

**P-11-23**

Internal referrals in a Mental Health Center

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**Objective:** The purpose of this study was to examine the referred cases from Child Sector of our Center to the Adult one and evaluate a) the appropriateness of the referrals and b) the correlation between the parent's problems and those of the children.

**Methods:** Data from 60 referred cases (parent/s with one at least child under therapeutic process by the Child Sector) were examined. We analyzed parameters as: age, sex, family status, occupation, cause of referral or diagnosis (concerning the parents) and age, sex and diagnosis (concerning the children).

**Results:** From the results we will discuss the most outstanding: about 50% of the referrals didn't come to be examined or we didn't find any psychopathology leading to necessity for therapeutic intervention.

**Conclusion:** In order to explain this fact and take measures to reduce it, we must reexamine all the procedures of referral concerning both sectors (Child and Adult) of our Center.

**P-11-24**

Bioethical principles in treatment of psychiatric patients in croatia

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**Objective:** Health protection of every person has to be carrying out through principle of humanity and right of protection as a patient. This is specially related to mentally ill persons. Because of mental condition, these patients might be deprived of their own will. It is very important to stick on bioethical principles in medical treatment of patients with mental disorders, nevertheless of all challenges in modern psychiatric approach. From 1998 in Croatia we have the Law on protection of persons with mental disorders. This Law regulates fundamental principles, organization, protection, and presumption for conduction of measures and procedures toward patients with mental disorder. Nevertheless of difficulty, mentally ill person has a right to informed consent for conduction of every medical procedures planed in treatment. Every mentally ill person has to know about the purpose, nature, consequences, benefits and dangers of such procedures and about alternative possibilities of treatment, based on her/his mental capacities. Croatia is long for a modern and bioethical acceptable approach to health protection. Very soon Croatian Parliament will proclaim the Law on protection of patients' rights. In the draught of this Law is an article on protection of patients with severely mental disease. In this article is said that is possible to conduct all medical procedures even without patient's consent to prevent her/his further health damage. In that situation the consent is given by patient's legal representative. Because of specifics of mentally ill persons there is a special problem in clinical psychiatric researches. For participation in such research sometime is impossible to have informed consent from psychiatric patient. In this case as in previous one, Law entitle patient's legal representative to give consent. If there is no legal representative, the consent could be given by ethical council of institution where research will take place.

**P-11-25**

Rapidly measurable general muscle relaxation induced by local back massage with an automated massage chair

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**Objective:** Massage therapy has recently received empirical support for reducing pain and alleviating stress, depression, and anxiety in the context of various somatic and psychiatric disorders. Whereas an extensive literature exists on vibrator stimulation suggesting significant therapeutic effects at least for pain reduction, the application of other mechanical massage techniques has not been investigated until now. The objective of the present pilot-study was to investigate the effect of 3 massage techniques applied on the back by an automated massage chair with regard to relaxation in other muscle groups.

**Methods:** Ten healthy volunteers participated to the experiment, consisting in four 5-minute-periods: Relaxation without massage, Roll-Stretch Massage, Shiatsu-Massage, Beat Massage. A NAIS chair was used. Subjects were randomized as to the presentation order. EMG data was collected via a ProComp+/Biograph system over the m.frontalis (reflecting primarily affective states) and over the left m.gastrocnemius (reflecting general level of tension).

**Results:** Self-Assessment Mannequins analysis indicates that Roll-Stretch and Shiatsu-Massage were regarded by participants as more pleasant than the control condition ( $p<0.05$ ). No differences were found with regard to arousal. Whereas the four conditions were similar with regard to the mean frontal EMG values, they differed regarding the gastrocnemius EMG: Roll-Stretch-Massage  $1.79\pm1.16\text{mV}$ ; Shiatsu-Massage  $1.91\pm1.27\text{mV}$ ; relaxation only  $3.36\pm2.18\text{mV}$  (for both comparisons:  $p<0.05$ ). The Beat Massage ( $3.38\pm3.19\text{mV}$ ) did not differ from control condition.

**Conclusion:** Automated Roll-Stretch-Massage and Shiatsu-Massage applied on the back induced rapidly measurable relaxation in distant muscles not directly massaged, whereas Beat Massage did not. Back massage applied by an automated massage chair may be an efficient and inexpensive general relaxation approach, especially interesting for patients disliking being touched.

