

sustained over long-term treatment, this may facilitate application of psychoeducational treatments, which have been shown to enhance the social and vocational rehabilitation of some patients.

There are two models used to evaluate the long-term effectiveness of new antipsychotics: (1) comparison against traditional agents, and (2) multiple dose comparisons. Ziprasidone, a new antipsychotic, has been evaluated in a 52-week double-blind, placebo-controlled, dose-comparison study in 294 adults hospitalized with chronic, stable schizophrenia, the Ziprasidone Extended Use in Schizophrenia (ZEUS) study. The results of this study support a role for ziprasidone in the maintenance treatment of schizophrenia. Ziprasidone was associated with a significant reduction in the probability of symptom exacerbation compared with placebo. There were dose-related improvements in measures of positive and negative symptoms and overall psychological functioning, which were significantly greater than placebo. The improvement in negative symptoms seen with ziprasidone was continuous over the 1-year time course. A low incidence of side-effects associated with non-compliance - extrapyramidal symptoms (EPS), weight gain and sexual dysfunction - indicates that tolerability-related non-compliance rates may be low with long-term use.

Further comparative studies are needed to evaluate the long-term effectiveness of newer antipsychotics and their potential to contribute to enhanced treatment outcomes.

### **Pfizer-SAT2-4**

ACHIEVING EFFECTIVE TREATMENT ALLIANCES — INTRODUCING A NEW PATIENT, CARER AND CARE TEAM PROGRAMME

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Optimal management of schizophrenia requires an integrated approach combining medication and appropriate psychoeducational support for the patient and his or her family. Current limitations to the delivery of integrated management include a lack of care team time and resources and the lack of understanding of schizophrenia and the benefits of continued medication among patients and carers, which results in non-compliance with psychoeducational treatments.

A new programme designed to address some of these problems has been developed. The *Alliance Programme* is an integrated resource package designed to build a new alliance between patient, carer and care team. It comprises information and education for patients and carers in interactive, modular format, and resources and training for the care team to support the implementation of a psychoeducational programme. The *Alliance Programme* responds to the real needs of clinical practice identified by patients, carers and care teams in an international survey and, uniquely, has proactively involved patients and their families closely in its development. The information for patients and carers encourages interaction between all members of the care programme - patient and carer and care team - and is designed to increase understanding of schizophrenia and its treatment and to encourage self-help measures. Importantly, the *Alliance Programme* is adaptable to the needs of the care team and their clients, complementing the team's current approaches.

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Pharmacia & Upjohn Inc.

### **Pharmacia & Upjohn-SAT. Noradrenaline in depression: consensus and controversies**

*Chair:* G Racagni (I)

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Synthélabo Groupe

### **Synthélabo-SAT. Amisulpride: its role in the therapeutic management of the schizophrenic patient**

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Wyeth Ayerst International

### **Wyeth Ayerst-SAT. Treatment strategies in depression and anxiety**

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### **TC-SI-1022. Introductory Course: Structured interviews**

*Chair:* C Pull (LUX)

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### **TC-PCT-1037. Introductory Course in Psychotherapy: Cognitive therapy**

*Chairs:* JK Larsen (DK), N Rosenberg (DK), RS Stern (UK)

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### **TC-DEPCARE-1051. WHO Euro Depcare**

*Chairs:* D Rost (DK), J Donoghue (UK)

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### **TC-IPT-1059. Training Course in Psychotherapy: Interpersonal psychotherapy**

*Chair:* E Schramm (D)

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### **TC-PPAP-1073. Introductory Course: Psychotherapy of phobia, anxiety and panic**

*Chair:* I Marks (UK)

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