FC01.04

Psychiatrists' attitudes to antipsychotic depot injections (II): Changes over 5 years

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Background: Previously, when only typical antipsychotic depot injections were available, some clinicians perceived depots as having an ''image'' problem despite them being associated with reduced rates of rehospitalisation when compared to tablets. This study investigated psychiatrists' attitudes and knowledge concerning depots (typical and atypical) and whether they had changed over time.

Method: Cross-sectional postal survey of consultant psychiatrists working in NorthWest England. A pre-existing questionnaire on clinicians' attitudes and knowledge regarding depots was updated. Results were compared with a former sample (SouthEast England, 2001: N=143).

Results: The sample comprised 102 consultant psychiatrists (response rate 71%). Depot use over the past 5 years had: decreased (50%), not changed (27%), increased (23%). Psychiatrists with decreased depot use had significantly lower scores for the side effects knowledge subscale than those who had unchanged or increased rates of depot use (mean 51.5% vs 54.8%, p=0.029). When compared to psychiatrists sampled five years previously, our current participants had more favourable patient-focussed attitudes (63.5% vs 60.4%, p=0.034); other subscales did not differ. Item-by-item analysis revealed specific changes over time including significantly less respondents regarding depots as: (i) compromising patient autonomy (mean 0.99 vs 1.28, p=0.036); being stigmatising (1.88 vs 2.42, p=0.002); being old fashioned (1.49 vs 2.04, p=0.002).

Conclusions: During the period that an atypical antipsychotic depot has been available, and depot prescribing rates have reduced, some attitudes have changed. These mainly encompass aspects regarding the patient rather than the depot injection and include reducing concerns about stigma and autonomy although concerns about patient acceptance continue.

FC01.05

Schizophrenia: What do we know from functional magnetic resonance imaging?

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Background and Aims: In this study, a summary of the main functional Magnetic Resonance Imaging (fMRI) findings in the field of schizophrenia will be given in order to get a better understanding of this disorder.

Methods: The authors conducted an extensive literature review on fMRI and schizophrenia, using PubMed, the internet in general, and research contacts in order to avoid important literature to be left out.

Results: In general, fMRI research on schizophrenia has demonstrated widespread deficits affecting a range of cognitive functions distributed throughout the brain. In addition, schizophrenia is associated with frontal and temporal brain dysfunction (e.g., Van den Noort & Bosch, 2008). This dysfunction is thought to be irreversible, or even worsen over time; even when optimal treatment is given (Lund et al., 2002). However, it is important to note that there is a degree of inconsistency in reported findings, and a pattern of brain dysfunction that would serve as a biological trait marker or predict treatment response has not emerged to date (e.g., Van den Noort & Bosch, 2008).

Conclusions: In this study, it was found that patients with schizophrenia show widespread deficits affecting a range of cognitive functions distributed throughout the brain, but there is a degree of inconsistency in reported findings. Although the development of fMRI has provided the technological advance necessary to examine schizophrenia; the scientific challenge will be to incorporate this technique appropriately through prudent experimental design (e.g., Honey & Bullmore, 2002).

Symposium: Network research in schizophrenia - A perspective for future research?

S42.01

How to run network research: Experiences from the German Research Network on Schizophrenia (GRNS)

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Aims: To present basic principles and requirements of a network consisting of research institutions and routine care facilities, which aims at the improvement of treatment and care in schizophrenia.

Methods: The concept, structure and the management of such a network will be exemplified by the German Research Network On Schizophrenia, which is funded by the German Ministry of Education and Research (BMBF).

Results: The experiences so far make very clear, that it requires carefully tuned projects, an efficient and well-financed network management, acceptance and dissimination of the network idea within (and outside) the network as well as collateral political measures to improve the research environment to incorporate single research projects and single institutions, researchers or clinicians into a network.

Conclusions: These general conditions fulfilled, network research is a clever strategy to bundle competence (horizontally and vertically) and to improve treatment and care of psychiatric patients.

S42.02

Experiences from Danish network projects

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Research in interventions in schizophrenia spectrum disorders in Denmark has taken place in a loose network, which during the years have grown in size and had become increasingly organised. The randomised clinical trial: OPUS: Early Intervention in First Episode Psychosis was the first large two-site trial which took place in Copenhagen and Aarhus. Thereafter came the randomised clinical trial: NEUROCOM, Neurocognition and competence in schizophrenia which is also a two-site project. Evaluation of the effect of assertive community treatment in a quasi-experimental design in three cities is another example.

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Parallel to this activity the Danish Schizophrenia Guidelines was developed and endorsed in Danish National Board of Health and the Danish National Indicator Project evaluated the quality of schizophrenia treatment in Denmark.

