M. Bauer. *University Hospital Carl Gustav Carus, Dresden, Germany*

Objective: To describe the pattern of antidepressant (AD) therapy in routine care over a 6-month period and to explore associations with health-related quality of life (HRQoL).

Methods: FINDER was a 6-month prospective, observational study to investigate the HRQoL of 3,468 depressed outpatients receiving AD treatment. Type and dose of AD(s) prescribed at baseline and throughout the follow-up period was recorded and grouped into SSRIs, SNRIs, TCAs, others and combinations (ADs from >1 group). 'Switching' groups were defined when medication taken changed between period 1 (baseline-3 months) and period 2 (3-6 months). HRQoL measures included the EQ-5D Visual Analogue Scale (VAS), from 'best imaginable health' (100) to 'worst imaginable health' (0).

Results: Complete information to assess switching patterns was available for 2,672 (77%) patients. Of those, 8.0% discontinued their AD, 5.6% decreased dose, 60.5% remained on stable dose, 9.6% increased dose; 5.1% and 8.6 % switched within and between AD groups, respectively. In addition, 2.7% re-started treatment or remained untreated. The mean(sd) EQ-5D VAS changes from baseline to 3-months were: 20(22), 20(22), 18(21), 17(21), 12(21), 12(24), and 13(22), respectively and from baseline to 6-months were: 24(24), 28(25), 26(24), 24(24), 16(23), 21(26) and 15(24), respectively. Those patients switching within classes and those without treatment in period 1 had worst HRQoL outcomes.

Conclusions: The majority of patients treated for depression remained on the same medication at a stable dose. HRQoL may have contributed to the decision to change AD therapy.

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Symposium: Effective treatment in borderline personality disorder – Approaches from general and disorder-specific psychotherapies

S41.01

The currency makes all the difference! Why the therapeutic relationship should be tailored around the patients' motives

F. Caspar. *Clinical Psychology and Psychotherapy, University of Berne, Bern, Switzerland*

The therapeutic relationship is the factor which has most consistently shown an impact on psychotherapy outcome. While for other disorders, such as circumscribed phobias, the relationship seems to determine a smaller percentage of variance, for the treatment of patients with BPD it is crucial. This is accounted for by disorder specific elements also in manualized treatment (DBT) with the principle of validation. Validation can be conceptualized as criticizing behaviors while accepting motives.

In this paper it will be argued that this principle can be used even more systematically based on the concept of "Plan Analysis" by Grawe and Caspar. It will be shown how the functioning of patients can be analyzed and described in a hierarchical structure of Plans. Such a description serves as a basis for reflections about how to react in a complementary way to problematic patient behavior while avoiding reinforcement of maladaptive behavior.

It will then be elaborated and demonstrated that to the extent to which the individual motives of a patient are met with precision, it becomes realistic to satisfy them and to reduce the motivational basis of problem behavior. In contrast, if attention is given reluctantly and reactive to patient pressure, we have to expect the well known bottomless pit.

S41.02

Effectiveness of dialectical behavioral therapy for borderline personality disorder under inpatient conditions: A controlled trial and follow-up data

M. Bohus. *Department of Psychosomatics and Psychotherapy, Central Institute of Mental Health, Mannheim, Germany*

Dialectical Behavioral Therapy (DBT) was initially developed and evaluated as an outpatient treatment program for borderline personality disorder (BPD). Within the last few years, several adaptations have been developed. This study aims to evaluate a three-month DBT inpatient treatment program. Clinical outcomes, including changes on measures of psychopathology and frequency of self-mutilating acts, were assessed for 50 female patients meeting criteria for BPD. Thirty-one patients had participated in a DBT inpatient program, and 19 patients had been placed on a waiting list and received treatment as usual in the community. Post-testing was conducted four months after the initial assessment. The DBT group improved significantly more than participants on the waiting list on seven of the nine variables analyzed, including depression, anxiety, interpersonal functioning, social adjustment, global psychopathology and self-mutilation. Analyses based on Jacobson's criteria for clinically relevant change indicated that 42% of those receiving DBT had clinically recovered on a general measure of psychopathology. The effect sizes ranged between moderate and strong (see fig. 1). The data suggest that three months of inpatient DBT treatment is significantly superior to non-specific outpatient treatment. Within a relatively short time frame, improvement was found across a broad range of psychopathological features. Nine and 21 month follow-up data suggest stability of the recovery.

S41.03

Schema-focused therapy for borderline personality disorder: Effectiveness and cost-effectiveness, evidence from a multicenter trial

A. Arntz. *Clinical Psychological Science, University of Maastricht, Maastricht, The Netherlands*

Background and Aims: Although there is general consensus that only prolonged and intensive psychotherapy can provide real recovery from Borderline Personality Disorder (BPD), almost nothing is known about the relative effectiveness of different approaches. The present study compared the (cost-)effectiveness of two psychotherapies for BPD aiming at a fundamental change: a modern psychodynamic approach (Transference-Focused Psychotherapy, TFP) and schema-focused cognitive therapy (SFT).

Methods: In a multicenter trial 86 patients were randomised to either TFP or SFT and treated for max. 3 years. In Maastricht, patients also participated in fundamental studies on emotion regulation (attentional bias, fMRI, peripheral nervous system responses).