Sunday, April 3, 2005

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## LS-01. Satellite symposium: Bridging the gap between schizophrenia and mood disorders

**Supported by an unrestricted educational grant from Pfizer Inc.**

*Chairperson(s): Hans-Jürgen Möller (München, Germany)*

12.30 - 14.00, Gasteig - Carl-Orff Saal

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### LS-01-01

Biological basis of schizophrenia, bipolar disorder and mood disorder

A. Weizman. *Geha Psychiatric Hospital Research Unit, Petah Tiqva, Israel*

**Objective:** Advanced review of the biochemistry and genetics of different psychiatric disorders and how they overlap.

**Abstract:** Neuroanatomical, neurobiochemical and genetic abnormalities are common in psychiatric disease and have been observed in all major types of psychiatric illnesses, including depression, bipolar disorder, schizophrenia, and a variety of anxiety disorders such as social phobia and panic disorder. There is a considerable overlap in abnormal neurochemical processes between them and genetic linkage has also been observed between psychiatric diseases such as bipolar disorder and schizophrenia (long arm of chromosome 13 and 22) suggesting that there is a shared genetic predisposition to have both disorders. [1] Linkage studies have identified multiple potential genetic abnormalities such as the t(1;11) translocation associated with DISC1, which has been linked to schizophrenia, schizoaffective disorder, recurrent major depression, and bipolar disorder. [2] Functional imaging using signal transduction and functional magnetic resonance imaging are further enhancing our understanding of the neurobiology of psychiatric disease (i.e. glycogen synthase kinase-3 in bipolar disorder).

**Conclusion:** There is considerable neurochemical and genetic overlap between schizophrenia, bipolar disorder, and mood disorders suggesting that pharmacological agents that modulate shared pathways may be effective treatments for this group of psychiatric disorders.

## References

- [1] Gershon ES, Badner JA. Progress toward discovery of susceptibility genes for bipolar manic-depressive illness and schizophrenia. *CNS Spectr.* 2001;6:965-8.
- [2] Blackwood DH, Muir WJ. Clinical phenotypes associated with DISC1, a candidate gene for schizophrenia. *Neurotox Res.* 2004;6:35-41.

## LS-01-02

Clinical overlaps in schizophrenia, bipolar disorder and mood disorders

S. Potkin. USA

**Objective:** Demonstrate the clinical overlap between schizophrenia, bipolar disorder, and mood disorders.

**Abstract:** There is considerable symptom overlap in patients with these psychiatric disorders such that for the prescribing psychiatrist, identifying the underlying morbidity is not always straightforward. Acute symptom control is required in all patients with mood stabilization and in some cases control of cognitive impairment. The major psychiatric disorders often exhibit various degrees of co-morbid depression and anxiety, which can lead to significant morbidity as well as occasional mortality. For instance, anxiety disorder is a common co-morbidity found with bipolar disorder. Some of this clinical overlap may derive from shared neurochemical, genetic, and neuroanatomical abnormalities. For example, there is some evidence that social phobia may be localized to abnormalities in the amygdaloid-hippocampal region of the brain. [1] Given the clinical overlaps, psychiatrists need to

bridge the gaps in their perception and treatment of these complex disease syndromes. In bipolar disorder, schizophrenia, and mood disorders, multiple studies have documented the important contribution of both genetics and environmental factors in contributing to the expression of these disease states.

**Conclusion:** Schizophrenia, bipolar disorder, and mood disorders share many clinical features that relate in part to genetic and environmental factors. Such similarities have profound implications for current as well as future psychiatric pharmacotherapy.

## Reference

- [1] Tillfors M. Why do some individuals develop social phobia? A review with emphasis on the neurobiological influences. *Nord J Psychiatry.* 2004;58:267-76.

## LS-01-03

Advancing the treatment of psychiatric disorders

W. Fleischhacker. *Psychiatrische Univers.-Klinik Innsbruck, Innsbruck, Austria*

**Objective:** Review the latest developments in antipsychotic treatment.

**Abstract:** The development of antipsychotic medications will be reviewed and data on the safety and efficacy of these treatment options presented. Antipsychotic treatment has evolved from early antipsychotics such as chlorpromazine and haloperidol with their limited efficacy and poor side-effect profile to the introduction of the first-generation antipsychotic, clozapine. Newer second-generation antipsychotics with improved efficacy or better tolerability have been introduced and the latest have advantages over earlier antipsychotics. New second-generation antipsychotics with improved efficacy or better tolerability have been introduced and have some advantages over previously licensed drugs, especially with regard to safety. These additions allow psychiatrists to treat the full spectrum of schizophrenia, which in addition to positive symptoms also includes negative symptoms, depression, cognitive dysfunction, and improvement in quality of life. Recent data demonstrate the importance of newer second-generation antipsychotics in the management of bipolar disorder in both acute and long-term treatment for mania, depression and anxiety. The most recently introduced new second-generation antipsychotics provide the psychiatrist with better tolerability profiles and minimal metabolic side-effects (minimal weight gain, low risk of developing diabetes, no elevation of prolactin and minimal effects on lipid profile).

**Conclusion:** New second-generation antipsychotics are becoming increasingly better tolerated and effective. Their efficacy is dependent on multiple factors. Given the impact of these new second-generation antipsychotics on the treatment of psychiatric disorders, psychiatrists should expect a new standard of care for treatment.