

S14.03

Technology-based interventions for young people with bulimia nervosa and related disorders

U.H. Schmidt. *Section of Eating Disorders, Institute of Psychiatry, London, UK*

Background and Aims: Bulimia nervosa (BN) is a common and disabling disorder in young women. Cognitive-behavioural therapy (CBT) is the treatment of choice, yet the majority of people with the disorder do not access treatment, given the limited availability of CBT for BN. Even for those that do access treatment care may be disrupted, as this is a young mobile population. Thus, new models of service delivery for this group need to be found. Technology based treatments delivered via CD-ROM or the internet may bridge this gap. In this paper, results from two randomized controlled trials (RCTs) and one large cohort study will be presented.

Methods: All three studies evaluated the use of an interactive multi-media programme 'Overcoming bulimia' (Williams et al., 1998) in young people with bulimia nervosa and related disorders, delivered via CD-ROM or the internet, with different types and intensities of support and in different settings (e.g. specialist clinic, or community sample recruited via University network or a large self-help organization). Outcomes were assessed using an interview-based measure of eating disorder symptoms.

Results: Participants' eating disorder symptoms improved significantly compared to waiting list and improvements were maintained over time.

Conclusion: The findings from these studies suggest that a computerized intervention does have promise as a first step in the treatment of BN and may improve access to treatment. However, in people recruited from the community, the opportunity of having some face-to-face contact appears important.

Symposium: International collaboration between developing and developed countries in psychiatry

S49.01

International collaboration in psychiatry: Perils and gains

N. Sartorius. *President, Association for The Improvement of Mental Health Programmes, Geneva, Switzerland*

This presentation will outline the reasons for international collaboration as well as its possible benefits and risks. It will propose a series of principles that have been developed in the course of international projects in which the author was involved. These principles have proved useful in ensuring that international collaborative efforts were productive and useful to the participants as well as to science and countries involved.

S49.02

Teaching ethics and medical conduct in developing countries under unstable political conditions

O. Steinfeldt Foss. *University Health Services, Blindern, Norway*

An overview with practical experiences from teaching medical-ethical values and ethical conduct based on the international medico-legal declarations on patient human rights is presented. Weight is put on ways and means of organizing collegial workshops with emphasis on sharing supposed common values as doctors of medicine and psychiatry. Special target groups have been colleagues in countries under armed conflict, respective unstable political conditions.

S49.03

Access to antipsychotics for schizophrenic patients in developing countries

D. Moussaoui¹, D.A. Gerard². ¹ *Ibn Rochd University Psychiatric Center, Casablanca, Morocco* ² *Access To Medicines Department, Sanofi-Aventis, Gently, France*

Background: In developing countries mental disorders are emerging as a major contributor to the Global Burden of Diseases, but mental health cares are accessible to only a minority. Psychiatric diseases do not benefit from recent dramatic progresses in terms of access to medicines seen in other fields. Thus, in the case of schizophrenia, cost effective treatment combining first generation antipsychotics and adjuvant psychosocial treatment are not widely used.

Aim: Our objective is to demonstrate that access to treatment in the field of schizophrenia could be improved by simple, assessable and adaptable programs.

Method: In partnership with Health Authorities and local psychiatric networks, a pilot project has been elaborated in one province of Morocco (Benslimane). It will be set up early 2008 and will last 3 years. It will combine:

- Population awareness about mental diseases
- Information for patients' families
- Primary care medical staff training, for diagnosis and treatment
- Supply of antipsychotics with a preferential pricing policy (preferential price policy).

A strict assessment of the impact of this program will be performed. The primary criterion will be: treated people each year as a proportion of the total estimated annual prevalence. Involuntary admissions as a proportion of annual admissions, clinical evolution, the potential capacity, and the burden for families will be also measured.

Results: The present situation, the program's content, and the assessment tools will be presented.

Conclusion: Once the efficiency of such programs is established, the scaling-up will require commitments from international organizations and donors.

Core Symposium: Disability – concept and implications

CS04.01

Disability in mental disorders - diagnostic criterion on separate axis

W. Rössler. *Department of General and Social Psychiatry, Psychiatric University Hospital, Zurich, Switzerland*

The development of the International Classification of Diseases has been a major step in the development of a common understanding of mental disorders. But classification by symptoms limits

professional communication especially when we want to focus on functional problems caused by persisting mental health conditions. “Functioning?” concerns all areas of life of affected persons and represents that side of their illness which interests patients mostly. Before this background an additional classification system has been developed aside from the International Classification of Diseases. The International Classification of Health and Functioning describes not only the deficits of disabled persons but also their resources. As such this classification system is not just an add-on to another classification system but it also expresses a new treatment approach directed toward recovery and remission. It also involves affected persons in their rehabilitation and treatment and indicates a new relationship between patients and professionals.

