Family assessment includes a joint family interview in all patients less than 18 years old and in most of the elder patients. A detailed history of family eating habits and psychpathology is mandatory.

Medical assessment includes physical examination and a battery of laboratory studies.

## S20-3
NEUROBIOLOGICAL FINDINGS IN THE EATING DISORDERS

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Almost all neurobiological systems studied in patients with anorexia nervosa and bulimia nervosa were found to be disturbed. The alterations of the sympathetic nervous system are the main topic of this contribution. Clinical findings like low blood presure, bradycardia and low body temperature indicate an impaired function of the sympathetic nervous system. Norepinephrine metabolites were found to be reduced in cerebrospinal fluid and in urine. Resting norepinephrine concentrations in blood were low in anorectic and bulimic patients. The effects were more pronounced in anorectic than in bulimic subjects. Challenges of the sympathetic nervous system like orthostatic tests, exercice and test meals resulted in impaired increases of plasma norepinephrine. As expected Alpha-2-adrenoceptor capacity on platelets was significantly increased in both eating disorders. Post receptor mechanism as studied by invitro experiments adding different doses of receptor agonists and antagonists revealed an increased sensitivity of the post receptor mechanism. However receptor upregulation was not able to compensate for the reduced norepinephrine secretion. Studies in long term recovered anorectics showed persistence of the reduced norepinephrine secretion. It therefore remains unclear whether the disturbance is state or trait dependend.

## S20-4
WHAT'S NEW IN THE TREATMENT OF BULIMIA NERVOSA?

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The starting point for this paper is a brief description of the 'status quo' of bulimia treatment research. Treatment of bulimia nervosa has been well researched, especially if one bears in mind the recency of its first description. Yet, we cannot afford to be complacent, as the best psychological treatments (cognitive-behavioural therapy, interpersonal therapy) lead to symptom resolution in only 40 to 60% of patients with uncomplicated bulimia nervosa. The success rates with pharmacological treatments are lower.

In the second part of the paper new developments in the treatment of bulimia nervosa will be presented, in particular ultrabrief manual-based traeatments, motivational enhancement therapy, schema-focused cognitive-behavioural therapy and dialectical behaviour therapy. The question of where and how these treatments might fit into our therapeutic armamentarium will also be addressed.

## S20-5
THE LONG-TERM OUTCOME OF EATING DISORDERED PATIENTS

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The objective of the study was to review a total of 108 outcome studies on anorexia nervosa that were published between 1953 and 1996 and a total of 24 outcome studies on bulimia nervosa that were published between 1983 and 1996. Findings will be reported on mortality rates, general and specific outcome data of the eating disorders, other psychiatric disorders at follow-up, and prognostics factors. The long-term outcome indicates that, both for anorexia and bulimia nervosa, less than half of the patients recover from their eating disorder completely, whereas 20% of the anorectic patients and a quarter of the bulimic patients have a chronic eating disorder. Various other psychiatric disorders are very common. Although prognostic factors have been found in empirical studies, there is no way of defining the prognosis of individual patients.

# FC21. Measuring psychopathology and hospital treatment

*Chairs*: VN Krasnov (RUS), R Heun (D)

## FC21-1
SOMATOFORM DISORDERS IN A MEDICAL DEPARTMENT

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**Objectives:** 1) To determinate the prevalence of somatoform disorders in an internal medical ward. 2) External validation of Whitely-index and Hopkins Symptom Checklist for somatization (SCL-12) as screening interviews for somatization. 3) Estimation of doctors ability to diagnose somatization. 4) To estimate the effects of somatization on length of stay.

**Material and Methods:** Ninety-five patients were randomly selected in an internal medical ward. All were interviewed with the screening instruments the day after admission, and with the semi-structured interview SCAN (Schedules for Clinical Assessment in Neuropsychiatry) at discharge. The day after admission the doctor responsible for the patient answered two questions in a self-administered interview on whether, in his opinion, the patient was a somatizer or not. By means of SCAN and additional information obtained from medical records somatoform diagnoses were made.

**Results:** Prevalence of somatoform disorders was 33.7%. The medical doctors estimated that 25.8% of the patients were somatizers, but the sensitivity was only 28.6% using SCAN as gold standard.

The external validation of the screening instruments were tested at different cut-points. All showed bad to moderate results. Somatization patients were not hospitalized for a longer period than non-somatizers.

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