Kraepelinian dichotomy between schizophrenia (SCZ) and bipolar disorder (BD) is based on the increased degree of overlap in the pathophysiology of the two disorders and white matter pathology has emerged as a possible marker for these illnesses. Indeed, genes regulating myelin and oligodendrocytes are downregulated in both SCZ and BD, suggesting oligodendrocyte dysfunction. Also, we and others have demonstrated using MRI intra- and inter-cortical white matter impaired connectivity in both disorders. These accumulating data suggests a possible common physiological pathway for SCZ and BD, involving white matter disconnection. White matter microstructure organization can now be explored by diffusion imaging. Recently, we have shown with diffusion MRI impairment of frontal and temporal white matter, corpus callosum, and thalamus in one of the largest population of patients with SCZ reported in the literature. Also, white matter microstructure alterations have also been found in BD, and our diffusion imaging data would confirm that in our population of BD patients. Therefore there is strong evidence suggesting that white matter pathology is present in both SCZ and BD, possibly representing a common intermediate endophenotype. This may potentially be sustained by dysfunctional olygodendrocytes, leading to white matter disruption and ultimately to cognitive disturbances. Impairments of executive functions are indeed reported in both SCZ and BPD and epidemiological studies have demonstrated family aggregation of both disorders. In conclusion, in this symposium we hope to inform on the current debate on the merits of the Kraepelinian dichotomy, characterizing the dimensional approach in the understanding of the functional psychoses.

Symposium: Mental health outcome assessment and feedback: An international perspective

S20.01

Attitudes of clinicians to routine outcome measurement in mental health

T. Trauer. *Department of Psychiatry, The University of Melbourne, Melbourne, Australia*

Background and Aims: Routine outcome measurement is mandated in public mental health services in Australia, but uptake and compliance is variable. This may be because of uncertainties and resistances among clinicians. The objective of this study was to survey attitudes and experiences to routine outcome measurement among staff in adult area mental health services and to understand their correlates.

Methods: As part of a larger study, a specifically designed questionnaire was distributed to all staff.

Results: The questionnaire return rate was high. A wide range of opinion was found, ranging from very positive to very negative, with the majority being somewhat positive. Staff who had attended training reported the measures as easier to use than those who had not. Staff who had recently seen feedback of their outcome measures rated outcome measures as more valuable but less easy to use than those who had not seen feedback. Compared to other disciplines, medical staff and psychologists tended to rate outcome measures as less useful. Administrative staff rated outcome measures as more valuable than did clinical staff.

Conclusions: The results have implications for the implementation and sustainability of routine outcome measurement. It is helpful to distinguish between clinicians' views as to the general value of outcome measurement, which is often positive, and their experience of ease of use, which may be much less positive. The results highlight the need for staff to receive targeted training and usable reports, and to have access to resources to extract value from outcome measures.

S20.02

Effect of outcome monitoring and management in German inpatient psychiatric care: Cluster-randomised trial

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Background and Aims: Outcome management has been suggested as a promising strategy to improve quality of mental health care. However, there is a lack of evidence on the efficacy of feedback of treatment outcome to people with severe mental disorder and their clinicians. Thus, the study "Outcome monitoring and outcome management in inpatient psychiatric care" (EMM) aims to to ascertain the short- and mid-term effect of outcome management in inpatient psychiatric care.

Method: This cluster-randmised trial started in June 2005. 294 participants who gave informed consent have been recruited among patients admitted to a large psychiatric hospital in rural Bavaria. These were asked to provide information on treatment outcome on the Outcome Questionnaire 45 via weekly computerised assessments. Patients and clinicians in the intervention group received continuous feedback of outcome.

Results: Patients were willing and able to provide outcome data on a regular basis. Patients highly valued feedback of outcome while clinician acceptance was moderate. At discharge, there were no differences between the feedback and no-feedback groups on patient-rated outcome. However, as compared to the no-feedback group, length of stay of patients with good outcome who received feedback was shorter while it was longer for those with unfavorable outcome. Further findings on the mid-term effect of feedback at follow-up and on the cost-effectiveness of the intervention will be reported.

Conclusions: Implications of these results for further improving the effectiveness of outcome management in mental health services and thus contributing to an adaptive allocation of treatment resources will be discussed.

