

CME Courses

C01 – CME course: Problem solving in psycho-pharmacotherapy using pharmacokinetic and pharmacogenetic tests

Saturday, 4 March 2006

C01

Problem solving in psychopharmacotherapy using pharmacokinetic and pharmacogenetic tests

P. Baumann. *Lausanne, Switzerland*

A widely introduced pharmacokinetic test in psychopharmacotherapy is therapeutic drug monitoring (TDM). It is especially recommended in patients who are non-compliant, who poorly tolerate, or who do not respond to a medication. It is also useful in patients belonging to the category of “special populations”, i.e. somatically ill patients, who are comedicated with a variety of drugs and who suffer from a liver or renal disease, as well as in elderly or very young patients. Increasingly, the use of generics has been shown to represent a source of unexpected treatment outcomes, and TDM may help to explain pharmacokinetic particularities after switching from an original to a generic preparation (or vice versa). Finally, the increasing knowledge of the metabolism of psychotropic drugs allows taking account of the pharmacogenetic status (e.g. cytochrome P-450, P-glycoprotein) of the patients not only in adapting their medication, but also for interpreting pharmacokinetic interactions with clinical consequences. In this respect, pharmacokinetic and pharmacogenetic tests have now also to be considered as a tool in pharmacovigilance.

C02 – CME course: Prévention de la rechute dépressive: stratégies disponibles en psychothérapie cognitive

Sunday, 5 March 2006

C02

Prévention de la rechute dépressive: stratégies disponibles en psychothérapie cognitive

G. Bondolfi. *Geneva, Switzerland*

La prévention des rechutes occupe une place importante dans la prise en soins des patients dépressifs puisqu' après chaque épisode, le risque de rechute augmente : il est de 50 % après une première dépression, de 70 % après la deuxième et de plus de 90 % après trois épisodes.

Dans ce cours seront rappelées les différentes approches thérapeutiques actuellement disponibles et validées.

Plus particulièrement, seront présentées :

- les stratégies cognitivo-comportementales préconisées pour la prévention de la rechute après le 1er et le 2ème épisode dépressif ;
- la thérapie cognitive basée sur la pleine conscience (en anglais, MBCT : Mindfulness-Based-Cognitive-Therapy), approche combinant la thérapie cognitive avec des exercices de méditation, qui s'est révélée particulièrement efficace chez les patients ayant présenté au moins trois épisodes dépressifs préalables.

A travers l'exposé et des exercices pratiques, ce cours permettra à chacun de se familiariser avec les concepts théoriques de la MBCT et avec la technique d'intervention spécifique qu'elle déploie.

C10 – CME course: Early recognition and early diagnostics of addiction

Sunday, 5 March 2006

C10

Early recognition and early diagnostics of addiction

M. Musalek. *Vienna, Austria*

Educational objective: Five main objectives: 1. Early recognition of addiction (who should recognize what; signs and criteria for early diagnostics). 2. Definitions of addiction (substance-dependent vs. substance-independent addictions). 3. Diagnostics in addiction (categorical vs. dimensional diagnostics). 4. Multiprofessional approaches in early recognition. 5. (Involuntary) side-effects of early recognition.

Course description: Each of the five subtopics will be introduced by a short lecture reviewing the state of the art. The main part of the course, however, should be the intensive and extensive case-oriented and case-based discussions of practical problems arising in the field of early recognition of addiction.

Concluding the literature on early recognition and early diagnostics in addictions we may take as an ascertained fact that early recognition of addiction is an utmost important condition of successful treatment: the earlier the valid diagnosis, the better the prognosis. But in early recognition as well as in early diagnostics we are confronted with various problems that are difficult to solve. Examples of this are the almost entire lack of widely accepted early diagnostic criteria, the diagnostic uncertainty in the transient area between health and illness resulting in the risk of false positive and false negative valuations, the instability of diagnostic criteria—and all that in connection with the stigmatization caused by the diagnosis of addiction. To make matters worse, early

