

S13.02**CONSENSUS STATEMENTS OF THE WORLD PSYCHIATRIC ASSOCIATION: RATIONALE, CRITERIA USED IN SELECTING TOPICS, UTILISATION**

J. Lopez-Ibor. *World Psychiatric Association; Servicio de Psiquiatria. Hospital Provincial Toledo. 4 Corpus Christi. 4 1ªA. 45005 Toledo, Spain*

In 1996, the General Assembly of the World Psychiatric Association (WPA) added a new function to the WPA constitution: the development of consensus statements. This decision was driven by several developments observable in an increasing number of countries including (1) the increasing reluctance of governments and of intergovernmental organizations to take a firm position on matters about which there is debate or controversy; (2) the rapid increase of knowledge that is being translated into interventions (e.g. new medications) whose use is being actively promoted by those who developed them; and (3) the decentralization of scientific endeavours and teaching leading to vast differences among undergraduate and postgraduate training curricula and qualifications of health professions.

The criteria for the selection of subjects of consensus statements developed by the WPA include the public health importance of the topic, insufficiency of scientific evidence and the interest of the matter for psychiatric societies worldwide. A brief description of consensus statements developed so far and of those being produced will be given as well as an outline of possible uses of the statements.

S13.03**THE USEFULNESS AND USE OF SECOND GENERATION ANTIPSYCHOTIC MEDICATIONS**

N. Sartorius. *Association of European Psychiatrists, Switzerland*

The recent discovery and introduction of antipsychotic medications differing in certain of their characteristics from those used until now have opened an exciting vista of new treatment possibilities and opportunities to improve the quality of life of patients suffering from psychotic illness. In this situation, the World Psychiatric Association has decided to produce a statement that will express the consensus of experts and other interested parties about the usefulness and use of new antipsychotic medications. Produced by a task force, the Statement has been developed in close collaboration with many individuals from all parts of the world and representing psychiatrists, neuroscientists, people suffering from psychotic illness, members of their families, the pharmaceutical industry and legal authorities. The text of the Statement is currently being reviewed at national level and presented to psychiatrists and other mental health experts attending major international meetings. The presentation will include a description of the procedure used in the development of the Consensus Statement and an outline of its future uses.

S13.04**CZECH AND SLOVAK MEETING ON THE WPA CONSENSUS STATEMENT ON 2ND GENERATION ANTIPSYCHOTICS**

J. Libiger. *Charles University Psychiatric Clinic and University Hospital, Hradec Králové, Czech Republic*

The Czech translation of the second draft of WPA Consensus statement on the use and usefulness of the II. generation antipsychotics was discussed at a national meeting on May 27.

The participants agreed that a meeting of diverse groups with the objective to clarify an issue of common interest is a very useful and

valuable event. They endorse the idea of the Consensus statement and strongly support its objective i.e. to make all concerned parties aware of the essential development in the pharmacological treatment of schizophrenia and its impact on the quality of life and "the burden of disease" in patients with psychosis. They expect and hope that the document will improve the awareness of changes in psychiatry and enhance the attention to health policy regarding psychiatry and its public image.

At the meeting, it has been stressed that the extent of the problem concerning the adequate and safe treatment for patients with schizophrenia is rather large in both countries participating at the meeting. The incidence of new cases of schizophrenia per year is 35–50 per 1000000 in the Czech republic. Among 3500 long term (longer than a year) psychiatric hospital inmates, there are 60–70% patients with schizophrenia. In the late eighties, the average survival age of patients with schizophrenia on disability payments was conspicuously low in former Czechoslovakia: 39 years.

The local need and significance of the document is enhanced also by the comparatively low rate of prescription of IInd generation antipsychotics as well as some other recently developed psychotropic agents.

S14. New findings in opiate addiction

Chairs: M. Gastpar (D), A.H. Ghodse (UK)

S14.01**PSYCHOTHERAPY FOR OPIATE ADDICTS IN METHADONE SUBSTITUTION – A CONTROLLED TRIAL**

N. Scherbaum*, Th. Finkbeiner, J. Kluwig, D.A. Krause, B. Merget, M. Gastpar. *Department of Psychiatry and Psychotherapy, Essen University, Germany*

(a) Background: Psychotherapy is often recommended as an adjunct to methadone substitution. However, there is a lack of controlled studies evaluating the additional effect of psychotherapy during substitution treatment.

(b) Design: Randomized controlled study comparing standard treatment with standard treatment plus cognitive group psychotherapy (20 sessions over 20 weeks). Standard treatment included daily methadone intake under supervision, medical treatment regarding somatic and psychiatric comorbid disorders, psychosocial support by drug-counseling. Treatment setting: Methadone out-patient clinic at a university hospital.

Subjects: Opiate addicts on stable dose in their first episode of methadone substitution. Duration of substitution treatment: At least six weeks and not more than six months. Exclusion criteria: Acute psychosis and all psychosocial circumstances, which endanger continuous study participation, e.g. impending court trial. Observation points: Before onset of psychotherapy and after six months; follow-up evaluations after 12 and 18 months. Main outcome variable: Number of opiate free urines in month 12 after the individual onset of the study (Five randomized urine screens over four weeks). Other outcome variables: Abuse of other substances, indicators for psychosocial functioning.

(c) Results: 74 addicts (20 females, 54 males) with a mean age of 30 years and a mean duration of opiate addiction of 7 years participated in the study.

At the symposium a detailed description of the participants' epidemiological data, psychiatric and somatic comorbidity will be

presented as well as an evaluation of the effect of psychotherapy at month 12 after the individual onset of the study.

