

Conclusions: SOHO will provide unique data to study how patients with schizophrenia are treated in actual practice in Europe. Results indicate that antipsychotic side effects are frequent and a relevant reason for medication change.

P24.09

Hospitalisation and costs for schizophrenia relapse treatment in Germany

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Objective: To study hospital length of stay (LOS) and direct treatment cost for relapsing olanzapine and haloperidol-treated schizophrenia patients in Germany.

Method: Retrospective chart review of last hospitalisation due to schizophrenia relapse for a matched sample of patients matched on i) time since diagnosis; and ii) severity of symptoms.

Results: For the matched sample (n=136 matched pairs) olanzapine-treated patients had shorter inpatient hospital LOS, and a lower average direct treatment cost of 803 DM per patient. Due to significant patient differences regarding duration of intake of study medication prior to hospital admission, an exploratory re-matching was performed using this as re-matching criteria. For the re-matched sample (n=76 matched pairs) median LOS increased to about six weeks for haloperidol-treated patients, leading to an average lower cost of 3,517 DM for olanzapine-treated patient.

Conclusions: The results are consistent with results from randomised clinical trials in other countries in concluding that olanzapine is preferable to haloperidol in terms of the direct cost of treating schizophrenia.

P24.10

Economic aspects of bipolar disorder in Europe

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Objective: To quantify the societal costs associated with Bipolar Disorder (BPD) in Europe. This information is of importance to decision makers given restricted budgets and rising costs.

Method: A detailed search of information sources in 5 European countries (France, Germany, Italy, Spain and the UK). Information on prevalence, resource use and costs associated with BPD was collated.

Results: There was a paucity of evidence assessing the epidemiology, treatment patterns and especially service/resource use associated with BPD in Europe. Lost productivity was a substantial cost associated with the disorder. Hospitalisation accounted for the majority of service costs(1). Mania/hypomania episodes drive this hospitalisation cost, with hospitalisation rates four times those for BPD depression episodes. Medication impacted on current and future hospitalisation use and consequently on service costs(1).

Conclusion: BPD places a high burden on society's resources(2). Findings highlight the potential impact of mania medication choice on service costs.

(1) Dardennes R., Lafuma A., Watkins S. Prophylactic treatment of mood disorders : cost effectiveness analysis comparing lithium and carbamazepine. *Encéphale* 1999; 25(5): pp391-400.

(2) Wyatt R.J., Henter I. An economic evaluation of manic-depressive illness-1991. *Social Psychiatry & Psychiatric Epidemiology* 1995; 30(5): pp213-219.

P24.11

Outcomes and cost's associated with different antipsychotic treatment

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The schizophrenic syndrome is a disabling condition and often begins in young adulthood. Between 50-70% of the cases have a chronic course with relapses in psychotic episodes, high morbidity and a mortality above the expected. In a time of scarce resources and high national economic costs for schizophrenia, improved methods of treatment and efficient use of national resources has become increasingly important. Measuring cost-effectiveness of treatment requires inclusion of a broad evaluation of the outcome for patients concerning factors like treatment response, social functioning and occupational. The costs of schizophrenia do not only include costs for treatment of patients with a schizophrenic syndrome, but also the social and psychological costs experienced by their relatives.

New treatment usually results in an initial increase in costs but if outcome could be improved in patients as a result, this could produce long-term savings. In a naturalistic, retrospective study of 240 patients medical documents are studied during 2 years with respect to the following factors: days in hospital, prescribed psychotropic drugs, days in relapse, involuntary treatment and costs for legal procedures, children that need support, costs for support in patients homes, the amount of patients at work, the amount of patients with sick-leave or sick-pension, living circumstances and GAF. Patient prescribed classical antipsychotics per os, classical antipsychotic in depot-formulation, olanzapin or risperidon. Each group includes 60 patients. The result will be discussed with focus on costs and outcome.

P25. Internet in psychiatry

P25.01

Is the web-administered CIDI-SF equivalent to a human SCID-interview?

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The procedural validity of the Composite International Diagnostic Interview - short form (CIDI-SF) administered via an Internet web-page was examined and compared with an in-person interview (Structured Clinical Interview for DSM-IV Axis I Disorders, research version; SCID) for seven DSM-IV mental disorders: major depression, generalized anxiety, specific phobia, social phobia, agoraphobia, panic attack, and obsessive-compulsive disorder. The 53 participants completed a computerized interview (CIDI-SF) via a web page two days before the scheduled in-person interview (SCID). The agreement between CIDI-SF and SCID was generally low (Cohens Kappa <.40). However, the agoraphobia and obsessive-compulsive disorder modules had good specificity and sensitivity respectively. The CIDI-SF is not equivalent to a human SCID-interview, but can be used to screen for agoraphobia and obsessive-compulsive disorder. Furthermore, if the panic disorder

module from the long version of CIDI is used instead, the Kappa is fair with an agreement of 75%.

