SEC18-2
SCHIZOPHRENIA — A CHANGING CONCEPT?

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All the time since Kraepelin and Bleuler, at the beginning of this century, defined dementia praecox and schizophrenia and delineated them from the affective disorders and paranoia, psychiatric research has struggled with several core questions: (1) Are schizophrenia and affective disorders really two completely different disorders, or are they only different manifestations of one, uniform psychosis? (2) If schizophrenia is different from affective disorders and paranoia, is it one or several disorders? Important researchers in the field of schizophrenia like Meyer, Sullivan, Schneider and Langfeldt, tried hard, but did not find the ultimate answers. In the last 25 years, we have witnessed an intensive research, using more reliable instruments and more sophisticated statistical (factor analysis) and biological (e.g. Pet scan) methods. And there has been an increasing research on antecedents to schizophrenia and the onset and course of the first psychosis. The present paper will discuss whether the results from this research have any consequences for our conceptualisation of schizophrenia, in research and in clinical practice.

SEC18-3
THE POSITION OF DELUSIONS IN PSYCHIATRIC NOSOGRAPHY

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Discussions on the nosographical position of delusions have resulted in a wide range of opinions. Assumptions have ranged from an independent nosological entity to attribution to a certain disorder to divergent bi- or multicategorical classification models. The high diagnostic uncertainty was one of the starting points of our psychopathological studies on the pathogenesis and nosographical position of delusions. The results of the polydiagnostic studies indicated that delusions are neither a nosological entity nor due to a particular psychiatric disorder, e.g. schizophrenia. Delusions have to be considered as nosological non-specific syndromes which may occur in the frame of every psychiatric disorder. The results of the clinical psychopathological studies on the pathogenesis of delusions showed that delusions are caused by a complex interaction of various psychic, physical and social factors. The choice of a particular delusional theme is determined by gender, age, civil status, social isolation, and special experiences ("key-experiences") whereas the incorrigible conviction is based on noopsychic disorders and/or thymopsychic derailments. The significance the multifactorical pathogenesis of delusional syndromes for clinical diagnosis and treatment will be discussed in detail.

SEC18-4
DYSPHORIA AS A NOSOGRAPHICAL DIS-ORGANIZER

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If compared with the bulk of psychopathological literature dedicated to some affects as sadness or euphoria, dysphoria has received relatively little attention. As a matter of fact, today's nosographical schemes are arranged in dichothomies - psychotic vs. personality disorders, schizophrenic spectrum vs. "bipolar" spectrum, depressive vs. manic disorders. Although concepts as "comorbidity", or "dimension" may be of some help to soften the yes-or-no schemata of the nosographical mind, they do not challenge its basic assumption – i.e. psychopathological phenomena are arranged along two polarities. Such viewpoint admits exceptions and quantitative grades, but may be blind to qualitatively different phenomena. Dysphoria (i.e. anger and irritability), if compared to sadness or euphoria, is indeed a diffent quality of mood which disorganizes the manic-depressive dichothomy. Not only dysphoria establishes a "third pole" within mood disorders, but it also also cuts across traditional nosographical schemes and embodies a nucleus of understanding of otherwise anomalous symptom-complexes - e.g. paranoid phenomena in manic or depressive states.

SEC18-5
NEUROSIS — AN OLD CONCEPT WHICH SHOULD BE LEFT BEHIND?

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Originally coined for noninflammatory diseases of the nervous system the term neurosis became progressively restricted to psychic disturbances of psychogenetic origin. The assumption that manic-depressive illness and schizophrenia were caused by somatic dysfunctions led to the establishment of an aetiologically based distinction between neurotic and psychotic disorders. Doubts about the validity of this dichotomy incited recently to abandon it completely. There are, however arguments to maintain the concepts of neurosis in an aetio-pathogenetic perspective: The characteristic features traditionally named neurotic can pathogenetically be assigned to insufficient or inappropriate learning processes. The first encompass non-acquisition of coping or attribution styles or lack of habituation, the second sensitization or the acquisition of inadequate coping or attribution mechanismes. These vulnerabilities may become manifest under the impact of stressing life events, but also on the basis of somatic dysfunctions. The aetiological attribution to neurosis should therefore be restricted to the first condition. Psychogenic delusions can be envisaged in the same aetio-pathogenetic perspective. They should however be separated from neuroses since they are in addition characrerized by impaired reality testing, which requires particular therapeutic strategies, and on the basis of additional temperamentally caused vulnerability factors.

SEC18-6
CHRONIC PAIN — CHANGING CONCEPTS IN PSYCHIATRY

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There is a recent tendency towards treating chronic pain patients in a psychiatric setting. In 1996 the Department of Psychiatry in Erlangen treated 56 in-patients with chronic pain. The reason for this lies in the competence of psychiatrists for psychotherapy of chronic pain and associated mood disorders, for pharmacotherapy with antidepressant drugs, and for the treatment of substance abuse occurring during the course of chronic pain. Among these patients the diagnosis "somatoform pain disorder (ICD-10 F 45.4)" is frequent. In somatoform pain disorder there is a history of painful illness or physical trauma. This is the basis for our proposal to consider this kind of inadequate pain perception as a pathophysiological reaction, i.e. a "wind-up" phenomenon, rather than a psychogenic reaction. In view of this pathophysiological reaction we developed a treatment strategy using a retarded tramadol preparation or, alternatively, a transdermal system of the opioid fentanyl.

