

D. Wiersma¹, A. Wunderink², F.J. Nienhuis¹, S. Sytema¹.
¹Department of Psychiatry, University Medical Center Groningen, Groningen, The Netherlands ²GGZ Friesland, Friesland, The Netherlands

Background and Aims: Objective is to compare the consequences of guided discontinuation strategy and maintenance treatment in remitted first episode psychosis in terms of relapse, symptomatic and social remission and recovery.

Methods: The study was conducted in seven mental health care organizations, covering a catchment area of 3.1 million inhabitants. A sample of 131 remitted first episode patients, aged 18 to 45 years, with a diagnosis of schizophrenia or related psychotic disorder was included. After six months of positive symptom remission they were randomly and openly assigned to discontinuation strategy or maintenance treatment. Maintenance treatment was carried out according to APA-guidelines, preferably using low dose atypical antipsychotics. Discontinuation strategy was carried out by gradual symptom-guided tapering of dosage and discontinuation if feasible. Follow-up was eighteen months.

Results: Twice as many relapses occurred in discontinuation strategy (43% vs. 21%, $P = 0.007$). Of patients who received the strategy 20% were successfully discontinued. Recurrent symptoms caused another 30% to restart antipsychotic treatment, while in the remaining patients discontinuation was not feasible at all. Although no advantages of discontinuation strategy regarding functional outcome at follow-up, remission and recovery status over the last nine months were better.

Conclusions: A limited number of patients can be successfully discontinued. Although high relapse rates do not allow discontinuation strategy to be universal practice, it has nevertheless a favourable influence on remission and recovery during follow-up. Further research is needed to find predictors of successful discontinuation.

S48. Symposium: CHANCES OF YOUNG PSYCHIATRISTS AND TRAINEES IN EUROPE

S48.01

Job opportunities for young psychiatrists in Europe

D. Eraslan¹, O. Ozturk². ¹Medical Department, Organon Pharmaceuticals, Istanbul, Turkey ²Anatolia Clinics, Balikli Greek Hospital, Istanbul, Turkey

Europe is passing through a period where interchange of information and mobility of people across the continent is easier everyday. In the meanwhile, the increasing number of doctors and psychiatrists causes difficulties for young psychiatrists to find satisfying jobs in some parts of the continent, while in other parts the shortage of psychiatrists still remains, resulting in a work overload. Different needs and lifestyles result in a wider range of options and opportunities for young psychiatrists. However, as the young psychiatrist moves away from classical medical and academic roles, he/she faces difficulties in finding guidance and role models in this new and dynamic work environment. Using data from different surveys, this presentation will focus on the change in the work environment and focus on advantages and disadvantages different options for young psychiatrists in Europe.

S48.02

Workplace bullying and burn-out syndromes among young psychiatrists in Italy

U. Volpe, G. Piegari, A. Fiorillo. Department of Psychiatry, University of Naples SUN, Naples, Italy

The risk of workplace negative emotions and burn-out is high among people working in helping professions. Recent evidence tends to show that burn-out and workplace violence are especially crucial for mental health professionals, since these issues can significantly decrease job satisfaction and affect several mental health outcomes [1,2]. Although psychiatrists are generally considered at higher risk for such problems, little is known about the specific impact of these variables on early career psychiatrists. The aim of this study was to evaluate burn-out and workplace violence risk among 50 young Italian psychiatrists, who were asked to fill-in two standardized questionnaires. Preliminary results show high levels of burn-out among young psychiatrists, with high scores for personal accomplishment (mean \pm SD = 39.9 \pm 4.8), exhaustion (26.9 \pm 7.8), and depersonalization (10.9 \pm 5.3) factors. Furthermore, young Italian psychiatrists also perceive high levels of bullying (more than 35% of them reported to have been mobbed by patients and/or their relatives). As reported by previous studies [3], several workplace factors, such as burden of work, lack of support by manager or colleagues, work outside usual working hours, are likely to play a crucial role in the genesis of this phenomenon. Specific strategies, such as problem-solving, communication skills and team-work monitoring, should be constantly provided to young psychiatrists in order to improve their psychological well-being and satisfaction with work activities.

References

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S48.03

Maximising job satisfaction for young psychiatrists and trainees: Innovative approaches as a way out of the crisis?

J.N. Beezhold. County Acute Services, Hellesdon Hospital, Norwich, United Kingdom

Background and Aims: Psychiatry in Europe is undergoing a period of rapid and significant change. This includes changes in training, changes in the role of psychiatrists, and changes in the delivery and structure of mental health services. These changes have major implications for the future job satisfaction of trainees and young psychiatrists. This presentation aims to examine common themes across Europe and discuss possible approaches to meeting these challenges.

Methods: This paper uses data collected from trainees and young psychiatrists in 23 European countries via the European Federation of Psychiatric Trainees and the Association of European Psychiatrists networks of young psychiatrists and trainees to determine common issues and approaches towards resolving these.

Results: Major changes currently affecting young psychiatrists and trainees include:

- changes in training content and duration
- increasing roles of other professions impacting on psychotherapy and prescribing
- reconfiguration of mental health services