All first episode psychosis programmes meet once a year to discuss results of projects and future plans. A Danish Psychiatric Research Programme was formed to host the training.

Symposium: New developments in consultation-liaison psychiatry

S43.01

Developing treatments for somatisation - The model from irritable bowel syndrome

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Background: Improving treatment in Consultation-Liaison Psychiatry requires better targeting of psychological treatments at the patients who benefit from them most. This paper will demonstrate that patients with severe irritable bowel syndrome (IBS), who also have somatisation, benefit greatly from antidepressants or psychotherapy.

Aim: 257 patients with severe IBS were randomized to receive over 3 months brief interpersonal psychotherapy, 20 mg daily of the SSRI antidepressant, paroxetine, or treatment as usual. They were assessed at baseline for somatisation and psychiatric disorder. One year after treatment total costs and health-related quality of life, using SF36 physical component summary (PCS) score were assessed and scores adjusted for baseline values.

Results: The patients with the highest baseline somatisation score had the most severe IBS, most psychiatric disorders, were most impaired and the highest total costs. At 1 year after the end of treatment these patients had significantly higher (improved) quality of life scores in the active treatment groups compared to usual care: mean (standard error) PCS scores at 15 months were 36.6 (2.2), 35.5 (1.9) & 26.4 (2.7) for psychotherapy, antidepressant and treatment as usual groups respectively (adjusted p= 0.014). Corresponding data for total costs over the follow-up year, adjusted for baseline costs were £1092 (487), £1394 (443) and £2949 (593) (adjusted p=0.050).

Conclusions: Patients with severe IBS who have high somatisation scores have marked impairment and incur very high costs but they improve greatly with treatment and show marked reduction of costs. Methods of recruiting the patients most likely to benefit from psychological treatments in C-L psychiatry will be discussed.

S43.02

Psychodermatology - yesterday, today, and tomorrow

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The main requirement of diagnostics is the improvement of communication in daily practice on the one hand and the clinical relevance of diagnostic entities with respect to treatment and prognosis on the other hand. A main problem of the classical psychodermatological classifications is that the assignment to classes is based on more or less unproven assumptions and postulations concerning pathogenesis and nosology. This unsatisfactory diagnostic situation was the incentive to develop the Vienna Diagnoses Schedule for Psychodermatological Disorders, which was created on the basis of clinical experience in psychodermatological treatment units and includes four main diagnostic categories: 1. mental disorders without dermatological symptoms; 2. Mental disorders combined with dermatological disorders, e.g.classical psychosomatic disorders and stress-related disorders, secondary dermatological disorders due to mental disorders, secondary mental disorders due to primary dermatological disorders, mental disorders due to dermatological treatment, dermatological disorders due to psychiatric treatment, dermatological disorders often associated with mental disorders, and dermatological and mental disorders occurring simultaneously but independently from each other; 3. Dermatological disorders without mental disorders (troublesome patients, misdiagnosed patients, etc.); and 4. dermatological and/or mental problems not reaching the level of a disorder. Such a categorical classification has to be enlarged in clinical practice by a dimensional diagnostic approach, including not only deficiencies but also the resources of the patient in order to provide effective treatment strategies focusing not only on the disorder itself but on the suffering human being in its entirety.

S43.03

Cl service in modena: The Italian experience

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Italian Reform Law 180/1978 established the closing down of mental hospitals and brought back psychiatry into medicine, the general hospital and primary care; this was the starting point of many relevant events in the history of psychiatry in Italy, one of which was the establishment of Consultation-Liaison Psychiatry (CLP). Since then, development of Italian CLP has been continuous, though heterogeneous over the national territory.

The Modena CL Service is based within a general hospital in the town area and is one of the services of the local hospital psychiatric department, also including a psychiatric ward, a day-hospital and an outpatient clinic. The CL Service provides about 1200 first consultations a year (3% of patients admitted to the hospital). It also provides an out-patient clinic for the follow-up after discharge of patients suffering from medically unexplained symptoms. Through the experience developed in Modena, one of the peculiar features of CLP in Italy is the strong background of integration between general psychiatry, CLP and psychosomatic medicine, which are neither formally nor theoretically separated in Italy. Integration is supported structurally by the existence of the Department of Mental Health, that organises psychiatric care at all levels in a certain geographical area: CLP care is coordinated to the other fields of psychiatry and to other medical Departments through this organisation. Weak points of CLP care in Italy are its very heterogeneous distribution; poor funding availability; need to improve standards of clinical practice, clinical management, training and research quality levels.

S43.04

Training issues in C-L psychiatry and psychosomatics – An international perspective

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C-L psychiatry was born in the USA in the 1920s and began to become integrated into the core of psychiatric resident training by the late 1960s. In 2004, formal subspecialty status within psychiatry

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