S48-3

RECOGNITION OF AND EARLY INTERVENTION IN ALCOHOL ABUSERS IN GENERAL HOSPITAL AND PRIVATE PRACTICES IN GERMANY

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High prevalence rates of alcohol abuse and dependence are well known for patients in general and psychiatric hospitals as well as general practices. The patients in many cases do not get adequate care. We conducted two studies. In the first one we made a prevalence estimation of alcohol abusers or dependents in a municipal general hospital with a medical and a surgical department (n = 1309) as well as in a random sample of 12 general practices (n = 960). 17.5% were alcohol abusers or dependents according to the two step diagnostic procedure (1. screening, 2. diagnosis on grounds of SCAN). Those detected as alcohol abusers or dependents according to DSM-IV or ICD-10 were offered counsellling based on the principles of the stages of change model of Prochaska & DiClemente. Follow-up interviews 1 year after hospital discharge show a significant increase in utilization of alcohol-related care (self-help groups, counselling, treatment). In the second study we conducted a randomized controlled trial with a sample of alcohol dependent in-patients in a detoxification treatment in a psychiatric clinic. 161 patients with 3 30 minute counselling sessions were compared to 161 patients with a two week motivational treatment. Results show that the two intervention groups do not differ in utilization of further help as well as drinking behavior 12 months after discharge. It is concluded that counselling according to the stages of change model is a fruitful secondary prevention approach.

S48-4

OUTCOME OF BRIEF INTERVENTION FOR ALCOHOL PROBLEMS IN PRIMARY CARE: A CRITICAL REVIEW

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Of the randomised controlled trials of brief intervention for alcohol problems in primary care, a majority have demonstrated efficacy. Screening procedures, and consent to participate, mean that the proportion of problem drinkers eligible who actually participate in the study is often low. Results cannot therefore be extrapolated to wider populations without caveats. This is, however, only one reason which can be offered to explain negative results in some controlled studies.

S48-5

COMORBIDITY PROBLEMS AND ADDICTION; IMPLICATION FOR DETECTION AND TREATMENT

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During the last decades different Dutch studies determine the psychiatric (co)-morbidity among adults in the population and in primary care. Examinations were carried out with different instruments. The P.S.E. in Groningen, the DIS in Amsterdam and diagnoses of GP in the "monitoring" and in the "transitie"-project.

In the Netherlands Mental Health Survey and Incidence Study (NEMESIS) 7076 adults have been interviewed with the CIDI.

About 25% of the interviewed people in the different studies had a mental disorder in the last year and more than one third had at least two disorders Almost 50% of the patients in primary care in Groningen with an ICD-10 diagnosis had more than one ICD-10 disorder. In the Amsterdam study a mood disorder with comorbidity of alcohol dependence and use of medication, mostly benzodiazepines had a higher risk to become a chronic mental disorder. The NEMESIS study found high comorbidity in mood and anxiety disorders and in drug dependence.

Patients with addictive disorders and psychiatric comorbidity have a high utilization of health care faclities and use of medication.

Extensive existing of comorbidity challenges the concept of specifity of recognition and treatment of the different 400 diseases in primary care. Patterns of combinations of substance use, mental and somatic disorders with high utilization of health care facilities and frequent use of psycho-pharmacological agents, especially sedatives need combined comprehensive treatment programmes with general practioners.

S49. Psychopathological assessment strategies and instruments in psychiatry

Chairs: H-J Möller (D), R-D Stieglitz (D)

S49-1

THE ASSESSMENT OF SYNDROMES IN SCHIZOPHRENIA: CURRENT STATUS AND FUTURE PERSPECTIVES

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For a long period of time the brief psychiatric rating scale was used as a gold standard for assessing schizophrenic symptoms, at least in clinical psychopharmacology. This scale covers predominantly positive symptoms of schizophrenia. With a growing interest for negative symptoms several specific scales were developed for this psychopathological domaine, among them the SANS reached a widespread use. The PANSS was designed to cover both, productive symptoms and negative symptoms. Starting with the Risperidone trials the scale was used in the clinical evaluation of most of the recently developed antipsychotics. However, the question remains, whether the scale is really satisfying to cover the whole symptom spectrum of schizophrenia in a sufficient manner. Data from our 15 years follow-up study, in which we used among other the SANS, the PANSS and the AMDP system suggest, that with respect to changes in negative symptoms the negative subscale of the AMDP system is more sensitive than the negative subscale of the PANSS. There is still also the question, whether under certain research questions a more comprehensive scale like the AMDP system gives the possibilities to a more differentiated inside into the phenomena under investigation than a scale restricted only to a very limited item pool.

S49-2

THE ASSESSMENT OF DEPRESSIVE SYNDROMES: CURRENT STATUS AND FUTURE PERSPECTIVES

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During the last 40 years a lot of instruments have been developed to assess the depressive syndrome. They were mainly used to select patients for clinical trials, as basis for therapeutic decisons and for the evaluation therapeutic interventions.

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