

We believe that the reason to this is that male depressive suicides possibly are not reached by the medical health care system. This might be due to men's alexithymic incapacity to ask for help and/or their atypical depressive, acting out, aggressive or abusive behaviour leading to rejection or miss-diagnosis in the health care system. Consequently, underdiagnosis and undertreatment of male depressions exist and may be the explanation to the paradoxical fact that men in Sweden only are half as often depressed but committing suicides up to five times more often than females in Sweden. New sex specific diagnostic and therapeutic tools as well as sex specific research concerning depression and suicidality is needed.

Suggestions concerning the analysis of the suicidal situation in a region are given and a proposal concerning the diagnostic of the male depressive syndrome made. Key issues to be regarded when offering educational proposals aimed at the improvement of the management of depression are described.

Lundbeck-IPI-SAT-4

SHARING RESPONSIBILITY FOR IMPROVED CARE

Robert Hogenboom. *Lundbeck International Psychiatric Institute, Denmark*

The mission of the Institute is to improve the treatment of patients suffering from CNS diseases by providing independent educational seminars, workshops, symposia, treatment tools and publications.

The educational activities are performed in an international setting guaranteeing that the cultural and social differences are incorporated in the activities that give the best guarantee that culture and social differences are served.

The need for continuous education for health care providers and the general public to improve outcome, has been clearly demonstrated by several studies e.g. "the Gotland study". Disability caused by depression and the number of suicides should decrease dramatically once the education has been provided.

Due to this enormous need and the limited resources for continuous educational activities, especially in an international environment, it is the responsibility of all who are involved in the recognition and treatment of depression to strive for improved care.

Lundbeck, a pharmaceutical company specialising in psychiatry, and therefore involved in the treatment of depression, has decided to show its responsibility towards psychiatry by providing substantial resources both in personnel and funds.

To assure that the educational programmes are not biased by company interest, the Lundbeck International Neuroscience Foundation has been founded, which embodies a large board and faculty of well-respected opinion leaders.

The Foundation controls all the activities of the Institute and can initiate, hinder or change programmes, etc. to secure the independence, objectivity and quality of the education provided.

Lundbeck-IPI-SAT-5

WHAT EVIDENCE SHOULD BE PRESENTED THROUGH A CD-ROM PROGRAM?

H.M. Van Praag. *Academic Hospital, Maastricht, The Netherlands*

First the importance of training programs in depression will be stressed. Furthermore, I will discuss the evidence that should be minimally presented in an evidence-based teaching program on depression.

1. Frequency. *Provisio*: Depression rate is high, but might be over-estimated because the border distress/depression is ill-defined.

2. Phenomenology. *Accentuate*: Depressive symptomatology is far from uniform and this might have treatment implications.
3. Comorbidity. *Accentuate*: its enormous research and practical implications.
4. Pathogenesis and etiology. *Accentuate*: the relevance for differential diagnosis and treatment.
5. Course. *Accentuate*: chronic nature of depression and its treatment consequences.
6. Treatment. *Accentuate*: the fundamental importance of combining biological and psychological interventions.

Pfizer Inc.

Pfizer-SAT1. *Trauma *Fear *Panic *Obsession *Impulsivity

Chairs: J Davidson (USA), PH Thomsen (DK)

Pfizer-SAT1-1

TRAUMA

J. Davidson. *Duke University Medical Center, Durham, NC 27710, USA*

The impact of exposure to 'trauma' - or a psychologically distressing event - is frequently underestimated. When the trauma falls outside the range of usual human experience, it can precipitate post-traumatic stress disorder (PTSD), the symptoms of which can last for years. These symptoms include intrusive recollections, emotional numbing and physiological hyperarousal, and have a detrimental impact on daily functioning, work productivity and general quality of life. PTSD has an estimated lifetime prevalence of nearly 8% of the general population and occurs even more frequently in at-risk populations, such as those exposed to combat, assault, serious injury or natural disasters.

Early reports of pharmacotherapy for PTSD were focused on acutely emergent syndromes during World War II. After a hiatus of 3 decades, investigators returned to the topic and reported benefits in combat veterans with the use of monoamine oxidase inhibitors and tricyclic antidepressants, specifically phenelzine, imipramine and amitriptyline.

Later studies have concentrated on serotonergic drugs, and clear evidence exists to support the efficacy of fluoxetine and more recently sertraline in civilians with PTSD. This presentation will examine the impact of trauma, look at who is susceptible to developing PTSD, and ask what the patient should expect from new pharmacotherapy in terms of both symptomatic and quality of life improvements.

Pfizer-SAT1-2

FEAR

J.R. Walker. *University of Manitoba, Manitoba, Canada*

Fear is one of the basic human emotions. In the course of our lives all of us experience fear in some situations. Consideration of the basic fears experienced by humans suggests that one of the most important factors is fear of negative evaluation. This is the fear that underlies social phobia.