Preliminary results of this strategy will be presented. In addition we will discuss methodological problems of measuring pain and introduce our Erlangen pain model which includes both, subjective and objective parameters of pain processing.

S19. Integrating pharmacotherapy and psychosocial interventions in alcoholism

Chairs: K Mann (D), M Berglund (S)

S19-1

PHARMACOTHERAPY IN ALCOHOL DEPENDENCE: THE NEED FOR CONSENSUS ON THE QUALITY OF CLINICAL TRIALS

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There has been a rapid proliferation of new drug therapies aimed at attenuating drinking behaviour and/or preventing relapse in alcohol use disorders. A review of the literature reveals that many of the published trials of these pharmacological agents contain methodological flaws that limit the conclusions that can be made concerning their efficacy, and the generalisability of the results. The history of psychiatry cautions against the widespread adoption of new drug therapies in advance of appropriate evidence of safety and efficacy. Many new drug treatments hailed as breakthroughs often later are found to be lacking in efficacy or safety after more carefully controlled research is carried out. There is therefore a need for the field to reach consensus on what constitutes adequate research quality. We have applied criteria from the general controlled trial research literature and previous reviews of the alcohol literature to develop a new system for rating methodological quality of controlled trials in the alcohol field. Examples of contemporary research including a recent controlled trial of naltrexone in alcohol misuse and dependence will be used to illustrate the application of the rating scale. We anticipate that quality rating systems will find increased application in development, interpretation, and peer review of clinical trials of pharmacotherapies (as well as research on other types of treatment) in the alcohol field. This should result in improved research quality and ultimately in benefits to those suffering from alcohol use disorders.

S19-2

THE SWEDISH NALTREXONE STUDY, PRESENT RESULTS

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Naltrexone combined with psychosocial methods has been successful in the treatment of alcoholism. In the present study randomization was performed on Naltrexone/Placebo and Coping skills educational programme (CBT)/treatment as usual.

Sample: 120 alcoholics, 102 men and 18 women, gave informed consent to attend the study. The alcoholics were recruited from 10 treatment centers in Sweden.

Results: The randomization procedure was successful and different groups did not differ on the initial variables. The completion rate was 77%. The percentage of heavy drinking days was lower in the CBT group versus treatment as usual group (21 ± 21% versus 30 ± 27%, $p < .05$). The percentage of days with heavy drinking in the placebo/CBT group was 25 ± 22% and in the Naltrexone/CBT group 16 ± 20% ($p < .05$). In the treatment as usual group there was no difference between Naltrexone and placebo. Reported craving was significantly lower in the Naltrexone CBT group compared with the other groups. ASAT and ALAT were lower in the Naltrexone group compared with the placebo group while CDT did not differ.

Conclusion: The results of this study support the combined influence of Naltrexone and cognitive-behaviour treatment in the outpatient services of patients with alcohol dependence.

S19-3

EVALUATION OF THE EFFICACY OF ACAMPROSATE AND PSYCHOTHERAPY

Michael Soyka. *Munich, Germany*

In recent years neurobiological alcohol research has focused on excitatory amino acids such as glutamate in mediating some of the acute reinforcing effects of alcohol and on a dysfunction of certain glutamte receptor subtypes in alcoholics (specifically the NMDA-receptor). Changes in the glutamatergic neurotransmission are suspected to be responsible for alcohol craving, relapse and a number of alcohol-related neuropsychiatric disorders such as seizures or Wernicke-Korsakoff syndrome. Alcohol itself was found to inhibit the activity of the NMDA receptor subtype. In abstinent alcoholics, a dysfunction in the glutamatergic neurotransmission and NMDA-receptor function with increased activity of voltage-gated Ca^{2+}-channels are suggested to be the basis of hyperexcitability of alcoholics.

The only glutamatergic drug clinically used for treatment of alcoholism so far is the homotaurinate derivative calcium acetyl-homotaurinate (acamprosate). More recent findings suggest acamprosate to have mixed agonistic/antagonistic effects and to bind at the spermizine binding site of the NMDA receptor.

Acamprosate proved to be efficient in the reduction of alcohol intake both in animal models and a number of large placebo-controlled double-blind studies in Europe. In the German PRAMA study after treatment for 1 year abstinence rates in the acamprosate group were significantly higher compared to the placebo group (42% vs 21%, Sass et al 1996, for review see Soyka 1997).

More recent findings of a large (N > 700) 6-month multi-centre (phase IV) study also suggest that acamprosate and various kinds of psychotherapy result (individual psychotherapy, group psychotherapy, supportive therapy etc.) in favorable clinical abstinence rates. Preliminary data of this clinical trial are demonstrated.

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S19-4

ACAMPROSATE, TIAPRIDE AND PSYCHOTHERAPY IN ALCOHOLISM: A POST HOC COMPARISON OF MATCHED PATIENTS FROM 3 PROSPECTIVE STUDIES

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After several anticraving drugs were introduced into the drug treatment of alcoholism, comparisons of outcome data with psy-

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