

- It is difficult to establish a therapeutic attachment, which has to be solved in a limited time avoiding an iatrogenic proceeding. It is due to the difficulty of this patients to have an enough symbolic representation of the therapist and the therapeutic relationship.
- It is difficult to establish the treatment objectives around a focus in the psychotherapy.
- The management of temporality, both in the own past time and in the future is difficult for this patients.

Nevertheless, we support the possibility to put into practice short term psychodynamic psychotherapy in a number of selected patients. We discuss the technical adaptations that would be necessary: to include supportive elements, to limit the interpretation, to increase the mentalization capacity with an active position of the therapist or to focus in the difficulties with the object relationships.

S36.04

Results of a brief crisis program for people with borderline personality disorders

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Several well designed studies have shown a reduction of significant symptoms in patients with borderline personality disorder on inpatient or day hospital basis with cognitive-behavioural or dynamic medium length programs.

In present study we assess the socio-demographic and clinical variables that predict the evolution of 90 patients (60 BPD) who attended a Day Program with a dynamic approach based on the theory of object relations, during 66 days average stay.

Group therapy is part of a multidimensional programme, including the prescription and control of medication, offering a range of corrective experiences which allow the modification of the symptoms of the patient, his or her social adaptation and, ideally, their relationship structures.

Favourable results have been found in patients with borderline personality disorders when compared to those of patients with other diagnoses and with their status during the year preceding their admission to the hospital program.

Co-morbidity, substance abuse, early onset of the symptoms, bad social adjustment and other clinical and social variables were detected as poor outcome predictors.

W11. Workshop: DYGYRIFICATION IN PSYCHOTIC DISORDERS: ITS FUNCTIONAL SIGNIFICANCE AND MOLECULAR FOUNDATIONS

W11.01

Dysgyrification in psychotic disorders: Its functional significance and molecular foundations

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There is an ongoing search for suitable endophenotypic parameters in schizophrenia. Neuroimaging evidence suggests that there is

a disturbance of the frontal gyrification pattern in schizophrenia. Interestingly, this disturbance is correlated to cognitive deficits and negative symptoms. Furthermore it is interesting to note that there are new developmental disorders like the Williams Syndrome being accompanied by disturbed gyrification where the exact mutation is already known. The aim of this symposium is to gather the knowledge about disturbed gyrification in psychosis which is very likely to be a future endophenotypic marker to monitor persons at-risk and possible even the long-term cause of the illness.

W11.02

Automatic assessment of brain gyrification in patients

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Background: The most striking, yet poorly understood morphological features of the human cerebral cortex are the complex arrangements of its foldings: the sulci and gyri. Cortical gyrification is formed during fetal age and childhood. Thus, indices measuring the folding pattern could provide cues for the neurodevelopmental pathopsychology.

Method: A fully-automated method was applied to T1 magnetic resonance images to extract, label and measure the sulcus area in the whole cortex. Gyrification was assessed using both global and local sulcal indices, defined respectively as the ratio between the total sulcal area, or the area of each labeled sulcus, and the outer cortex area.

Results: As a validation, MRI datasets in controls showed that handedness modify the folding of the motor area in dominant hemisphere (Mangin 2004), and differences in left and right superior temporal sulci which may stem from language-based asymmetries (Ochiai 2004). In a sample of schizophrenia patients with treatment-resistant auditory hallucination, global sulcal surface index was decreased, and local sulci surface indices differed in language-related regions. Further analyses are performed in samples from various MR datasets. Statistics on such measurements should generalize across patients and hospitals.

Conclusion: The potential of the gyrification pattern for the neuro-image-based inference of developmental deviation will be examined.

W11.04

What is the functional consequence of disturbed gyrification of the human brain?

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Background: We have examined gyral folding in a total of more than 500 subjects with first episode schizophrenia, subjects at high risk who do and do not become ill, people with learning disabilities (LD) with and without schizophrenia, and LD with schizotypal or autistic features, as well as appropriate healthy controls.

Methods: The gyrification index (GI), the ratio of the inner and outer cortical surface contours, was hand-traced bilaterally on every second 1.88-mm image slice throughout the brain in about 100 scans. We then developed an Automated-GI (A-GI) approach to determine cortical folding in pre-frontal lobes, and have applied this to the other scans.

