

Planar Imaging capability. 5 volumes were acquired following each stimulus with an interstimulus interval of 16.25 s, TR = 3.25 s and an acquisition time of 1.2 s per volume. Words were read and heard during silent portions (2 s) of the acquisition sequence.

**Results:** Results to-date indicate that patients with hallucinations and delusions are more likely than controls and patients in remission to misidentify their own distorted speech as alien.

Both reading aloud in the presence of pitch distortion of the subject's own voice and reading with "alien" feedback were associated with activation in an extensive network of regions including the basal ganglia, insula, and the inferior frontal, superior temporal, cingulate and cerebellar cortices ( $p < 0.0001$ ).

**Conclusions:** Modified event related sequences provide a means of avoiding the effects of scanner noise during fMRI. Verbal self-monitoring involves a network of areas implicated in the generation and perception of speech.

## SAT02. Achieving remission of depressive symptoms: strategies and guidelines (Sponsored by Lundbeck A/S)

Chair: N. Sartorius (CH)

### SAT02.01

MAKING REMISSION AN ACHIEVABLE GOAL – SPECIALIST'S UTOPIA VERSUS GENERALIST'S REALITY?

A. Wade. *UK*

No abstract was available at the time of printing.

### SAT02.02

OPTIMISING LONG-TERM TREATMENT OF DEPRESSION

Y. Lecrubier. *France*

No abstract was available at the time of printing.

### SAT02.03

QUALITY OF LIFE ISSUES IN LONG-TERM TREATMENT WITH ANTIDEPRESSANTS

P. Bech. *Denmark*

No abstract was available at the time of printing.

### SAT02.04

MAINTAINING RESPONSE TO ANTIDEPRESSANTS

M. Lader. *UK*

No abstract was available at the time of printing.

## SAT03. Satellite Symposium in Czech (Sponsored by Leciva)

No abstracts received.

## S46. Consultation liaison psychiatry in Europe: current issues

Chair: F. Creed (UK)

### S46.01

CONSULTATION-LIAISON PSYCHIATRY, PRIMARY AND SECONDARY CARE

A. Lobo. *Servicio de Psicología y Psiquiatría de Enlace, Hospital Clínico Universitario and Universidad de Zaragoza, Zaragoza, Spain*

**Background:** The essence of Liaison Psychiatry (Consultation-Liaison Psychiatry) is that the clinical work, but also teaching and research should occur in relation to the full range of patients presenting with both organic symptoms and psychological disorder. The objective of this paper is to review our evidence of the need for liaison psychiatry both, in Primary and Secondary Care, and to discuss the results in the European context.

**Methods:** The epidemiological and clinical work in medical patients completed in Zaragoza over the last two decades in both, hospital and primary care patients will be reviewed and discussed in the context of European reports.

**Results:** Epidemiological findings in Zaragoza are consistent with the view that at least 30% of medical inpatients and slightly less of primary care patients have psychiatric morbidity. The data also show that this morbidity goes frequently undetected. Our clinical experience suggests that effective treatments exist for psychiatric disorder in physically ill people, which are cheap for the benefits they provide. Evidence of need for liaison services is matched by evidence of demand for them: since our services were introduced in 1977 they have been accompanied by a rapid increase in the rate of inpatient referrals, which is now 4%. The demand from primary care settings is quite strong, but the needs are largely unmet. This kind of evidence has been reported in other European countries. Similarly, the need for adequate teaching programs and good research has been documented. In view of our limited resources, we have developed and implemented simple liaison models both, in hospital and primary care patients, which are also inspired by European reports, including recent research under the auspices of Biomed programs.

**Conclusions:** The need for liaison psychiatry work both in Primary and Secondary Care is well documented. Simple, realistic, research based models should be developed to fill the perceived gap between the needs for, and the availability of services.

### S46.02

QUALITY MANAGEMENT, ACCREDITATION AND CERTIFICATION PROCESSES IN C-L PSYCHIATRY

M. Rigatelli\*, B. Bertonecchi. *Department of Psychiatry, Modena University, Via del Pozzo n° 71, 41100 Modena, Italy*

The aim of this study was to assess how the development of the Quality Management's (QM) cycle and the accreditation and certification procedures according to ISO 9002 laws, could keep up with each other. From 1994 to 1997, the Modena C-L Psychiatry Service has been taking part in a E.U. Multicenter QM Study (project leader: Dr. T. Herzog). Twenty-five QM's meetings have been held to identify problems and indicators. We chose three indicators: the amount of time spent for the C-L psychiatrist-nurse relationship; the liaison with primary care physicians; the respect of time as requested by consultee. According to the last indicator in both 1997