

outline of models in regulating this complex issue in Europe. This work is an updating of a previous one conducted 18 years earlier, and gives way to considerations about historical trends in this area.

Results: Most countries have changed their legislation in the '90s, emphasizing a wider range of services involved in the provision of mental health care and protection of human and civil rights. Roles of the medical profession and of the judicial system in the procedures of involuntary treatments were found aggregating around two basic models: the medical model, with large discretionary power left to physicians, and the judicial one acknowledging full power in all stages of the process to the legal authority.

Conclusion: Cross national comparisons may be helpful to outline historical and cultural trends and to provide a framework for drafting one nation's laws. European countries have shown to attach great importance to legislation activities in the last two decades, which has been crucial in acknowledging consolidated changes and promoting new approaches.

S-63-04

Integrative treatment in schizophrenia

T. Burns. *Department of Psychiatry, Univ, Oxford, United Kingdom*

Objective: Despite the impact of antipsychotics the long-term course of schizophrenia has not been changed, nor has acceptable compliance over time or an acceptable quality of life been achieved for a substantial proportion of sufferers. Personal, social and clinical needs are intimately intertwined and clinical consensus is that an 'integrative' approach is needed. Research results for models of integrative treatment have often been contradictory and inconclusive. Most methodologies help little in choosing between proposed models. This reflects both differing methods of service description and differing healthcare contexts. This study attempted to identify the common ingredients of successful integrative treatments.

Methods: A systematic review of home-based care (broadly defined) for severe mental illness (predominantly schizophrenia) utilizing Cochrane methodology, augmented by the measurement of service characteristics in these studies (obtained by questionnaire based on an expert panel). These service characteristics were subject to cluster analysis to identify common practice in integrative services and then to regression analysis against reduction in hospitalisation to identify 'effective' ingredients.

Results: Five main components of practice were identified (multidisciplinary working, integrated psychiatrist, simultaneous health and social care, home visiting and smaller caseloads). Two (home visiting and integrated health and social care) were associated with improved community tenure.

Conclusion: It is possible to begin to identify the essential components of integrative treatment for schizophrenia. This requires exploring rather than discounting outcome differences in studies.

Wednesday, April 6, 2005

S-71. Symposium: The QUATRO study - an European randomised controlled trial of compliance therapy

Chairperson(s): Jonathan Bindman (London, United Kingdom), Morven Leese (London, United Kingdom)
08.30 - 10.00, Holiday Inn - Room 3

S-71-01

Does adherence therapy improve quality of life?

J. Bindman. *Institute of Psychiatry, London, United Kingdom*

Objective: Adherence with prescribed antipsychotic medication is of utmost importance for people suffering from schizophrenia in order to reduce symptoms and the risk of relapse, and thereby maintain good quality of life. However, rates of non-compliance are high (appr. 50%), and success of interventions to increase compliance has been limited so far. This study aims to establish the effectiveness and cost-effectiveness of Adherence Therapy, a pragmatic intervention aimed at increasing compliance to medication based on motivational interviewing, on improving quality of life.

Methods: The study is a randomised-controlled trial in four European sites (Amsterdam, Leipzig, London and Verona). Subjects with a diagnosis of schizophrenia and a history of clinical instability (admission or clinician rated relapse) who consent to take part are allocated to 8 sessions of therapy or 8 sessions of an educational control intervention. A baseline interview is conducted prior to treatment, and outcome assessed at one year follow-up using standard measures of quality of life, with the SF-36, as primary outcome.

Results: 409 subjects have been recruited, interviewed and treated and follow-up interviews have been completed.

Conclusion: Baseline characteristics of the sample will be discussed, a factor analysis of the SF-36, and its subscales will be presented and the suitability of the measure for the study and others of its type will be discussed.

S-71-02

Mediated relation of adherence to medication and quality of life in people suffering from schizophrenia

B. Puschner, A. Gießler, A. Born, H. Helm, T. Becker, The Quatro Study Group. *Ulm University, Department of Psychiatry II, Guenzburg, Germany*

Objective: A considerable bulk of research has been produced on adherence to medication and quality of life which are both considered important process-/outcome variables in the treatment of schizophrenia. However, the relation between adherence and quality of life in people suffering from schizophrenia has not been examined so far.

Methods: Since January 2002, a comprehensive longitudinal multi-center European study (participants in London, Verona, Amsterdam, and Leipzig) has been analysing effectiveness of Adherence Therapy, a pragmatic intervention based on motivational interviewing aimed at increasing adherence to medication. At each site, approx. 100 subjects have been randomly assigned to either eight sessions of Adherence Therapy or psychoeducation and are being followed up for one year.