Recent interest in social phobia - evidenced by increased numbers of epidemiological and clinical studies - has helped fuel a greater understanding of the disability conferred by this disorder. There is now widespread acknowledgement of the considerable

social impairment, reduced quality of life and high economic cost associated with social phobia. In addition, social phobia is associated with a high level of comorbid psychiatric disorders and alcohol abuse or dependence. Despite this growing knowledge of the detrimental impact of social phobia, its recognition in primary care remains low. A key contributing factor must be low rate of presentation to healthcare providers – an understandable consequence of the nature of the disorder. However, as sufferers become more aware of the treatable nature of their condition this may begin to change. Now that effective treatments are available for social phobia, it will be important to increase the awareness of this disorder among both healthcare providers and the general public.

This presentation will consider the epidemiology of social phobia, its relationship with other mental disorders, and its impact on daily functioning and quality of life. In addition, the results of a new multicentre study using the selective serotonin re-uptake inhibitor, sertraline, for the treatment of patients with social phobia will be presented.

Pfizer-SAT1-3 PANIC

M. Pollack. *Massachusetts General Hospital, Boston, MA02114, USA*

What triggers panic? What is the long-term impact of a panic attack? Where does the real disability stem from in patients with panic disorder? What is the social and economic cost of panic disorder? What are the important outcome measures for therapeutic approaches?

Panic disorder is a common and typically chronic disorder that is often associated with significant disability. In addition to the acute distress associated with panic and anxiety symptoms, the disorder may lead to significant impairment in social and vocational functioning, high utilization of medical resources, constriction of an individual's range of activities and diminution of overall quality of life. Phobic avoidance and anticipatory anxiety contribute to the continuing distress of panic disorder and, in the vast majority of untreated patients, panic progresses to agoraphobia with associated high functional impairment.

A number of pharmacological agents and cognitive-behavioural treatments have been shown to be effective for the treatment of panic disorder, with the serotonin selective re-uptake inhibitors becoming first-line pharmacotherapy for this condition. Among these, sertraline appears effective not only for the improvement of symptoms of panic but also for the improvement of phobic avoidance, anticipatory anxiety and the wider measures of quality of life.

Pfizer-SAT1-4 OBSESSION

P.H. Thomsen. *Psychiatric Hospital for Children and Adolescents, Risskov, Denmark*

This presentation focuses on obsessive-compulsive disorder (OCD) in children – the long-term impact of this disorder on the individual, as well as on family members, and the approaches to treatment which should extend beyond resolution of immediate symptoms.

Ritualistic behaviour may be seen as a normal phenomenon in the development of most children. However, in some children and adolescents these rituals become very time-consuming, interfering and annoying. The most frequent obsessions are related to fear of dirt and contamination, fear that something terrible will happen,

and fear of harming a loved one. The most frequently observed compulsions are washing fixations, checking behaviour, and rituals – including mental rituals.

Prevalence studies show that OCD in children and adolescents is much more common than previously thought: it is estimated that up to 3% of this population have symptoms that fulfil the criteria for OCD. The impact of early-onset OCD can be profound, with long-term studies indicating that approximately one-half of these patients will still suffer from OCD in early adulthood. These patients tend to remain socially isolated, to have fewer relationships than their non-OCD peers, and to live with their parents. In addition, childhood OCD is associated with a high prevalence of comorbidity with psychiatric disorders – in particular depression, anxiety and panic disorders, Tourette's syndrome and eating disorder.

Treatment strategies for childhood OCD reflect those used in adult psychiatry. In contrast to pharmacotherapeutic agents without serotonin activity, the serotonin-specific antidepressants appear to be effective and well tolerated in the treatment of OCD in children. The selective serotonin re-uptake inhibitor, sertraline, has been shown to be effective in the treatment of OCD not only in adults, but more recently also in children.

Pfizer-SAT1-5 IMPULSIVITY

E. Hollander. *Mount Sinai School of Medicine, New York, NY 10029, USA*

In recent years there has been increased interest in the concept of an obsessive-compulsive spectrum of disorders, a group of disorders that shows significant overlap in clinical symptoms, associated features (eg age of onset, comorbidity, course of illness), family history, and possibly preferential response to serotonin re-uptake inhibitors and specific forms of behavioural therapy. Within this spectrum, the compulsive-impulsive dimension is particularly important.

The compulsive endpoint in this dimension involves a heightened estimation of harm and risk avoidance. On the other hand, impulsivity involves a decreased sense of the harmful consequences of one's behaviour along with elevated risk-seeking behaviour and little anticipatory anxiety. In contrast to compulsive disorders, impulsivity is associated with hypofrontality and low pre-synaptic serotonergic levels.

Impulsive disorders may include personality disorders characterized by impulsive aggression, such as Cluster B personality disorders (ie borderline, antisocial, histrionic, narcissistic); disorders of impulse control (eg intermittent explosive disorder, pyromania, kleptomania, pathological gambling, and trichotillomania); and paraphilias, sexual addictions and sexual obsessions. While these disorders are characterized by pleasure-producing behaviours, the result of such behaviour may be painful. The impact of impulsivity can therefore be profound, with damaging physical and social consequences for the individual as well as distressing consequences for family members.

This presentation will consider the personal and social impact of impulse-control disorders, together with the positive therapeutic impact that can be made with appropriately directed serotonergic pharmacotherapy.