SEC18-2
SCHIZOPHRENIA — A CHANGING CONCEPT?

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All the time since Kraepelin and Bleuler, at the beginning of this century, defined dementia praecox and schizophrenia and delineated them from the affective disorders and paranoia, psychiatric research has struggled with several core questions: (1) Are schizophrenia and affective disorders really two completely different disorders, or are they only different manifestations of one, uniform psychosis? (2) If schizophrenia is different from affective disorders and paranoia, is it one or several disorders? Important researchers in the field of schizophrenia like Meyer, Sullivan, Schneider and Langfeldt, tried hard, but did not find the ultimate answers. In the last 25 years, we have witnessed an intensive research, using more reliable instruments and more sophisticated statistical (factor analysis) and biological (e.g. Pet scan) methods. And there has been an increasing research on antecedents to schizophrenia and the onset and course of the first psychosis. The present paper will discuss whether the results from this research have any consequences for our conceptualisation of schizophrenia, in research and in clinical practice.

SEC18-3
THE POSITION OF DELUSIONS IN PSYCHIATRIC NOSOGRAPHY

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Discussions on the nosographical position of delusions have resulted in a wide range of opinions. Assumptions have ranged from an independent nosological entity to attribution to a certain disorder to divergent bi- or multicategorical classification models. The high diagnostic uncertainty was one of the starting points of our psychopathological studies on the pathogenesis and nosographical position of delusions. The results of the polydiagnostic studies indicated that delusions are neither a nosological entity nor due to a particular psychiatric disorder, e.g. schizophrenia. Delusions have to be considered as nosological non-specific syndromes which may occur in the frame of every psychiatric disorder. The results of the clinical psychopathological studies on the pathogenesis of delusions showed that delusions are caused by a complex interaction of various psychic, physical and social factors. The choice of a particular delusional theme is determined by gender, age, civil status, social isolation, and special experiences ("key-experiences") whereas the incorrigible conviction is based on noopsychic disorders and/or thymopsychic derailments. The significance the multifactorical pathogenesis of delusional syndromes for clinical diagnosis and treatment will be discussed in detail.

SEC18-4
DYSPHORIA AS A NOSOGRAPHICAL DIS-ORGANIZER

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If compared with the bulk of psychopathological literature dedicated to some affects as sadness or euphoria, dysphoria has received relatively little attention. As a matter of fact, today's nosographical schemes are arranged in dichothomies - psychotic vs. personality disorders, schizophrenic spectrum vs. "bipolar" spectrum, depressive vs. manic disorders. Although concepts as "comorbidity", or "dimension" may be of some help to soften the yes-or-no schemata of the nosographical mind, they do not challenge its basic assumption – i.e. psychopathological phenomena are arranged along two polarities. Such viewpoint admits exceptions and quantitative grades, but may be blind to qualitatively different phenomena. Dysphoria (i.e. anger and irritability), if compared to sadness or euphoria, is indeed a diffent quality of mood which disorganizes the manic-depressive dichothomy. Not only dysphoria establishes a "third pole" within mood disorders, but it also also cuts across traditional nosographical schemes and embodies a nucleus of understanding of otherwise anomalous symptom-complexes - e.g. paranoid phenomena in manic or depressive states.

SEC18-5
NEUROSIS — AN OLD CONCEPT WHICH SHOULD BE LEFT BEHIND?

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Originally coined for noninflammatory diseases of the nervous system the term neurosis became progressively restricted to psychic disturbances of psychogenetic origin. The assumption that manic-depressive illness and schizophrenia were caused by somatic dysfunctions led to the establishment of an aetiologically based distinction between neurotic and psychotic disorders. Doubts about the validity of this dichotomy incited recently to abandon it completely. There are, however arguments to maintain the concepts of neurosis in an aetio-pathogenetic perspective: The characteristic features traditionally named neurotic can pathogenetically be assigned to insufficient or inappropriate learning processes. The first encompass non-acquisition of coping or attribution styles or lack of habituation, the second sensitization or the acquisition of inadequate coping or attribution mechanismes. These vulnerabilities may become manifest under the impact of stressing life events, but also on the basis of somatic dysfunctions. The aetiological attribution to neurosis should therefore be restricted to the first condition. Psychogenic delusions can be envisaged in the same aetio-pathogenetic perspective. They should however be separated from neuroses since they are in addition characrerized by impaired reality testing, which requires particular therapeutic strategies, and on the basis of additional temperamentally caused vulnerability factors.

SEC18-6
CHRONIC PAIN — CHANGING CONCEPTS IN PSYCHIATRY

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There is a recent tendency towards treating chronic pain patients in a psychiatric setting. In 1996 the Department of Psychiatry in Erlangen treated 56 in-patients with chronic pain. The reason for this lies in the competence of psychiatrists for psychotherapy of chronic pain and associated mood disorders, for pharmacotherapy with antidepressant drugs, and for the treatment of substance abuse occurring during the course of chronic pain. Among these patients the diagnosis "somatoform pain disorder (ICD-10 F 45.4)" is frequent. In somatoform pain disorder there is a history of painful illness or physical trauma. This is the basis for our proposal to consider this kind of inadequate pain perception as a pathophysiological reaction, i.e. a "wind-up" phenomenon, rather than a psychogenic reaction. In view of this pathophysiological reaction we developed a treatment strategy using a retarded tramadol preparation or, alternatively, a transdermal system of the opioid fentanyl.