Parallel to this activity the Danish Schizophrenia Guidelines was developed and endorsed in Danish National Board of Health and the Danish National Indicator Project evaluated the quality of schizophrenia treatment in Denmark.

All first episode psychosis programmes meet once a year to discuss results of projects and future plans. A Danish Psychiatric Research Programme was formed to host the training.

Symposium: New developments in consultation-liaison psychiatry

S43.01

Developing treatments for somatisation - The model from irritable bowel syndrome

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Background: Improving treatment in Consultation-Liaison Psychiatry requires better targeting of psychological treatments at the patients who benefit from them most. This paper will demonstrate that patients with severe irritable bowel syndrome (IBS), who also have somatisation, benefit greatly from antidepressants or psychotherapy.

Aim: 257 patients with severe IBS were randomized to receive over 3 months brief interpersonal psychotherapy, 20 mg daily of the SSRI antidepressant, paroxetine, or treatment as usual. They were assessed at baseline for somatisation and psychiatric disorder. One year after treatment total costs and health-related quality of life, using SF36 physical component summary (PCS) score were assessed and scores adjusted for baseline values.

Results: The patients with the highest baseline somatisation score had the most severe IBS, most psychiatric disorders, were most impaired and the highest total costs. At 1 year after the end of treatment these patients had significantly higher (improved) quality of life scores in the active treatment groups compared to usual care: mean (standard error) PCS scores at 15 months were 36.6 (2.2), 35.5 (1.9) & 26.4 (2.7) for psychotherapy, antidepressant and treatment as usual groups respectively (adjusted p= 0.014). Corresponding data for total costs over the follow-up year, adjusted for baseline costs were £1092 (487), £1394 (443) and £2949 (593) (adjusted p=0.050).

Conclusions: Patients with severe IBS who have high somatisation scores have marked impairment and incur very high costs but they improve greatly with treatment and show marked reduction of costs. Methods of recruiting the patients most likely to benefit from psychological treatments in C-L psychiatry will be discussed.

S43.02

Psychodermatology - yesterday, today, and tomorrow

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The main requirement of diagnostics is the improvement of communication in daily practice on the one hand and the clinical relevance of diagnostic entities with respect to treatment and prognosis on the other hand. A main problem of the classical psychodermatological classifications is that the assignment to classes is based on more or less unproven assumptions and postulations concerning pathogenesis and nosology. This unsatisfactory diagnostic situation was the incentive to develop the Vienna Diagnoses Schedule for Psychodermatological Disorders, which was created on the basis of clinical experience in psychodermatological treatment units and includes four main diagnostic categories: 1. mental disorders without dermatological symptoms; 2. Mental disorders combined with dermatological disorders, e.g.classical psychosomatic disorders and stress-related disorders, secondary dermatological disorders due to mental disorders, secondary mental disorders due to primary dermatological disorders, mental disorders due to dermatological treatment, dermatological disorders due to psychiatric treatment, dermatological disorders often associated with mental disorders, and dermatological and mental disorders occurring simultaneously but independently from each other; 3. Dermatological disorders without mental disorders (troublesome patients, misdiagnosed patients, etc.); and 4. dermatological and/or mental problems not reaching the level of a disorder. Such a categorical classification has to be enlarged in clinical practice by a dimensional diagnostic approach, including not only deficiencies but also the resources of the patient in order to provide effective treatment strategies focusing not only on the disorder itself but on the suffering human being in its entirety.

S43.03

Cl service in modena: The Italian experience

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Italian Reform Law 180/1978 established the closing down of mental hospitals and brought back psychiatry into medicine, the general hospital and primary care; this was the starting point of many relevant events in the history of psychiatry in Italy, one of which was the establishment of Consultation-Liaison Psychiatry (CLP). Since then, development of Italian CLP has been continuous, though heterogeneous over the national territory.

The Modena CL Service is based within a general hospital in the town area and is one of the services of the local hospital psychiatric department, also including a psychiatric ward, a day-hospital and an outpatient clinic. The CL Service provides about 1200 first consultations a year (3% of patients admitted to the hospital). It also provides an out-patient clinic for the follow-up after discharge of patients suffering from medically unexplained symptoms. Through the experience developed in Modena, one of the peculiar features of CLP in Italy is the strong background of integration between general psychiatry, CLP and psychosomatic medicine, which are neither formally nor theoretically separated in Italy. Integration is supported structurally by the existence of the Department of Mental Health, that organises psychiatric care at all levels in a certain geographical area: CLP care is coordinated to the other fields of psychiatry and to other medical Departments through this organisation. Weak points of CLP care in Italy are its very heterogeneous distribution; poor funding availability; need to improve standards of clinical practice, clinical management, training and research quality levels.

S43.04

Training issues in C-L psychiatry and psychosomatics – An international perspective

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C-L psychiatry was born in the USA in the 1920s and began to become integrated into the core of psychiatric resident training by the late 1960s. In 2004, formal subspecialty status within psychiatry

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was granted to it, under the designation of 'psychosomatic medicine'. The discipline evolved not only in the USA, but also in Australia, New Zealand, Canada, and in several European countries, which have developed C-L-relevant guidelines for training.

