

but produced poorer clinical outcomes and was more popular with users than staff. Other implications will be discussed.

#### FC10.04

##### SOCIAL DISABILITY IN SCHIZOPHRENIA: ITS DEVELOPMENT AND PREDICTION OVER 15 YEARS IN INCIDENCE COHORTS IN SIX EUROPEAN CENTRES

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Focus is the long-term course of social disability in schizophrenia assessed at first onset, and after one, two and fifteen years in incidence cohorts in six European centres in Bulgaria, Germany, Ireland, The Netherlands, the Czech Republic and the United Kingdom. The study population comprises 349 patients of whom social disablement was assessed in a standardized way with the WHO Disability Assessment Schedule. Social disability in schizophrenia appears to be a persistent phenomenon. Its severity significantly decreased overall, this was not so in a small group traced in hospital or sheltered accommodation. Of the whole group, only 14% had no disability at all, 25% still suffered from severe disability and another 34% from obvious disability.

The great majority of the patients lived with their family or partner, or on their own. A deteriorating course was more prominent than late improvement. Gender, age, onset, duration of untreated psychosis or type of remission during the first two years did not predict the long term outcome of disability. Severity of disability at the first three assessments of the illness contributed significantly to the explanation of its variance at fifteen years. The conclusion is that disablement generally ameliorates, but less than expected or hoped for. It needs continuing attention and care in this era of deinstitutionalisation.

#### FC10.05

##### DO COMMUNITY BASED MENTAL HEALTH CARE NETWORKS NEGLECT MENTALLY ILL HOMELESS PEOPLE?

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**Background to Study:** Untreated mentally ill homeless people are not only a consequence of deinstitutionalisation in the past, but also common in today's community based mental health care. Thus, this clientele marks an ongoing challenge, even when catchment areas claim to provide adequate care for their mentally ill.

**Design, Variables Studied:** This study assessed the prevalence of mental disorders and the needs for mental health care in a representative sample of homeless people (n = 102) in the City of Mannheim (300,000 inhabitants), which serves as a model region for community mental health care in Germany. Prevalences were assessed by SKID, needs and met needs-status by the "Needs for Care Assessment" (NCA).

**Results:** Our detailed results show that even in a well equipped community mental health care system, homeless people have most of their mental health care needs unmet. Additionally, there are many untreated somatic diseases, many of them alcohol-related. Analysed patterns of the homeless people's self-perception of mental health care needs indicate that a weak help seeking behaviour contribute to the high amount of unmet needs.

**Conclusions:** Community mental health care in Germany, which has no principle barriers for homeless people and is free for them

as well, is not adapted to the special problems of this clientele. As a consequence, the traditional shelter system for homeless and the mental health care system must be co-operate much closer, including outreach activities of mental health care workers, and lower thresholds for homeless mentally ill in existing mental health care services.

#### FC10.06

##### WHAT IS A PSYCHIATRIST? WHAT ARE THEY REALLY DOING? A QUALITATIVE STUDY COMBINING FOCUS GROUPS AND WORK SAMPLING

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**Aim:** To obtain some new ideas to improve postgraduate psychiatric training.

**Method:** In order to generate sound evidence on the topic that should be both creative and useful to change the practice, we choose a qualitative approach. Our results come from the triangulation of two techniques: focus group, and self-observation of naturally occurring acts using a beeper-aided work sampling method.

Focus groups were carried out with psychiatrists (8 groups), nonpsychiatrist mental health professionals (5 groups) and users (3 groups). Conduction style was non-directive.

Observational technique was applied to a sample of psychiatrists that were trained to report their daily activities in a questionnaire. Register was prompted by a beeper signal. They received five randomized signals during working hours.

Both samples were selected on theoretical grounds. All groups were drawn from a Spanish region

Raw qualitative data were analyzed using the methodology proposed by Miles and Huberman (1996) and Sjöberg and Magneberg (1990)

**Results:** This is an ongoing study. Focus groups results are fully analyzed yielding to some core aspects of psychiatrists' identity. Beeper study is currently in progress.

- (1) Miles MB; Huberman AM: *Qualitative data analysis*; Thousand Oaks; SAGE Publications; 1994
- (2) Sjöberg L, Maneberg R. Action and emotion in everyday life. *Scandinavian Journal of Psychology* 1990, 31, 9-27

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## DE03. The old neuroleptics are becoming obsolete (Supported by Pfizer)

*Chair:* W. Gaebel (D)

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#### DE03.01

##### SHOULD-SECOND GENERATION ANTIPSYCHOTICS BE FAVORED OVER TRADITIONAL NEUROLEPTICS IN THE TREATMENT OF PATIENTS WITH SCHIZOPHRENIA?