recognition usually is the task of people not trained in the field of addiction (e.g. non-psychiatric-medical professionals, nurses, social workers, probation-officers and judicial officers, teachers, priests, relatives, employees, friends, etc.). To cut the Gordian knot of early recognition, first, we need the development of valid and reliable criteria for early diagnosis of addiction; second, a close multi-professional cooperation and the development of liaison institutions with intensive and extensive educational activities; and last not least, the establishment of a “pentalogue” between all groups closely involved in prevention activities as psychiatrists, patients, relatives, industry representatives, and politicians. In the first three parts of the course after a short general introduction the various definitory and diagnostic approaches including modern dimensional diagnostics and their value in clinical practice will be discussed. Research on the pathogenesis of addictions showed that addictive disorders are caused by complex interactions of various mental, physical and social factors. But addictions cannot be longer reduced to psychopathological manifestations once established and therefore persisting. The addictive behaviour is a dynamic process which only persists if disorder maintaining factors become active. These disorder maintaining factors are not necessarily corresponding with the addiction’s predisposing and triggering factors. As addictions represent nosological non-specific syndromes with a multi-factorial pathogenesis modern integrative treatment approaches (including psychopharmacological, psychotherapeutic and socio-therapeutic methods) have to be based on an early multidimensional differential-diagnosis of all the predisposing, triggering, and disorder maintaining factors. In this context the disorder maintaining factors provide the basis for effective, pathogenesis-oriented treatment of the actual symptomatology, whereas the predisposing and triggering factors provide informations for planning prophylactic long-term treatment. The main focus of fourth part of the course is dedicated to the manifold problems concerning multi-professional approaches in the management of patients with addiction disorders in general and in the field of early recognition of addiction in particular. The final part of the course will focus on various involuntary (and sometimes even unexpected) side-effects of early recognition of addictions (e.g. effects of stigmatization) and the possible solutions of the manifold problems we are confronted with in early diagnostics.

Target audience: Psychiatrists, psychopathologists, psychotherapists, trainees in psychiatry course level (is previous experience or knowledge required?): post-graduate training.

C11 – CME course: Taking care of ourselves: managing stress, preventing burnout

Monday, 6 March 2006

C11

Taking care of ourselves: managing stress, preventing burnout

W. Rössler. *Zurich, Switzerland*

Work in psychiatry can be highly rewarding, interesting, and challenging in a positive sense. On the other hand, we are confronted with an array of psychosocial stressors. Caring for others lies at the heart of our profession: the focus is on the needs of patients. And rightly so. Nevertheless, this involves the risk that providers’ own needs get out of sight.

This course provides a forum for openly discussing work-related stress and coping strategies. Participants will learn to recognise their own “warning signs” of excessive stress, as well as develop strategies to successfully handle stressful situations, based on their own practical experiences. The course further addresses consequences of stress, such as the risk to develop physical health problems or burnout. Instruments to

gauge one’s own burnout risk and stress coping pattern will be available for a self-assessment.

Learning goals:

- Understanding stress mechanisms and our own reactions to stress.
- Noticing one’s own stress level.
- Gauging the risk for burnout: Where do I stand?
- Coping with stress: What helps?

Methods:

- Interactive teaching.
- Exercises.
- Group work.
- Stress and burnout self assessment.
- Guided discussion.

Target group: This course is open to all participants, but particularly addresses young psychiatrists. Young psychiatrists entering the field even experience elevated stressors. At the same time, starting out in the job is a good moment to develop self-care strategies—that are essential to maintain professional vitality and effectiveness in the long run.

C03 – CME course: Diagnostic et traitement des abuseurs sexuels

Monday, 6 March 2006

C03

Diagnostic et traitement des abuseurs sexuels

P. Cosyns. *Antwerp, Belgium*

Description: Les psychiatres sont de plus en plus confrontés à des demandes de traitement d’auteurs d’abus sexuels. Ce cours aborde le problème du diagnostic psychiatrique de ces conduites déviantes par rapport à des normes sociétales et propose un modèle de prise en charge thérapeutique applicable tant en milieu résidentiel qu’en ambulatoire. Il comprend cinq parties qui seront exposées de façon interactive avec les participants.