Results: TFP had more (early) drop-outs than SFT. SFT was about twice as effective as TFP in terms of recovery from BPD. This effect could not be explained by differences in drop-outs. SFT was superior

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to TFP on all other measures. On cost-effectiveness ratios, SFT was superior with respect to recovery, and equivalent when quality-of-life was considered. Functional MRI and other indices indicated that recovery from BPD was associated with normalizing of emotion regulation.

Conclusions: The results indicate that it is possible to successfully and cost-effectively treat these difficult patients by prolonged psychotherapeutic treatment. Assessment of attentional bias and amygdala/hipocampal responses to threat cues indicates that 'symptomatic' cure is accompanied by normalizing of these processes, suggesting a deep and fundamental change. Moreover, results of a 1-year follow-up indicate that recovery continues.

Symposium: Psychopathology: Phenomenology, nosology and cultural diversity

S31.01

Western postmodern thinking and psychopathology: Dangers and chances

M. Musalek. *Anton Proksch Institute, Vienna, Austria*

In modern psychiatry a main task is the exploration and explanation of the nature of mental disorders and its treatment. Post-modernity with its change of paradigms opens up new perspectives in diagnosis and treatment of mental disorders. Not only the nature of disorders but also the narratives creating our world of illnesses and the dialogue with the patient suffering from it becomes more and more the main interest of medical and psychotherapeutic measures. It is no longer the disorder itself but the human being suffering from it which will be the main target of diagnostic and therapeutic procedures. The human being is not only a disorder producing physico-psycho-social apparatus. In postmodern medicine the human being cannot be longer considered as a machine which can be explored and repaired; it is much more the expression of active and reactive processes. As individuums we are not only complex machines reacting to external and internal stimuli; we are on the contrary ''doers'', ''makers'' and ''creators''. As cosmopoets we constitute and design our world and ourselves. But this creation is not a creation out of nothing. Our patients suffering from mental disorders are thrown in a world not of their choosing; but nevertheless they are able to (re)construct their life and their narratives. As psychiatrists, it is our duty not only to analyze the conditions and nature of mental disorders but also to enter into a dialogue with the human being suffering from the disorders' nature and its narratives.

S31.02

European and african psychopathology. What differences express the same subjectivity

P. Varandas. *Hospital Miguel Bombarda, Lisbon, Portugal*

This presentation will be introduced by the different disease conceptions between Europe and West African cultures.

The classical assumption of universality of neurological substrate will be discuss in confront with cultural relativist perspectives going back to nosology.

Some questions will be adress in the fields of compared subjectivity and phenomenology.

Some final remarks about the importance of Ethno-psychiatry will be done.

S31.03

When the healer is ill

A.M. Ulman [1,2]. [1] *Beer-Yaacov Mental Health Center, Beer Yaacov, Israel* [2] *Sackler Faculty of Medicine, Tel-Aviv University, Tel-Aviv, Israel*

Since countries have relaxed immigration policies, mental health professionals have been confronted with clinical pictures necessitating a different reflection on their practice of psychiatry based on a western system of reference. Misdiagnosis can be the source of unnecessary hospitalization, harmful drug treatment and inadequate management of cases. From the perspective of migrating populations, they undergo a process of change with the necessity to cope with the host culture while preserving their previous cultural values. Sometimes migration awakens new hopes like the belief seen lately among Israeli Ethiopians that spirits won't migrate with them and won't anymore require their attention. It soon becomes apparent that the reality is different and Zar spirits pathology appear, provoking questions about its meaning. Beer-Yaacov Mental Health Center is located south of Tel-Aviv in an area where 20% of the Ethiopian community lives. Patients of Ethiopian origin, unresponsive to ''traditional'' Western treatment are referred to the hospital outpatient clinic for examination at the ethnopsychiatric consultation service. With the help of three clinical vignettes we will describe the psychopathology due to the issues of healers that can't heal or of people meant to be healers that couldn't fulfill their apprenticeship because of migration. We will show how an ethnopsychiatric-oriented interview combined with an ethnopsychiatric analysis of the clinical picture, allow a better diagnosis even in the context of a conventional institutional frame.

S31.04

Towards a cultural psychopathology

A. D'angio'. *University of Naples, Naples, Italy*

The research we are striving to foster in Italy, aims at identifying the nature of the spaces linking the well-known neurobiological paths of interpersonal experience and the less-known psychological and phenomenological paths of the intercultural relation. The challenge consists in understanding the experience of plurality and therefore how you can pass from a ''relational'' to a ''multicultural'' mind.

An approach, to be really multicultural, intercultural and transcultural, must be based on the dialogue between different disciplines. Therefore, if European psychiatrists will not be opened to cultural anthropologists, psychologists, sociologists, ethnologists, they will not progress and there will be the risk of closing themselves in a conclave detached from the interconnections of globalisation.

We hope that this first symposium between psychopathologists and cultural psychiatrists may prompt a debate between experts in the field of psychopathology and cultural anthropology to deconstruct Western culture seen as a repository of the ''medical basic knowledge''.

Today, more than ever, it is increasingly important to consider not only the Western culture models (e.g. the neurobiological point of view) but also specific models of other cultures. The latter either

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