

Background and Aims: While a substantial body of research on caregiver burden is available by now, studies on time effects on burden and predictors of burden are still lacking. The lecture will give insight into dimensions of caregivers' burden and factors moderating the experience of burden by referring to a multivariate stress model which has been adopted in the Munich 5-year follow-up study on relatives of first hospitalized patients with schizophrenia or depression. 2-year follow up results are presented.

Methods: Of the relatives who had participated in the baseline assessment (n=83), 76 % could be reassessed at 2-year follow-up with respect to different dimensions of burden as well as different personal dispositions and resources. The effects of time-invariant variables (caregivers' gender, patients' diagnosis), interpersonal differences as well as intrapersonal changes in patients' symptoms and caregivers' dispositions and resources over time on their reported burden were calculated by the General Linear Model Repeated Measures procedure.

Results: Although caregivers' burden decreased significantly in the course of the 2-year period after the patients' first admission, their well-being and self-rated symptoms remain worse when compared to norm values. Burden at 2-year follow up was mainly predicted by interpersonal differences in caregivers' perceived social support, expressed emotion and personality factors. With regard to individual changes over time expressed emotion was the most relevant predictor of burden.

Conclusions: The results have important implications for family intervention strategies which should focus not only on the patients' outcome, but as early as possible on the caregivers' individual psychological needs.

S50.02

Determinants of the caregiving appraisal

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Symposium "Family burden: dimensions, determinants and intervention"

Title of presentation: Determinants of the caregiving appraisal

Appraisal of caregiving and its relationship to family burden and experienced mental health problems in the relatives were investigated as part of a multi-centre study of the quality of mental health services in Sweden. The sample was drawn from relatives of involuntarily and voluntarily admitted patients to acute psychiatric wards. The instrument used was a semi-structured questionnaire, interviewing relatives about the burden, experience of mental health problems and appraisal of the caregiving situation.

The results showed a high proportion of relatives engaged in caregiving activities on a daily basis the month before the patient's admission to hospital and a high proportion of relatives appraising the caregiving activities negatively. The burden was more extensive if the relative and the patient were living together, had a longer duration of their relationship, if the relative was rendering caregiving on a daily basis and if the relative appraised caregiving negatively.

The relatives' psychological distress was not related to their negative appraisal of caregiving, nor was patient characteristics, such as diagnosis and level of psychosocial functioning. The only factor found to influence the relatives' psychological distress was the duration of relationship to the patient.

Interventions reducing psychological distress for relatives who have known the patients for more than 20 years, who live with the

patient, who give care on a daily basis and who appraise their caregiving negatively are suggested.

S50.03

Psychoeducational family interventions for schizophrenia: From RCT to routine clinical settings

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In the past 30 years, research on Expressed Emotions and family burden, and the adoption of the stress-vulnerability model of schizophrenia, have led to the development of integrated treatments for this mental disorder combining pharmacological and family cognitive-behavioural interventions. The latter, called Psychoeducational Family Interventions (PFI), aim to: a) provide the family with information about the patient's disorder and its treatments; b) improve family communication patterns; c) enhance family's problem solving skills; d) encourage relatives' involvement in social activities.

Since the 1980s, a number of RCT and several meta-analyses have demonstrated the efficacy of PFI on relapse and hospitalisation rates in schizophrenia.

In recent years, there has been a shift from efficacy to effectiveness studies and great attention by the researchers in developing training programmes in PFI for ordinary staff.

In this presentation, we will provide an overview of the studies on PFI for schizophrenia which have been carried out in the last decade in routine clinical settings or with at least partial involvement of ordinary staff. These studies have been grouped into: a) studies comparing PFI with standard care; b) studies comparing PFI with individual integrated interventions; c) studies comparing different PFI strategies; d) implementation studies.

The results of these studies reveal that, when provided in clinical settings, PFI have positive middle-term effects on patients' clinical status and disability, and limited impact on family burden.

Future studies are needed to identify the "best dose" at which PFI can be provided in routine conditions at the most convenient cost-benefit ratio.

S50.04

Caregivers in the process of treatment management

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Sixty years ago, the concept of custodial inpatient treatment began to gradually change into that of an activating outpatient concept. Through this process, the number of in-patient beds today in all psychiatric hospitals in the western part of the world has been reduced to 10-20% of those at the beginning of the 20th century. Though outpatient services had expanded to a high degree, the main burden of the psychosocial treatment still fell upon relatives. Most of these nursing families were poorly informed regarding their new duties. Thus many families were overstrained and not able to fulfill their function as "co-therapists". Because of the prevalence of overstrained families with dysfunctional behaviour, the EE-concept was developed in the sixties (Brown et al 1964). With the introduction of family therapy and the emergence of self help groups for relatives, families obtained substantial support. Through family therapeutic interventions, relatives were systematically integrated into long term rehabilitation concepts. In this way, the stigma of the "HEE"-relatives was changed (Bebbington et al 1994; Schulze-Mönking 1994; Möller-Leimkühler 2008). In the meantime, the engagement of family members can be viewed as an