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In the wake of the success of clozapine a number of new antipsychotic drugs have been developed. Amisulpride, Olanzapine, Quetiapine, Risperidone, Sertindole, Ziprasidone and Zotepine belong to this group. With the exception of Sertindole, whose license is currently suspended and Ziprasidone, which is licensed

in Sweden but not marketed, all of these drugs, alternatively called novel, atypical or second generation antipsychotics, are available in many countries of the world. Although most of the available published information on these antipsychotics stems from pre-registration clinical trials, the evidence on their benefit risk-ratio from post marketing studies is mounting. This is especially true for Risperidone and Olanzapine, the two drugs that have been available the longest.

All available information taken together, the second generation antipsychotics have considerable advantages over traditional drugs concerning acute extrapyramidal motor effects, one of the most disastrous side effects of traditional neuroleptics. There is increasing support for the notion that the low risk to induce acute EPS extends into long-term treatment, meaning that tardive dyskinesia incidence rates are also considerably lower. In terms of other adverse events, the evidence is less clear, some of the new agents may even have disadvantages over classical neuroleptics especially in terms of inducing weight gain. Reports on various efficacy variables are very encouraging, the new drugs appear to be at least as effective as the older ones in terms of reducing the positive symptoms of schizophrenia. They may even be more efficacious in the management of negative, affective and cognitive symptoms of the disorder. Preliminary results also indicate that the new drugs may be better accepted by patients. Although more costly on a dose per day basis, long-term pharmacoeconomic studies suggest that these costs are counterbalanced by lower rehospitalisation rates.

All evidence taken together, second generation antipsychotics should be favored over traditional neuroleptics, especially in patients exposed to antipsychotics for the first time as well as in patients with acute exacerbations of the illness, unless they have a history of optimal response and tolerability to traditional neuroleptics.

### DE03.02 CONTRA

L. Farde

No abstract was available at the time of printing.

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## SES15. AEP Section "Torture and Persecution": Diversity and unity: sequels to persecution and torture

*Chairs:* M. Kastrup (DK), T. Wenzel (A)

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### SES15.01

A CRITICAL REVIEW IN THE WORK WITH SEVERELY TRAUMATIZED

M. Kastrup. *Denmark*

No abstract was available at the time of printing.

### SES15.02

TORTURE AND THE ROLE OF THE PHYSICIAN – A HISTORICAL AND TRANSCULTURAL OVERVIEW

I. Sibitz, T. Wenzel. *Austria*

No abstract was available at the time of printing.

### SES15.03

TREATMENT SERVICES FOR SURVIVORS OF TORTURE: A TRANSCULTURAL STUDY

T. Wenzel, A. Zoghalmi, H. Griengl, W. Brause, I. Genefke. *Austria*

No abstract was available at the time of printing.

### SES15.04

NEW APPROACHES TO THE REHABILITATION OF TORTURE VICTIMS IN HUNGARY

L. Hárđi, E. Kalamár, Erdős. *Hungary*

No abstract was available at the time of printing.

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## SES16. AEP Section "Psychiatric epidemiology and social psychiatry": Has deinstitutionalization gone too far in Europe?

*Chairs:* P. Munk-Jørgensen (DK), J.L. Vazquez-Barquero (E)

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### SES16.01

THE FUTURE PATTERN OF PSYCHIATRIC PROVISION IN ENGLAND

D. Goldberg

No abstract was available at the time of printing.

### SES16.02

WORRYING INDICATORS IN SCHIZOPHRENIA TREATMENT

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Deinstitutionalisation in European psychiatry was rushed through over a very few years.

The overall principle is to close down or drastically reduce in-patient facilities without a parallel establishing of out-patient services. The process was characterized by ideology and focus on social aspects with respect for the mental disordered as persons suffering from brain diseases being in an absent or Cinderella position.

Exemplified by data from one of the European countries it is documented that at the turn of the century bed occupancy has increased during the last 15 years. Recapturing of discharged patients into decentralized facilities is still very low and readmission (relapse) of severe mental disorders is very high.

The value of deinstitutionalisation/decentralization is beyond dispute, but the speed and the totalitarian like way it has been effected have been followed by complication discrediting the whole paradigm.