1/ Les concepts de base concernant les paraphilies et leur diagnostic.

2/ Le traitement (généralement ‘obligé’) des auteurs d’abus sexuels en tant que processus thérapeutique. Comment intégrer la faible motivation de départ au travail thérapeutique et la confidentialité du traitement vis à vis du referant judiciaire.

3/ Analyse de la chaîne des évènements aboutissant à l’abus sexuel : macrogénèse et microgénèse.

4/ Détection et traitement des distorsions cognitives, c’est à dire les convictions, façons de penser, percevoir et juger qui permettent la justification de comportements d’abus sexuels.

5/ Possibilités de contrôle psychopharmacologique et hormonale de la pulsion sexuelle.

C09 – CME course: How to write and publish a scientific paper

Monday, 6 March 2006

C09

How to write and publish a scientific paper

P. Munk-Jørgensen. *Aalborg, Denmark*

Educational objectives: To give the participant the basic knowledge needed for writing a manuscript for an international peer reviewed journal, and to give the participant an understanding of the processes within an editorial office.

Course description: The course consists of two parts. The first part deals with basic principles for writing a manuscript about a clinical study, defined in its broad sense. How to write a manuscript about qualitative research studies and basic biological science will not be discussed.

A carefully planned research project is easier to report. Therefore, it will be recommended to have the manuscript in mind already when the protocol is performed, and it will be taught that there are advantages in working with the manuscript alongside the performance of the project. Also already at the point of planning the project, to consider in which of 1–3 journals it might be relevant to publish the results.

The parallel between reading and writing an article/manuscript will be highlighted. The standard sections of manuscripts will be presented: abstract, introduction, purpose, material and methods, results, discussion, acknowledgement, literature list.

The second part of the course will be occupied with the editorial assessment of manuscripts and (hopefully) succeeding publication.

With examples from *Acta Psychiatrica Scandinavica* we will go through concepts as e.g. an instructions to authors, peer reviewing, assessment time, manuscript revision, proof reading, acceptance/rejection percentage, publication time, impact factor. The course will comment on most suitable choice of journal and what an author can do to increase the probability of an accept for publication—given the quality of the research.

Course methods and material: During the course PowerPoint presentation will be used together with hand outs of (most of) the material. The course will be a combination of teaching hour and interaction between teacher and audience.

The course firstly applies to inexperienced young researchers who do clinical research and who have none or only limited knowledge of international publication. However, supervisors who do not feel experienced in how to guide and advise their trainees in this matter of manuscript writing and publishing are also welcome.

Target audience: Anyone that writes scientific papers.

Course level: No previous experience in manuscript writing is needed, but some participating in research project will be an advantage.

C04 – CME course: Liaison psychiatry: identifying and treating psychiatric problems in a medical population

Tuesday, 7 March 2006

C04

Liaison psychiatry: identifying and treating psychiatric problems in a medical population

F. Creed. *UK*

It is well recognised that up to a quarter of patients attending general medical facilities have anxiety or depressive disorders. This includes primary and secondary care. These disorders lead to impaired outcome of the medical disorder. Inexperienced psychiatrists may invite an excessive number of referrals to the liaison psychiatry service unless a good “filter” is used.

The participants will learn the strengths and weaknesses of using a screening instrument to detect psychiatric disorders in medical populations. The participants will be given the results of a two phase survey, which included 270 consecutive medical inpatients. They will work in small groups to decide how to implement a liaison psychiatry service that will answer the needs of the most severely depressed patients but without inviting an enormous number of referrals of patients who show mild distress only.

Videotapes will be used to show clinical vignettes, which indicate the importance of depressive disorders in medical populations so that participants are aware of the advantages of detecting and treating depressive disorders in this population.

A second round of small group discussions will be focused on practical steps needed to establish a practical mode of referral to the liaison psychiatrist working in the general hospital or primary care. This will include a discussion of the different modes of referral and ways of enhancing physician’s or GP’s skills in treating depression.

