of techniques are needed and must be learned in order to be able to treat different illnesses and patient problems. This question must be answered under consideration of the fact, that no psychotherapist has ever been long enough in training in order to see only one patient of all types, which he may see when being in clinical practice. Our view is that it is preferable to give a therapist a profound expertise in one set of general techniques and theories than to provide him or her with a superficial glimpse of diverse approaches. This means to give psychotherapists a basic training in one school. Apart from training issues, this also allows to ask for differential indications of alterna-tive treatment approaches. Therapists and patients should be appreciate that also in psycho-therapy there is more than one treatment approach and option.

SS-04-03

Individual treatment plan, disorder-oriented psychotherapy, or both?

F. Caspar. *Universität Freiburg Klinik Psychologie, Freiburg, Germany*

To provide essentially the same kind of psychotherapy for all patients is outdated: It needs to be adapted to the patients. The question is, how and according to what criteria. A differenciation according to diagnoses has become the main avenue of adapting treatment to patients. It is obvious that effect sizes can be increased when taking into account that different disorders require different treatments. Problems arise in the case of comorbidity, in the case of obvious suffering requiring treatment without fitting any ICD or DSM category, for the many diagnostic categories for which no disorder specific manual exists, and for the cases in which additional factors make the treatment of choice for a disorder less than ideal. While the experimental logic of creating and using evidence for the effectiveness of treatment seems to require a bleaching out of variation, practice with patients who do not correspond to the selection for randomized cinical trials, requires variation. A general model is presented which postulates the simultaneous, smooth integration of a variety of factors according to which it is a matter of course that treatment plans should at the same time take disorder specific techniques into account AND be individualized along a number of additional criteria.

SS-04-04

A comparison of dynamic and cognitive psychotherapy in the treatment of cluster personality disorders

M. Svartberg. *Trondheim, Norway*

Monday, April 4, 2005

SS-11. Section symposium: Psychotherapy in postpartum

Chairperson(s): Christiane Hornstein (Wiesloch, Germany), Anette Kersting (Münster, Germany)
16.15 - 17.45, Holiday Inn - Room 2

SS-11-01

Interaction focussed psychotherapy for postpartum disorders

C. Hornstein. *Center f. Psychiatry Nordbaden, Wiesloch, Germany*

Postpartum illness of the mother affects the interaction with the baby and may cause cognitive and emotional deficits in the baby, especially in case of severely and chronically ill mothers. Therefore postpartum disorders require specific psychotherapy focussing on maternal disorder and mother-infant-interaction. An integrated therapy program for women with psychotic disorders or severe depression in early motherhood was developed at the mother-baby-unit in the Psychiatric Hospital Nordbaden, Wiesloch. The standardized six-week treatment program combines a cognitive group therapy, an individual video microanalytic therapy as well as a daily support program and a psychoeducational group for fathers. The evaluation of the treatment in an naturalistic design shows significant effects on several parameters. Treatment outcome will be demonstrated in 44 mother-baby-dyades with regard to psychopathological parameters, maternal self-confidence, mother-to-child-bonding and mother-infant-interaction (microanalytic interaction scales of Laucht & Esser). The different treatment outcomes of diagnostic subgroups be discussed.

SS-11-02

Outcome of brief mother-infant psychotherapies as a function of maternal depression

C. Robert-Tissot. *Switzerland*

A research program of the Geneva Group (C. Robert-Tissot) provide data on maternal depression at pre-treatment assessment on 132 mothers consulting for a functional (sleep, feeding) or behaviour problem (excessive crying, opposition) of a child (2 to 30 months of age). The effects of maternal depression on infants behaviour and development, on mother-infant interactions and on maternal representations were examined before and after treatment, and at preadolescence, for a sub-group having participated to the different assessments and follow-up. Mother-infant brief psychotherapy (mean of 6 sessions) prove to be affective to reduce infant symptoms as well as to modify maternal feelings and self-esteem. Results are discussed in the framework of a transactional and developmental model."

SS-11-03

Psychotherapy of parents after the birth of a dead child

A. Kersting. *Münster, Germany*

Despite improved medical possibilities the number of stillborn children has not change in the past 10 years. The psychological consequences of a stillbirth for women and their families have comprehensively been examined in the past 25 years, in particular after it was revealed that normal mourning reactions after a stillbirth differed only insignificantly from those of other mourning situations. The loss of a child late in a pregnancy, while or briefly after birth can lead to over months and years of continuing psychological symptoms and can affect family relations in different ways even as far as the bonding to the following child. During the treatment of women, who have experienced the perinatal death of a child, the physicians, midwives and nurses are frequently confronted with their own helplessness. Even if the psychological consequences of stillbirths have often been described in the literature, to date there has been no standardized psychotherapeutic intervention program whose effectiveness has been empirically proven. In this context the characteristics of the psychotherapeutic treatment of parents after the birth of a dead child will be

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summarized and an intervention program for parents after the birth of a dead child will be presented.