CS04.02

Assessing disability – methodological issues

D. Wiersma. *Department of Psychiatry, University Medical Center, University of Groningen, Groningen, The Netherlands*

The usual diagnostic systems of the ICD and the DSM offer no adequate solution to the problem of classification and assessment of social dysfunction. Social dysfunction as a consequence of disease or disorder has been conceptualised in terms of (social) disabilities, and (role) handicaps (according to the ICIDH 1980) and as activities limitations and participation restrictions (according to the ICF 2001). Conceptual models of disability or social dysfunction reflect various ways of a normative perspective on a person’s integration in the community and determine to a large extent its measurement, which has been criticised because of this perspective but also with respect to the independence of psychopathology, actual behaviour, opportunities, criteria of assessment, source of information, etc.. These crucial issues in the assessment of disability will be addressed from a methodological point of view.

CS04.03

Disability and clinical course of severe mental illness

M. Ruggeri, A. Lasalvia, K. De Santi, D. Cristofalo, C. Bonetto. *Section of Psychiatry and Clinical Psychology, Department of Medicine and Public Health, University of Verona, Verona, Italy*

Background: Social disability is a key outcome measure for severe mental illness, being a pivotal variable, that modulates the effectiveness of treatments and might be modified by the treatments themselves.

Objectives: The aims of the studies presented were: 1) to determine changes overtime in symptoms and social disability in a 1 year treated prevalence cohort of subjects affected by psychosis vs. those affected by non psychotic disorder receiving community-based mental health care, and to explore 2) predictors of clinical and social outcome; 3) the effect of clinical course on disability and quality of life.

Methods: Three hundred fifty four patients treated in the South-Verona CMHS were followed-up over 6 years (with assessments made at baseline, at 2 and 6 years) by using a set of standardised measures exploring psychopathology (BPRS), social disability (WHO-DAS) and quality of life (LQoLP). GLLAMM models were used to explore longitudinal predictors of clinical and social outcome. The effect of clinical course on disability was explored by consulting retrospectively the clinical records.

Results: In psychotic patients relationships with partners were more frequently severely impaired, followed by dysfunction in the

occupational and parental role. Longitudinal analyses displayed a clinical and social outcome characterized by complex patterns of exacerbation and remission over time; however a clear trend towards a deteriorating course was not found, thus challenging the notion that psychotics are not fatally prone to a destiny of chronicity. Models explained 69% of the total variance for social disability. Predictors for disability were clearly differentiated from those for clinical status, but the two domains appeared entwined: the main clinical predictor of social disability was the negative component of psychotic symptoms (the higher negative symptoms, the lower social functioning) and higher disability predicted in turn a worsening of negative symptoms. Continuous course was associated with higher disability and lower quality of life.

Conclusions: Psychopathology and disability are distinct outcome domains only partially overlapping, which do not directly co-vary overtime and are influenced, at least in part, by separate predictors susceptible to specific interventions. However, they are entwined in a vicious cycle leading overtime to a progressive reciprocal worsening with deleterious effect on patients’ daily living and independence. Modern mental health services should be capable of shaping treatments to address these patients’ multifaceted problems.

CS04.04

Daly’s - a concept useful in mental health care?

R. Kilian. *Department of Psychiatry II, Ulm University, Bezirkskrankenhaus, Guenzburg, Germany*

The disability adjusted life year (DALY) concept has been developed as a universal measure of the burden of disease at the country or regional level. The DALY combines years of life lost due to premature death and quality of life lost due to disability to a sum of total lost years of healthy life. First applied in the burden of disease studies conducted in 1990 and 2001, the DALY concept allowed the first international comparison of the burden caused by the most important acute and chronic diseases. Mental disorders were identified in these studies as the most important causes of lost healthy life years worldwide. Meanwhile the DALY concept has been established as basis of effectiveness measures in the international health economic evaluation of health care interventions by the WHO-CHOICE programme. Resulting from the CHOICE studies data on cost-effectiveness of the most important standard interventions for depression, bipolar disorder, schizophrenia and alcohol abuse are available for all WHO regions. In recent studies the DALY concept has been used to predict the consequences of optimizing the mental health care resource allocation on the efficiency of mental health care systems at the national level. Regarding these research activities the DALY concept can be considered as an important methodological tool for mental health services research and the improvement of international mental health care systems.

Presidential Symposium: Ethical issues related to integrative psychiatry

PS01.01

Integrative approaches to treatment: Ethical issues arising in the care for children