P25.02

A clinical database in child and adolescent psychiatry

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Objectives: In Denmark, hospital-based child and adolescent psychiatric departments have a total of about 8000 referrals per year. In order to improve and evaluate assessment and treatment procedures, the specialist society in collaboration with national health authorities is developing an internet based database – "BupBase".

Methods: For every single patient referred, a number of variables are registered. Therapeutic procedures (medication, psychotherapy, family and network counselling, e.g.) are registered according to national health-system treatment-codes. As measures of change in symptom load and general functioning, the "Health of the Nation Outcome Scale for Children and Adolescent" (HoN-OSCA) and the "Global Assessment of Functioning"- scale (GAF) recommended by World Health Organization (WHO), are applied at least in the outset and closure of each patient course.

Summary of the results obtained: The poster will list the variables and discuss the potentials and limitations of large clinical databases. Results of the pilot project, which is in progress, will be presented. **Conclusions:** Clinical databases and evidence based treatment are matters of great interest. It is essential, that we work and exchange experiences across borders.

P25.03

The IT Child-Centre program – using modern technologies in a field children's mental health

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In Lithuania we developed program IT-Child-Centre, which is oriented for the children welfare. Using modern Informational Technologies IT-Child-Centre seeks to connect the Lithuanian specialists working with a Children's mental health. At the beginning the program is oriented to the most vulnerable children – sexually and commercially-sexually abused children. The activities are oriented to following fields: a net of specialists working in an area 'Children's Mental Health'; information database of Children at risk; national program against abused children; research on a national level; internet web-page; electronic magazine etc. As well Child Centre a regional cooperation to raise the level of knowledge and to coordinate the activities in effort to prevent, protect and rehabilitate sexually exploited children. The Child Centre is a collaboration within the framework of the Council of the Baltic Sea States, CBSS, including Denmark, Estonia, Finland, Germany, Iceland, Latvia, Lithuania, Norway, Poland, the Russian Federation and Sweden. With the web site up and running, daily operations have now passed into the hands of professions – social workers, psychologists, psychiatrists and other child experts – as well as the many non-governmental organizations involved in combating child sexual abuse. In the short weeks since the site was opened, it has already proven useful in fostering co-operation and exchanging knowledge. The Child Centre is that tool, that vehicle, for communications among professionals. It has been established as the focal point for information between professionals and officials on research, projects, seminars and conferences concerning children at risk in the Baltic Sea Region. Its objective is to increase awareness

and knowledge of services and methods to prevent, protect and rehabilitate children.

P26. Mental health

P26.01

Psychopathology in patients with chronic renal failure

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Objectives: In the present study, we propose to assess anxiety, depression and other psychopathologies commonly observed in patients with chronic renal failure whom were treated primarily through dialysis by comparing with chronic renal failure patients who were treated with treatment modalities (like drug, diets) other than dialysis.

Methods: Study group included 40 dialysands between 15–65 years of age, and control group included 40 patients with chronic renal failure who were treated conservatively and did not require dialysis at the time of study. Both groups did not differ from each other in age and sex distribution. Beck Depression Inventory, State and Trait Anxiety Inventory, Symptom Check List, Toronto Alexithymia Scale, and socio-demographic data form were administered to all subjects.

Results: There were no statistically significant differences between conservatively treated and dialysis group in mean scores of scales administered. Nevertheless, an important finding obtained in this study was that the increase in behavioural changes observed in patients was in harmony with the increase in the length of time passed from the beginning of entering dialysis.

Conclusions: The results of current study showed that patients who reported or were observed to have significant behavioural changes should be evaluated carefully in terms of psychopathology.

P26.02

Creativity and mental disorders

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Objective: There is a common belief that too much wisdom may be a bad thing, and that madness and genius are, somehow, interrelated. In popular literature the relation between creativity and madness is a matter of considerable debate but there is little systematic scientific research.

Method: We used Medline, PsycINFO and manual literature search to explore the association between creativity and various mental disorders in epidemiological research, and produced theoretical explanations for any possible relation.

Results: Numerous though unsystematic and conflicting empirical studies exist on the topic. In general it seems that mental disorders do not lead to any special kind of creativity, nor is there evidence to support the reverse: creativity does not predispose to mental disorder. However, there remains the suggestion that creative people have more psychopathology, especially affective disorders and alcoholism, than do the general population.

Conclusion: The relation between creativity and mental disorders is not clear, but there are remarkable groups of creative and gifted persons, who have mental illnesses requiring treatment.