Tuesday, April 5, 2005

SS-12. Section symposium: Pain and psychiatry

Chairperson(s): Manfred Ackenheil (München, Germany), J.P. Olié (France)
08.30 - 10.00, Gasteig - Carl-Orff Hall

SS-12-01

Classification of neuropathic pain

D. P. Hendriksson. *Sweden*

SS-12-02

Epidemiology of fibromyalgia

F. Blotman, E. Thomas. *Rheumatology department Lapeyronie Hospital, Montpellier cedex 5, France*

Fibromyalgia,characterised by diffuse aching and pain or stiffness in the muscles or joints is usually defined by the ACR criteria including the presence of widespread pain in combination with tenderness of 11 or more specific tender points sites. Its existence is still controversial, as well as its relationships to chronic pain disease. The exact meaning of tender points is also hypothetic. The usefulness of ACR criteria is also questioned. The epidemiology is also confused by so –called secondary fibromyalgias (sicca syndrome, rheumatoid arthritis, lupus...). The mean age at fibromyalgia onset is about 30 years. Fibromyalgia is rarely diagnosed in chidren and is uncommon in elderly. Associated conditions and risk factors are various ; the most common are irritable bowel syndrome, chronic fatigue, thyroid diseases. Depression is also very often discovered. We will review the most important studies on epidemiology of fibromyalgia. The prevalence is approximatively 2 %, 3.4 % in women and 0, 5 % in men (Wolfe et al 1995), with range from 0.7 to 4,8 % in the litterature. Some recent datas (Myon et al 2004) suggest this prevalence is underestimated and the estimated prevalence seems to be as high as 7.4 % in France and 10.45 % in Portugal.

SS-12-03

The pathophysiology of pain

W. Zieglgänsberger. *Max-Planck-Institut für für Psychiatrie, München, Germany*

Under physiological circumstances noxious stimuli activate nociceptors, the peripheral endings of high-threshold primary sensory neurons. In contrast to nociceptive pain, neuropathic pain results from damage to the peripheral or central nervous system. Action potentials generated in nociceptors, as well as injured nerve fibers release excitatory neurotransmitters at their synaptic terminals such as L-glutamate and substance P, and trigger cellular events in the central nervous system that extend over different time frames. Short-term alterations of neuronal excitability, reflected e.g. in rapid changes of neuronal discharge activity, are sensitive to conventional analgesics and do not commonly involve alterations in activity-dependent gene expression. Novel compounds and new regimes for drug treatment to influence activity-dependent long-term changes (memory of pain) in pain transducing and suppressive systems (pain matrix) are emerging. Acquisition and storage of aversive social and somatic memories is one of the basic principles of nervous systems. In the absence of reinforcement, the behavioral response will gradually diminish to be finally extinct. Besides in somatosensory areas in the thalamus and the neocortex, activity-dependent gene expression also induces longterm alterations in the excitability of neurons in limbic structures, such as the prefrontal cortex, anterior cingulate cortex, amygdala and hippocampus, structures considered as gateways to emotions. It is to be expected that conventional analgesics often show only limited therapeutic value in the treatment of this multitude of dynamic changes that operate to produce the symptoms. We still lack the diagnostic tools to more effectively select the optimal treatment for the various chronic pain states.

SS-12-04

Is there a common genetic basis for depression and the fibromyalgia syndrome?

B. Bondy. *Psychiatric Hospital, Munich, Germany*

Objective: Several features of the fibromyalgia syndrome (FMS) including depression or sleep disturbances as well as the fact that FM runs within families suggests that FMS might be a "depressive spectrum disorder". Concerning the aetiology of both disorders an involvement of the serotonergic mechanism, substance P and a genetic contribution in vulnerability were proposed.

Methods: Genomic DNA of 275 FMS patients and 300 controls was genotyped for various variants in genes of the serotonergic pathway, as the 5-HT-transporter (5-HTTLPR), the 5-HT2A receptor, the MOA and both isoofrms of the tryptophan hydroxylase (TPH1 and TPH2).

Results: We have found a higher frequency of the 5-HTLPR SS genotype in FMS patients and higher levels of depression and psychological distress among them. We further observed increased frequency of the 5-HT2A CC genotype and a relation between TT genotype and pain perception. Further, the recently identified association between the 19918 A/G SNP of the TPH2 gene and depression was also observed in FMS patients and further related to several parameters of the SCL-R-90

Conclusion: The available data implicate the importance of polymorphic variants in several genes genes coding for the serotonergic pathway in fibromyalgia. The role played by these various polymorphisms remains to be determined, as to whether they are indicative for common pathophysiological mechanisms, or identifying a subgroup of patients with somatic disorders, that are more closely related to psychiatric symptoms.

SS-12-05

Current trend in treatments of neuropathic pain

M. Ackenheil. *LMU Munich Psychiatry Hospital, München, Germany*

Neuropathic pain and fibromyalgia are prevalent diseases which have major consequences on healthcare resources and the individual. From the clinical point of view neuropathic pains represent a heterogeneous group of aetiologically different diseases ranging from cancer to diabetes. Patients with fibromyalgia syndrome also display clinical features common in neuropathic pain suggesting that there might be some overlap. The mechanisms responsible for symptoms and signs in both diseases are still

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