In Europe, since the creation of the European C-L Workgroup (ECLW) in 1987, the first Europe-wide C-L network, the discipline as a whole has evolved considerably. Nevertheless, there are still large discrepancies in the training standards across European countries. During postgraduate training, rotation to a C–L service is mandatory or recommended only in a small number of countries. A similar situation is present with respect to national guidelines for training in this psychiatric subspecialty. C-L psychiatry has been officially recognized as a subspecialty only in two European countries. Current C-L training requirements ranging from residency training to subspecialty additional education are presented. The effect that international training guidelines and recommendations (WPA, UEMS, EACLPP) have had on European developments is considered.

We conclude by suggesting possible measures that can be taken to support C-L psychiatry by means of training standards and of implementation of supplementary certification.

CME Course: The management of substance misuse in pregnancy

C11.01

The epidemiology of substance misuse in pregnancy including physical and psychiatric comorbidity

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An understanding of the epidemiology of alcohol and drug use in young women is important to appreciate the considerable morbidity and mortality associated with it and to understand the impact of such use on offspring. Although abstention rates are consistently higher among women than men in general substance misuse is increasing in young women. Differences in definitions, measurement techniques, availability, social acceptability and affordability partly explain the great variability in reported prevalence rates. Alcohol exposure among pregnant women varies from 0.2% to 14.8%. An Australian national survey revealed that nearly half of pregnant and / or breast-feeding women up to 6 months postpartum were using alcohol. A Swedish study reported risky use of alcohol during the first 6 weeks of pregnancy, at 15%. Cannabis use among pregnant women varies from 1.8% to 15%. The reported prevalence of opiate use during pregnancy ranges from 1.65% to 8.5%. Cocaine use among pregnant women is reported to be between 0.3% and 9.5%. Most pregnant women stop or reduce their substance use during pregnancy and this might be an opportune moment for detection and treatment. Substance use tends to increase sharply in the postpartum period with adverse consequences for mother and baby. Perinatal substance misuse interventions can reduce adverse neonatal outcomes. On the basis of the relatively high rate of substance use disorders during pregnancy and postpartum period, effective screening and intervention strategies should be implemented.

C11.02

Treatment of alcohol problems in pregnancy and prevention of fetal alcohol syndrome

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Antenatal alcohol use is the leading preventable cause of birth defects, growth restriction and neurodevelopmental disorders, yet half of all pregnant women report drinking during pregnancy FAS and alcohol-related birth defects combined are estimated to be 10 per 1000 births or 1% of all births in some studies. The main objectives are a safe pregnancy with a healthy baby and mother. - the welfare of the unborn child and the mother is paramount. Promotion of engagement with substance misuse treatment and antenatal care within a coordinated multidisciplinary team is key. This session will cover the use of assessment, psychological and pharmacological interventions.

The use of assessment instruments (T-ACE, AUDIT and TWEAK) and biomarkers will be discussed. Brief interventions have been recommended as the first step in approaching people with mild-to-moderate alcohol problems. Since here is no research data available specifically on the impact of and pharmacological treatments for stabilisation, detoxification, reduction, maintenance and relapse prevention during pregnancy, good practice will be outlined. This includes psychological support and the psychosocial context. These complex clinical decisions depend on degree of dependence, polysubstance misuse, social stability and support network, and stage of pregnancy and must be individualised to the patient's needs. Some appreciation as to how to weigh the benefits against the potential risks with no obvious medical or social contraindication to the therapies will be discussed.

C11.03

Management of illicit drug misuse and maternal and child outcomes

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The treatment of pregnant women suffering from a disorder of misuse or dependence to illicit drugs (opiates, cannabinoids, psychostimulants, benzodiazepines) means an interdisciplinary challenge with a high responsibility.

Because of the specific characteristic of these women to play things down often the pregnancy is diagnosed very late. In addition the misuse of these substances is usually accompanied by severe smoking and drinking of alcohol. Therefore the toxic harmful consequences for mother and especially for the fetus, neonate or child are often difficult to differentiate from those of heavy smoking and of drinking alcohol.

Based on these facts, data describing the effects of the different illicit drugs on congenital complications and on the status of the fetus, neonate or child will be presented as well as different treatment procedures during pregnany. The indication or contraindication of withdrawal treatments of the different illicit drugs during pregnany will be presented. Special consideration of opioid maintenance treatment of pregnant women will be given.The value of treatment interventions within a multidisciplinary (social, psychological, pharmacological, obstetrics specialists, addiction psychiatry) package of care will be discussed. Depending on the available time an example of an interview with a pregnant woman who is dependent on illegal drugs will be given.

Symposium: Genomic imaging in schizophrenia

S39.01

Macroscopic probes of brain dysmaturation in (developmental) pathopsychology

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