

atypical antipsychotics and frequently in the case of non response with classical neuroleptics. Negative or depressive symptoms of these patients are sometimes treated with different antidepressants. Non response and adverse effects are resulting as well. Casuistic examples will be given and guidelines for reasonable combinations are presented.

SES14.04

PRACTICAL PROBLEMS WITH CO-PRESCRIPTION: PROBLEMS WITH SIDE EFFECTS

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The treatment of psychiatric disorders is still an ongoing challenge to psychiatrists. Certain number of patients does not respond to monotherapy and combination therapy has become "the alternative". Although there are reports in the literature that associate the use of combination therapy in the treatment of psychiatric disorders with better clinical outcome, the efficacy of this practice remains unknown due to the lack of controlled clinical trials. However, this polypharmacy may increase the risk for the appearance of potential pharmacokinetic and pharmacodynamic drug interactions that frequently lead to increase incidence of severe side effects. Several examples of such interactions are given. Therefore, considerable caution should be exercised when combining psychotropic drugs and further research is necessary to assess the benefits and risks of this practice.

SES14.05

TRANSNOSOLOGICAL PRESCRIPTION

D. Marazziti

No abstract was available at the time of printing.

W06. Mednet schizophrenia – a German research network

Chairs: W. Gaebel (D), H.J. Möller (D)

W06.01

CONCEPT, STRUCTURE, AND FUNCTION OF THE GERMAN RESEARCH NETWORK ON SCHIZOPHRENIA

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The *German Research Network On Schizophrenia* is one of nine research networks in medicine funded by the German Ministry of Education and Research in order to improve care in patients with illnesses characterized by high morbidity and/or mortality. Bringing together the leading research institutions (horizontal network) with qualified routine care facilities (vertical network), the network shall establish conditions for optimization of preventive, acute and long-term treatment, and rehabilitation of patients with schizophrenia.

The *German Research Network On Schizophrenia* is organized, with respect to illness development, into two main "Project Networks" (PN), focussing primarily on the treatment and need for care in the prodromal phase preceding the first episode (PN I), and after first hospitalization (PN II). In total, about 30 projects aim at the

improvement of early detection and early intervention (PN I), or at the optimization of acute and long-term treatment, especially in first episode patients, including rehabilitation strategies, especially in patients with residual symptoms (PN II). Furthermore, there is a "Special Network" on molecular genetics, together with a number of more general projects on health care economy, fighting stigma and discrimination, postgraduate training and CME, quality assurance, and methodology.

A total of 21 psychiatric university departments, 6 child and adolescent psychiatric university departments, 17 state and district hospitals, and 7 psychiatric and primary care networks will work together under the coordination of an executive committee and a head office located at the psychiatric university department in Düsseldorf.

W06.02

EARLY DETECTION AND INTERVENTION IN POPULATIONS AT RISK

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In schizophrenia research, an early detection and intervention already in the initial prodrome prior to the first psychotic episode has become a central aim. The presentation will review the present state of the art in this area and the resulting programme of the project unit I of the MedNet Schizophrenia, "Early Detection and Early Intervention".

Until now, early detection and intervention studies have aimed only at the late phase of the early course immediately prior to or already at the beginning of the first psychotic episode. Now, in Germany, the basis for an advancement towards the onset of illness has been formed. Thereupon, the development and prospective evaluation of an early detection instrument as well as the examination of psychological and/or pharmacological early intervention strategies has become possible.

Furthermore, in project unit I, genetics, obstetric complications, neuropsychological, neurophysiological, volumetric and molecular-genetic risk indicators are examined regarding their possible contribution to a prediction of psychosis. In addition, functional imaging studies are carried out to elucidate the neuronal bases of the initial prodromal symptomatology and, thus, in the pharmacological treatment trial, to put the choice of an adequate mechanism of action on a more firm ground.

In case of success, this early detection and intervention programme might lead to a breakthrough in the treatment of schizophrenia. This future perspective will finally be discussed, especially with regard to ethical questions.

W06.03

NEW PHARMACOLOGICAL TREATMENT STRATEGIES: ACUTE FIRST-EPISEDE SCHIZOPHRENIA, NON-RESPONSE AND PREDOMINANT NEGATIVE SYMPTOMS

H.J. Möller

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