Results: Gyrification index values were significantly increased in the right temporal lobe of the schizophrenic patients. Right prefrontal lobe GI values were significantly increased in high risk individuals who subsequently developed schizophrenia (especially in BA 9 and 10). A-GI reduces the analysis time, improves repeatability, has low susceptibility to scanner noise and variability. Using A-GI we have replicated hand-traced results and also found a similar pattern of increased 'gyrification' in LD with schizophrenia or schizotypy but not LD alone or with autistic features.

Conclusions: Differences in fronto-temporal GI might reflect trait disconnectivity predictive of schizophrenia across a range of IQ levels. GI is however poorly understood and influenced by age, sex and volume measures. Further examination of sulco-gyral patterns is required to clarify this. A-GI could be usefully applied to MRI data sets of the brain in health and disease to address these issues.

SOA3. STATE-OF-THE-ART LECTURE

SOA3

Drug addiction comorbidity with borderline personality disorder and attention deficit hyperactivity disorder in adults

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The simultaneous presence of a substance use disorder (SUD) along with a psychiatric disorder represents a challenge to the clinician. The self-medication hypothesis suggests that drugs of abuse are used as a means of alleviating the distress associated with the mental disorder. Borderline Personality Disorder (BPD) and Attention Deficit/Hyperactivity Disorder (ADHD) show high comorbidity with substance use disorders, with 40%-60% of patients with the former and 9%-30% of adults with the latter also have an SUD. It is clear that these comorbidities seriously complicate both the detection and the treatment, in as much as the presenting disorder can mask the other, the upshot of which all too frequently the substance abuse or BPD and ADHD remain untreated. SUDs tend to increment the chronicity of BPD and ADHD, and vice versa. Differential diagnosis between BPD and ADHD is complex as some symptoms such as impulsivity, distractibility and low self-esteem are common to both disorders. The co-occurrence of ADHD and BPD further complicates matters, particularly when comorbid with an SUD. Accurate diagnosis and identification of all mental disorders present is essential for effective treatment. Psychostimulants have been found to be effective in the treatment of adults with ADHD, and psychological treatments have been identified for the treatment of both ADHD and BPD, but effective pharmacological treatment of BPD remains elusive. Further research is required to clarify the relationship between ADHD, BPD and substance abuse, and to identify optimal psychopharmacological and psychological treatment for ADHD and BPD when comorbid with an SUD.

S37. Symposium: COGNITIVE BEHAVIORAL APPROACHES TO THE THERAPY OF PERSONALITY DISORDERS

S37.01

Schematherapy: personality disorders and schema processes

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A theoretical overview is given on the advancement of cognitive psychotherapy achieved by schema-theoretical concepts.

S37.02

Dysfunctional interactional styles of clients with narcissistic and histrionic personality disorders

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In a psychotherapy study the interactional behavior of clients within the therapeutic process was analysed with the "Bochumer Bearbeitungs- und Beziehungs-Skalen" (BBBS).

The interactional styles of clients with anxiety disorders and clients with narcissistic or histrionic personality disorders have been compared.

The theory of Sachse (1992) leads to the hypothesis, that clients with personality disorders clearly show more dysfunctional styles of interaction at the beginning of psychotherapy (high images, high appeals, manipulative strategies) than clients with anxiety disorders. This hypothesis could be verified empirically: clients with personality disorders show problematic patterns of interaction concerning the interpersonal level; beyond that they also show a higher level of avoidance and a lower level of explication.

Therapeutic consequences of the results will be discussed.

S37.03

Evaluation of a new integrative therapy program for patients with personality disorder - results of a multi-center study

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At present there is a paucity of standardised group behaviour therapy approaches targeting different kinds of personality disorders. On this background, our research group developed a new manualised treatment approach ("Schema-focused Emotive Behavioral Therapy"; SET), which integrates schematherapeutic, emotion-focused, cognitive and behavioural therapy methods. A multi-centre RCT-study evaluated SET based on a sample of 93 patients with personality disorders of clusters B and C. This study compared SET (n=47) with a classical Social Skills Training (SST, n=46) over 30 sessions. Patients were assessed before and after treatment and one year after study intake (follow-up). SET showed significantly higher improvements in several domains such as interpersonal behaviour, emotional coping, and symptomatic impairments. Clinically relevant effects on the SET occurred both in a reduction of the suffering from the disorder, severeness of