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IS DECISION MAKING IN CLINICAL PSYCHOPHARMACOTHERAPY DEPENDING ON SYNDROMES OR NOSOLOGICAL ENTITIES OR BOTH?

H.-J. Moeller

Psychiatry, University Munich, Muenchen, Germany

The basis for decision making in pharmacopsychiatry is not as trivial as one might think. There was a tradition to believe that we have more or less specific drugs with a more or less specific mode of pharmacological mode of action for special indications, such as schizophrenia depression etc. However, the situation is apparently much more complex and the clinical decision making is far from being that trivial. The current development of new psychopharmaca is heading for different directions: either broadening the indication for one compound, or looking for subtypes of a more general indication. Some of these main aspects shall be discussed in the presentation.

The decision making in pharmacopsychiatry is rather complex, involving nosological and syndromatological aspects. We have to understand that the pharmacological mechanism of a psychopharmacon is not directly associated with only one psychiatric disorder but often with several. This is already true for psychopharmaca, which have only one mechanism, such as SSRIs, but even more so for drugs like the modern antipsychotics, which have a wide spectrum of receptor interactions and can therefore be effective in quite a variety of psychiatric disorders. Apart from broadening the indication of a psychopharmacon, a development in the direction of exceeding specification and, amongst others, of involving new mechanisms of action can be observed.