lost production as well as social assistence costs. Other indirect costs include the results of premature mortality and negative effects on the family. Cost-outcome evaluations are particularly important because they allow comparisons of the potential costs and consequences of various strategies of treatment. The best estimates of outcome use batteries of instruments to score the well-being of patients and their caregivers. Dimension of well-being include clinical status, functional status, access to resaources and opportunities, subjective quality of life, family well-being, and patient satisfaction with services.

Modern-day health care is driven by cost-consciousness and pervasive pressures to provide cost-effective treatment. The introduction of newer antipsychotic drugs has had a profound impact on the treatment of schizophrenia. Clozapine and others atypical antipsychotics can improve a broad range of outcomes and result in cost savings.

## SEC47. Personality disorders: clinical, forensic and research aspects

*Chairs*: A Dahl (N), E Simonsen (DK

### SEC47-1
EXPERIENCES WITH SCREENING INSTRUMENTS FOR PERSONALITY DISORDERS

Lisa Ekselius. *Department of Psychiatry, University Hospital, Uppsala, Sweden*

Since the publication of the DSM-III personality disorder criteria a number of structured interviews have been developed, resulting in improved diagnostic reliability for the axis II disorders. However, there are limitations as concerns the use of time-consuming structured interviews in clinical practice. In this situation, there are advantages with self-report questionnaires as they are time-saving and easy to administer.

Based on our previous experiences from the Swedish version of the SCID screen questionnaire, a new self-report instrument was developed, the DSM-IV and ICD-10 Personality Questionnaire (DIP-Q). The DIP-Q is a 140 item true/false self-report questionnaire, 135 items reflect major aspects of the diagnostic criteria for the separate personality disorders in the DSM-IV and ICD-10 and five items constitute the impairment/distress scale corresponding to the general diagnostic criteria. A self-report version of the Global Assessment of Functioning (GAF) Scale is also included.

The DIP-Q was validated by comparing results obtained from the questionnaire to results obtained from a structured clinical interview in a clinical sample comprising 138 psychiatric patients. On the DSM-IV cluster level agreement was acceptable (Cohen's Kappa 0.45–0.61), as well as on global level for ICD-10 (Cohen's Kappa 0.56). In examining the overall sensitivity and specificity of the DIP-Q, a surprisingly good sensitivity (for DSM-IV 0.84 and for ICD-10 0.85) and a moderate specificity (0.77 and 0.70, respectively) were demonstrated. When dimensional scores for each personality disorder were compared, self-report and interview correlation was high for most personality disorders.

Our results indicate that the DIP-Q is useful in screening for personality disorders, and it can also be used as an independent diagnostic tool in epidemiological studies.

### SEC47-2
No abstract received

### SEC47-3
PERSONALITY DISORDERS — WHAT IS THE EXPERIENCE AND PREFERRED TREATMENT AMONG NORWEGIAN SPECIALISTS

K. Narud. *Research Unit, Aker Hospital, Division of Psychiatry, Oslo, Norway*

Personality disorders (PD) are difficult to treat. Today we have some knowledge about what kind of treatment is to be preferred when it comes to the different PDs. The view among specialists are quite variable. A questionaire was sent to Norwegian psychiatrists and psychologists in order to survey what kind of experience and knowledge skilled professionals was holding when it came to PD. The questionaire also surveyed what ideals the skilled professionals had in the treatment of PDs, and what they preferred as treatment of choice in their daily practice. Their professional background, field of activity, occupational title, postgraduate courses as well as their experience with PDs was surveyed. 42 main items with subordinate items were to be answered by the 758 psychiatrists and 1251 psychologists living in Norway. The questionaires are returning these days. Results from the investigation will be presented at the symposium.

## S48. Recognition and treatment of alcohol- and drug-related disorders in primary care

*Chairs*: F Poldrugo (I), J Adès (F)

### S48-1
No abstract received

### S48-2
GENERAL PRACTITIONERS' BARRIERS ON TALKING ABOUT ALCOHOL WITH THEIR PATIENTS

S. Barfod. *Central Research Unit of General Practice, University of Copenhagen, Denmark*

An investigation of questionnaires answered by 304 GPs shows that GPs are interested in doing more preventive work. Alcohol problems are considered important but are the most difficult problems to deal with, too. There are several barriers but most important is lack of convincing documentation. The GPs think this documentation could change their attitudes towards drinking problems.

They do not accept the governmental recommendation of drinking limits ('safe limits').

If the GPs find the effectiveness of brief intervention well documentated they believe they will treat more alcohol problems.

The study is a part of a WHO Collaborative Study.

https://doi.org/10.1016/S0924-9338(99)80213-2 Published online by Cambridge University Press