S14.02

PHARMACOKINETICS OF METHADONE AND LAAM, AND THEIR CLINICAL RELEVANCE

C.B. Eap*, P. Baumann. *Département Universitaire de Psychiatrie Adulte, Hôpital de Cery, CH-1008 Prilly, Switzerland*

Our knowledge on the pharmacokinetics and pharmacogenetics of methadone and other opioids has considerably increased during the past few years. In particular, it has been demonstrated that isozymes belonging to the cytochrome P450 superfamily play a major role in their metabolism. These isozymes can be inhibited, or induced, by specific compounds. These data allow to explain, and possibly avoid, the majority of metabolic interactions involving methadone. It is also well known that there is a large variability in the activities of these isozymes, a variability which is both genetically and environmentally controlled. We recently demonstrated that a therapeutic response (i.e. no consumption of illicit opiate) was significantly associated with a (R)-methadone (the pharmacologically active form of methadone) blood concentrations of 250 ng/ml (Eap et al., *Drug and Alcohol Dependence*, in press). To obtain this concentration, due to interindividual variabilities in methadone concentrations for the same given dose corrected for the weight of the patient, theoretical doses of methadone could be as low as 55 mg/day and as high as 921 mg/day in a 70 Kg patient. Therapeutic drug monitoring of the active enantiomer could be useful in patients in methadone maintenance treatment who continue to use illicit drugs, and this stresses the importance of individualizing methadone treatment. With regard to levo-alpha-acetylmethadol (LAAM), although few data are presently available on its pharmacokinetics, some possible consequences of the known involvement of cytochrome P450 enzyme(s) in its metabolism will be discussed.

S14.03

USE ABUSE AND DEPENDENCE FROM BENZODIAZEPINES IN METHADONE MAINTAINED PATIENTS – THEORETICAL AND PRATICAL ISSUES

G. Forza*, E. Levarta, F. Schifano. *Addiction Treatment Unit #1, Local Health Unit #16, Padova, Italy*

Ninety-two out of the 550 patients in methadone maintenance (range: 20–90 mg/die) for at least three months in Addiction Treatment Units of Padova at the date of 1.1.97 were randomly selected. They had been studied with the means of a clinical interview and SCL-90 questionnaire. Fifty-eight patients (63.0%) reported a BDZ usage in 1996. We defined as "problematic BDZ users" those patients who showed at least one of the following characteristics: 1) a reported daily diazepam-equivalent dosage larger than 60 mg (14 pts); 2) a use of BDZs to get the "high" or to "boost" the effects of methadone itself (17 pts); 3) a self-administration characterized by binges in some circumstances (7 pts); and 4) i.v. usage in some circumstances (4 pts). Due to the overlap of these criteria, we identified a subgroup of 26 patients (28.3% of the total sample, 44.8% of BDZ users). With respect to the others, these last pts showed a significant higher prevalence of concurrent administration of BDZs with alcohol (63.2% vs. 20.8%, $p = 0.011$), and/or with cocaine (26.3% vs. 0%, $p = 0.011$), and a significant higher lifetime prevalence of cocaine (69.6% vs. 43.3%, $p = 0.049$), amphetamine (52.2% vs. 3.4%, $p < 0.001$) and hallucinogens (34.8% vs. 5.0%, $p = 0.001$) abuse/dependence. On a toxicological basis, this group

is therefore characterized by a poly-substance abuse/dependence. On a psychopathological basis, problematic BDZ users showed, with respect to the others, a profile more disturbed at the SCL-90 (GSI: 1.12 ± 0.81 vs. 0.59 ± 0.51 , $p = 0.003$), in particular with respect to the Hostility subscale (1.12 ± 0.98 vs. 0.41 ± 0.42 , $p = 0.001$). These pts had often been involved in anti-social behaviours as assaults, fights or robbery during BDZ intoxication, and they showed a higher prevalence of present judiciary troubles (47.8% vs 14.0%, $p = 0.003$). This group of patients is therefore characterized by an impulse dyscontrol or even a frank antisocial personality disorder.

S14.04

METHADONE SUBSTITUTION THERAPY (MST): PATTERN OF SERVICE CONFIGURATION ACROSS EUROPE

H. Ghodse*, A. Oyefeso. *Centre for Addiction Studies, Department of Addictive Behaviour & Psychological Medicine, St George's Hospital Medical School (University of London), London, SW17 0RE, UK*

Methadone substitution therapy (MST) programmes are largely regarded as physical facilities with resources dedicated to the treatment of opiate addicts using methadone. Consequently, there is no common protocol for administering MST across treatment settings. As protocols are determined by the programme's treatment philosophy, models of treatment delivery and expected outcomes can be different.

Given the increase in the transnational mobility of opiate addicts across EU members states and in order to ensure continuity in the care of this client group across the EU, there is a need to move towards the unification of core policies and practices in MST programmes.

This paper examines the pattern of configuration of MST services in 11 MST programmes in eight European countries. The structure and process of MST in a sample of treatment programmes in these countries were reviewed in a cross-sectional survey. Study variables included staffing establishment, treatment goals and philosophy; programme setting and intensity and national health policies.

The main findings of the study (i) There are different models of MST provision across Europe (ii) MST delivery is significantly determined by the prevailing national health policies and priorities.

The paper discusses the implications of these findings for optimising the requirement for patient-policy-programme matching across Europe.

S15. Multiple foci in the support of schizophrenic patients

Chairs: F. Müller-Spahn (CH), H.D. Brenner (CH)

S15.01

STATE OF THE ART IN PSYCHOPHARMACOLOGICAL THERAPY OF SCHIZOPHRENIA

F. Müller-Spahn. *Basle, Switzerland*

Conventional antipsychotics have been found to be efficacious in acute and long-term treatment of schizophrenia. However, between 20%–30% of all patients do not respond adequately to neuroleptic therapy. Their care requires most of the cost of treating schizophrenia. Most of them lack of beneficial effects against deficit