Symposium: Clinical development of antipsychotic drugs

S37.01

Interpretation of data for the regulatory agency, for the scientific community and for practicing psychiatrists

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During the past fifteen years, several new atypical antipsychotic medications suitable for the treatment of symptoms in schizophrenia entered the marketplace. In the process of drug development, the sponsoring pharmaceutical manufacturers designed and implemented multiple major clinical studies demonstrating efficacy for each of the new agents. The design and implementation of these sponsored preapproval clinical studies were intimately linked with the prerequsite to comply with regulatory requirements for approval of a new atypical agent. The conditions for approval motivate the pharmaceutical industry to perform efficacy studies using the same trial design elements, and uniform data analytic approaches for the evaluations. This presentation, using the FDA's Summary Basis of Approval database, will overview established practice of providing evidence to regulatory authorities about the claimed properties of new pharmaceutical products with regard to antipsychotic efficacy. The overall designs including the timing of evaluations, psychometric rating scales used for evaluations, and the use of both measured and derived outcome variables as well as other principal characteristics of the trials, such as the choice of population for efficacy analyses, and methods of handling missing data will be reviewed. The established conventions and procedures will be contrasted with scientific concepts and principles and practical utility.

Symposium: Pharmacological prevention of suicide

S34.01

Lowering suicide rates: Realistic or Quixotic

D. Healy. *North Wales Department of Psychological Medicine, Cardiff University, Bangor, UK*

Background and Aims: There have been concerns about the risk benefit ratio of treatment with antidepressants and antipsychotics in the light of recent evidence pointing to a risk of suicide induction during the course of treatment with antidepressants. These concerns have led to a series of recent studies exploring national rates of suicide and correlating these with data on antidepressant consumption, which apparently showed reductions in suicides since the advent of the SSRIs.

The data from controlled trials on antidepressants and antipsychotics however point to increased suicide and suicide attempt rates. Against this background we have looked at suicide rates in schizophrenia in North Wales from the pre- and post-antipsychotic eras and have compared suicide rates in the Nordic countries with autopsy and ill-defined death rates, and antidepressant sales, during the period 1961 through to 2003.

Results: There has been a 10-fold rise in suicide rates in schizophrenia since the introduction of the antipsychotics. In the Nordic countries, there is no relationship between antidepressant consumption and suicide rates but a close correlation between suicide rates and both autopsy and ill-defined death rates, which appear to need further clarification.

Conclusions: Combined these datasets suggest efforts to reduce suicide rates, in particular efforts that rely on psychotropic drug use may be quixotic.

S34.02

Prediction and prevention of suicide in mood disorders

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Background and Aims: Major mood disorders are quite prevalent, but frequently underreferred, underdiagnosed and undertreated illnesses. The early recognition and appropriate treatment of unipolar and bipolar mood disorders is particularly important, since untreated mood disorders carry extremely high risk of both attempted and committed suicide. Recent studies clearly show that suicidal behaviour in patients with major mood disorders is state and severity dependent and this means that suicidality markedly decreases or vanishes after clinical recovery from major depressive episode or from dysphoric mania. However, since the majority of mood disorder patients never committ and more than half of them never attempt suicide, special clinical characteristics of the illness as well as some familial and psycho-social factors should also play a contributory role in this self-destructive behavuour.

Results: Considering the clinically explorable suicide risk factors in patients with mood disorders (family and/or personal history of suicidal behaviour, early onset of the disorder, severe depressive episode/hopelessness, agitated/mixed depression, bipolar II diagnosis, comorbid Axis I and Axis II disorders, adverse life situations, lack of social and medical support), in the majority of the cases, suicidal behaviour is predictable with a good chance. There are also several evidences that (succesfull) long-term treatment of unipolar depressives (with antidepressants and/or lithium) and bipolar patients (with mood stabilizers and with antidepressants/antipsychotics) substantially reduces the risk of attempted and completed suicide, even in this high-risk population. Most recent studies also show that supplementary psycho-social interventions (psychoeducation, and targeted psychotherapies) further improve the results.

S34.03

Suicide prevention: Updated findings

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Background and Aims: International suicide rate in developed countries averages 13.3 x 100.000 population, a rate increased from 1955 to 2001 by 3.3% which has decreased from 1990 to 2001 by 11.7%. This decline may be associated with an improved health care, including medical interventions, with the most relevant role is attributed to treatments with antidepressants. Most of the studies showing an inverse correlation between increased usage of antidepressants and decreased suicide rates are based on ecological designs which do not provide information on the individual level.

Results: In order to prevent suicidal behavior it is fundamental to know that: [a] 90% of all suicides are associated with a psychiatric disorder, especially mood disorders that account for more than a half of all completed suicides; [b] the ratio of attempts to suicide in the general population is about 20:1, whereas the same ratio is about 5:1 in Bipolar Disorder (BPD) patients, showing higher lethality of suicide attempts. Indeed, the Standardized Mortality Ratio reaches the highest value (20; normal value = 1) in mood disorder patients among all psychiatric disorders, with little differences between BPD I and II, and Major Depressive Disorder.

Conclusions: Early interventions are important since suicide occurs in patients with BPD in the first years after illness onset. From

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