

S44 New therapeutic orientations in substance abuse in Europe**NEW ORIENTATIONS IN THE TREATMENT OF SUBSTANCE ABUSE**

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In research studies concerning the evolution of alcoholic patients, psychiatric comorbidity has been demonstrated as being an important factor which negatively influences outcome⁽¹⁾.

However psychiatric disorder is found in 47% of cases of alcoholism⁽²⁾. Numerous studies exist on the outcome of treatment and treatment approaches considered efficacious are becoming well-known⁽³⁾. In general they treat alcoholism as an entity without taking into account the impact of the comorbid psychiatric disorder. Effective therapeutic approaches with alcoholic patients who have a comorbid psychiatric diagnosis are examined, taking into account different psychiatric diagnoses. This study is based on the experience of this type of approach carried out by a psychiatric team specialised in working with alcoholic patients in a long-term outpatient setting.

S46 New trends on psychosomatic disorders**THE NEW DIAGNOSIS CRITERIA FOR PSYCHOSOMATIC DISORDER**

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The new diagnostic criteria for psychosomatic research (DCPR) have been outlined by Fava et al in 1995. They translate psychosocial characteristics observed in various medical diseases in diagnostic criteria which may entail prognostic and therapeutic value. Such criteria characterize the "psychosomatic syndromes" such as alexithymia, type A behavior, disease phobia, thanatophobia, health anxiety, illness denial, functional somatic symptoms secondary to a psychiatric disorder, persistent somatization, conversion symptoms, anniversary reaction, irritable mood, demoralization. The DCPR are currently undergoing validation throughout Europe. In a study on 30 post-myocardial infarction patients we found that these criteria may identify aspects of somatization and psychological distress that are not contemplated by DSM-IV or ICD-10 nosology.

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S46 New trends on psychosomatic disorders**DIAGNOSTIC ET PRONOSTIC PSYCHOSOMATIQUE (GRILLE I.P.S.O.-MARTY)**

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Pour Pierre Marty (1991) «La mentalisation se réfère à nos représentations, à nos images psychiques, ainsi qu'à leur dynamisme».

Ces réflexions nous montrent bien que la spécificité d'intérêt de P. Marty et de son École (IPSO), concerne davantage la qualité et la quantité des représentations psychiques des individus (le degré de leur mentalisation), que leurs transformations en manifestations psychopathologiques névrotiques ou psychotiques

En ce sens dans la *Classification psychosomatique* (grille IPSO-Marty) le *Répertoire des structures fondamentales* contient: Névrose mentale symptomatologiquement organisée, au fonctionnement soutenu - Névroses polymorphes sans symptomatologie mentale dominante et soutenue - Névrose bien mentalisée - Névrose à mentalisation incertaine - Névrose mal mentalisée. Ou encore: Psychose symptomatologiquement organisée, au fonctionnement soutenu etc .. Donc, le plus important à indiquer dans la classification psychosomatique est le degré de mentalisation.