Results: An extensive literature search on predictors of adherence to medication and quality of life in schizophrenia resulted in a detailed theoretical model specifying the complex relationship between these two variables including a number of mediating factors. The theoretical model was then subjected to empirical verification via structural equation modelling which showed that there is hardly a direct effect of adherence on QoL, i.e. other variables such as symptomatic impairment, illness insight, depression, and global functioning, need to be included to

obtain a meaningful model. Further analysis will focus on precise specification of the mediated path between adherence and quality of life and on the effect of the intervention.

Conclusion: Implications of results for future research and practice will be discussed.

S-71-03

Developing adherence therapy

R. Gray. *Institute of Psychiatry Denmark Hill, London, United Kingdom*

Objective: To develop a pragmatic manualised intervention to enhance treatment adherence in people with schizophrenia

Methods: Literature review Expert consensus opinion Pilot field-testing

Results: Adherence therapy is an eight-session intervention based on: compliance therapy; motivational interviewing; and cognitive behavioural therapy. There are four phases to the therapy: - Engagement - Assessment - Therapy - Evaluation During the therapy phase the therapist can select activities to do with the patient from a toolkit. Field testing suggested that the therapy was acceptable to patients with schizophrenia.

Conclusion: Adherence therapy is a brief psychological intervention to enhance adherence in people with schizophrenia.

S-71-04

The cost-effectiveness of adherence therapy for people with schizophrenia

A. Patel, P. McCrone, M. Knapp, K. Martijn, H. Helm, F. Amaddeo, M. Leese, M. Moreno. *Institute of Psychiatry Denmark Hill, London, United Kingdom*

Objective: To present patterns of service use and costs associated with participants in the QUATRO study, a 4-country randomised controlled trial comparing adherence therapy with a health education programme for people with schizophrenia.

Methods: A comprehensive economic evaluation is being conducted as part of the QUATRO study. This has several main objectives: (1) to measure, describe and compare patterns of service utilisation within and across a number of cultural, socio-demographic and economic contexts, and across care systems and settings; (2) to calculate and compare direct and indirect costs of care; (3) to identify factors associated with service costs; (4) to compare alternative measures of quality of life; and (5) to assess the relative cost-effectiveness and cost-utility of adherence therapy in comparison with the control therapy. Economic data were collected by interview with participants, supplemented by health care records and information from key workers.

Results: Baseline data on patterns of service use and societal costs for a 3-month period will be presented. There are often challenges in the design and conduct of multi-country economic evaluations. We will describe the instrument used to collect comprehensive and comparable resource use data, the way in which unit costs of those resources were estimated across the 4 countries, and how the cost-effectiveness analyses will be undertaken.

Conclusion: Multi-country studies confer many advantages but also present challenges in the design and conduct of the economic evaluation. Further research is needed to assess the

consequences of different design methods on the interpretation of findings.

Sunday, April 3, 2004

W-03. Workshop: Core competences for the psychiatrist of the future - A comparison between Europe and us

Chairperson(s): Anne Lindhardt (Copenhagen OE, Denmark), Allan Tasman (Ky, USA)
16.15 - 17.45, Holiday Inn - Room 2

A. Lindhardt. *Rigshospitalet, Neurocentret Psykiatrisk klinik 6212, Copenhagen OE, Denmark*

L. Küey. *c/o Flap Tour, Nisantasi/ Istanbul, Turkey*

The workshop will cover different aspect of training with a view to where we see (and want) psychiatry moving. The idea of competences structuring training are of importance in Europe and US. Areas as: psychotherapy, humanistic disciplines, the role of psychiatry in medicine, and the core competences, will be covered.

Sunday, April 3, 2005

W-16. Workshop: Women's careers in academic psychiatry

Chairperson(s): Anita Riecher-Rössler (Basel, Switzerland), Michaela Amering (Wien, Austria)
08.3 - 10.00, Holiday Inn - Room 6

Women play a growing and important role in academic settings in European psychiatry. Women's mental health has become a topic of special interest within the field. At this point in time and development it is indicated to look at certain key issues that concern women's careers in our field. The workshop will provide an opportunity to assess data bases on women in academic psychiatry across Europe. Special attention will be given to the influence of gender on role performance within research teams. Efforts will be undertaken to tackle the problem of "glass ceiling effects", that seem to exclude women from significant involvement in leadership roles. Possible institutional and psychological barriers and stereotypes will be explored. Novel approaches such as mentoring models will be discussed. The opportunities of cross-networking with other fields of professional life and research into gender issues will be addressed. Results of long-term studies showing that businesses' scores for promoting women correlate positively with higher profitability might inspire initiatives in the direction of enhanced promotion of women in our field. With presentations and arguments on these key topics the workshop will present an opportunity to engage women and men with experience in the academic arena in a discussion on how to advance towards gender parity in the field of academic psychiatry in Europe. Professor Maria Luisa Figueira from the University of Lisbon, a prominent female leadership figure in European Psychiatry, and Professor Jules Angst, one of the world's leading male psychiatrists, will provide input as experts discussants.