pharmacological and non-pharmacological treatment of these neonates is highly needed. By the means of a multi-professional treatment approach, the length of hospital stay may be shortened dramatically. In regard to a better future outcome, special aftercare (medical care plus psychosocial support) for mothers and infants should be provided, as well as further research.

Symposium: Nonverbal behaviour in psychiatric populations

S17.01

The clinical meaning of nonverbal behavior during psychiatric interviews

A. Troisi. *Department of Neurosciences, University of Rome Tor Vergata, Rome, Italy*

The clinical phenomenology of psychiatric disorders includes both subjective psychological experiences and objective behavioral changes. Nevertheless, the diagnostic process in psychiatry is based almost exclusively on the evaluation of the psychological symptoms as voiced by the patient with virtually no use of direct observation of behavior. The weakness of such an approach to behavioral assessment has several negative consequences for clinical practice. It is difficult to estimate to what extent the findings of biological studies are confounded or invalidated by the fact that they are generally based on correlations between accurate physiological measurements and crude behavioral ratings, sometimes of the type "better/worse" or "much/less." Another negative consequence of psychiatry's neglect for direct observation of behavior is the difficulty of integrating animal and human data about the effects of drugs on behavior. If the clinical phenomenology of mental illnesses could be reformulated in ethological terms, the same, or similar, definitions could then be applied to the development of animal models, and analogs for specific behaviors might then become more feasible. Finally, the weakness of behavioral assessment in psychiatry has negative implications for clinical practice as well. Several studies have shown that the objective and quantitative recording of patients' behavior may sometimes yield different results from those obtained using rating scales or structured interviews. These findings cast doubt on the validity of routine psychiatric assessments and suggest caution in basing important clinical

decisions (e.g., when to discharge a patient or whether to increase drug dosage) exclusively on patients' reports of their symptoms.

S17.02

Kinematic analysis of facial expression behaviour in psychiatric patients

G. Juckel¹, C. Cave¹. ¹ *Department of Psychiatry, Ruhr University, Bochum, Germany*

Background: There is a long tradition to develop valid instruments for the exact assessment of psychomotor dysfunctions in psychiatry. However, progress is hampered by the complexity of emotionally driven movements in psychiatric patients.

Methods: Methods used up to now either remains unspecific due to only qualitative measurements or focus on the neurophysiological aspects too much.

Results: Thus, the results accomplished so far are only very general unspecific concerning different groups of psychiatric patients. In this lecture, an own method are presented which are aimed to avoid the two poles above mentioned. Kinematic analyses of facial expressions provide quantitative and quite specific informations about psychomotor dysfunctions of psychiatric patients and the effects of psychotropic substances.

Conclusions: Thus, this methods are well suitable for relating them to other neurobiological parameters in order to contribute to the pathophysiological understandig of psychomotor symptoms and nonverbal behaviour in psychiatric patients.

S17.03

Poor nonverbal communication, negative interpersonal events, and recurrence of depression

E. Geerts^{1,2,3}, T.W.D.P. Van Os^{1,2,3}. ¹ *Department of Scientific Research and Education, Mental Health Care Friesland, Leeuwarden, the Netherlands* ² *Rob Giel Onderzoekscentrum, University Medical Hospital Groningen, Groningen, The Netherlands* ³ *University Medical Center Groningen, Groningen, The Netherlands*

Background and Aims: Negative interpersonal events and social stress are well identified risk factors for the onset and course of depression. The mechanisms that explain why depression-prone people get entangled in these negative interactions, however, are insufficiently understood. In previous studies we have demonstrated that the more similar the nonverbal involvement behavior of depressed patients and of interviewers becomes during a baseline interview the more favorable the subsequent course of depression will turn out to be. Such nonverbal similarity has been shown to play a role in rapport and in satisfaction with interactions. We hypothesize that 1) lack of nonverbal similarity also underlies the occurrence of negative interpersonal events and 2) these events mediate the association between lack of nonverbal similarity and recurrence of depression.

Methods: From videotaped baseline interviews we registered the nonverbal involvement displays of 101 remitted depressed patients and of interviewers. The patients were followed up to 2 years.

Results: Lack of nonverbal similarity (cox regression: $p=.031$) and interpersonal events (cox regression: $p<.001$) predict recurrence of depression. Lack of similarity also predicts interpersonal events (cox regression: $p=.003$). The events mediated the association between convergence and recurrence of depression.

Conclusion: The findings indicate that nonverbal communication underlies the stressful events that in turn provoke a (new) depressive episode.

S17.04

Non-verbal behaviour and social cognition in schizophrenia spectrum disorders

M. Bruene. *Department of Psychiatry, LWL Hospital, Bochum, Germany*

Background and Aims: Several studies have consistently shown that patients with schizophrenia spectrum disorders (SSD) display less expressive behaviours during social interaction. There is, however, a paucity of research into the underlying emotional or cognitive abnormalities in SSD. It is theoretically conceivable that patients engage less in social interaction, because they misinterpret intentions and dispositions or over-attribute desires and thoughts to their interlocutors.

Methods: We tested the hypothesis that the non-verbal behaviour of patients with SSD correlates with their understanding of other people's thoughts and intentions, known as "theory of mind" (ToM) and with their ability to decipher emotional expressions from faces. Standard ToM picture stories and pictures of facial affect were given to a group of 50 patients with SSD. The patients' nonverbal behaviour was measured using the Ethological Coding System for Interviews (ECSI; Troisi, 1999). In addition, intelligence, executive functioning and psychopathology using the PANSS were assessed.

Results: Preliminary results suggest that patients' nonverbal behaviour correlates with ToM, emotion recognition, verbal intelligence and cognitive flexibility.

Conclusions: These findings point to an important link of social cognitive abilities with the actual non-verbal behaviour of patients with schizophrenia.

Symposium: Psychopathology and classification - married or divorced?

S16.01

Psychopathology and classification: Married or divorced

M. Musalek. *Anton Proksch Institute, Vienna, Austria*

Psychopathology is a science of methods in psychiatry for evaluation of abnormal mental states and mental disorders based on psychic alterations. Different methodological approaches have been used to enlight the phenomenology, pathogenesis, significance and nosological position of psychiatric disorders resulting in an enormous amount of knowledge concerning explanation and understanding of mental disorders. But the more the monstrous contemporary classification systems, e.g. ICD-10 and DSM-IV gained importance in the last decades, the smaller the interest in accurate phenomenological and psychopathological analyses and knowledge became. The main requirement for diagnostics and classification systems is its clinical relevance with respect to treatment and prognosis. Various empirical studies showed that classical categorical classification systems of mental disorders were of minor value concerning pathogenesis-oriented treatment approaches. A possible alternative to the classical categorical approach may be a dimensional approach. Such diagnostics focus on the constellation of conditions of single psychopathological phenomena and/or symptoms and its meaning for the patient suffering from them. According to the results of recent phenomenological and psychopathological studies the pathogenesis of a mental disorder has to be considered as a multidimensional process in which various mental, physical and social factors and their meanings for the sufferer act as predisposing,