C13: CME course: Trends in drug treatment of schizophrenia

Tuesday, 7 March 2006

C13

Trends in drug treatment of schizophrenia

F-A. Wiesel. *Sweden*

Educational objectives: To increase the understanding of advantages and disadvantages between the newer antipsychotics and the classical drugs. To present how knowledge of brain neurotransmission can be used to optimize drug treatment of patients with schizophrenia.

Course description: Evidence based data on antipsychotic drug treatment with classical and newer compounds will be presented. There will also be an update on what is known about maintenance treatment with antipsychotics in schizophrenia. Are the new compounds more effective? What are the side effect profiles for the different new compounds? To which extent do the new compounds represent progress in the drug treatment of patients with schizophrenia? Is it realistic to develop a drug that can help all patients with schizophrenia? A great problem is the fact that there are very few studies giving support for rational combinations in order to find optimal drug treatment in the individual patient. This matter is controversial but is a clinical reality and strategies will therefore be discussed and presented to the participants to help them in therapeutic efforts for their patients.

Course methods and material: The course will be given as a seminar, chaired by the director. The participants will have handouts of the seminar content together with critical reprints for future reading. The participants will be activated by the director with group discussions and presentations. AV requirements are overhead, board and PowerPoint.

C12 – CME course: ADHD through the life span

Tuesday, 7 March 2006

C12

ADHD through the life span

S. Tyano. *Tel-Aviv, Israel*

ADHD is a well-known, common disorder of childhood and adolescence, but in the past 10 years began to be known as an important disorder of adulthood. It is getting a lot of attention from several fields of research, and the amount of new data as well as changed information is quite overwhelming. Hence, we would like to present a course on ADHD in the light of some intriguing and renewing aspects:

1. The clinical characteristics of ADHD in the ends of the age spectrum, e.g. preschoolers and adults.
2. The diagnosis of ADHD as an integrative procedure.

3. The treatment of ADHD: new drugs, old therapies.

The workshop will last 3 hours and the discussion leaders will be Professor Tyano and Dr. Manor from Israel.

C05 – CME course: Interpersonal psychotherapy of depression

Tuesday, 7 March 2006

C05

Interpersonal psychotherapy (IPT) of depression

T. Gruettert. *Germany*

IPT (16–20 sessions) by Klerman et al. (1984) is meanwhile one of the most studied focussed short-term approaches. Klerman was convinced that interpersonal problems may contribute to onset and potentially chronicity of (current) depression or/and depressive symptoms may interfere with interpersonal well being. Based on many empirical studies, the authors defined four problems areas relevant to depression: 1) retarded grief, 2) interpersonal conflict, 3) interpersonal role conflict/role transition and 4) interpersonal deficits on which one (attributed to current depression) will be focussed during therapy. IPT by enhancing interpersonal functioning of the depressed patient (and also perhaps of significant others) aims to reduce depressive symptomatology. Parallel psychopharmacology may be planned e.g. as sequential approach. This course will teach IPT basics. Role playing will be emphasised in the course to train IPT techniques. A handout will be available.

C14 – CME course: Introduction to phenomenology

Wednesday, 8 March 2006

C14

Introduction à la phénoménologie psychiatrique

D. Pringuey¹, F. Kohl¹, F. Cherikh¹, E. Gelsi², A. Tran². ¹ *Clinique De Psychiatrie CHU Pasteur* ² *Service De Gastroentérologie CHU L'Archet, Nice, France*

La phénoménologie est cette science de la vie quotidienne qui, appliquée à la saisie et à l'élaboration des significations de l'ordinaire, se donne pour but de comprendre la pathologie comme possibilité de l'homme, aux fins de rendre compte de la réalité humaine.

L'approche phénoménologique des troubles dévoile au cœur de l'expérience qui y est faite les racines dénudées de l'humain, plus particulièrement une blessure du temps humain. Les manifestations cliniques annoncent dans l'angoisse le primat de la liberté et le fondement de la confiance, dans mélancolie et manie l'exigence de la créativité humaine, les dangers de la norme et l'originaire structural de la fête, et dans la schizophrénie les rigueurs de la constitution identitaire, ses fondements corporels et ses enjeux existentiels. Comme méthode, l'approche phénoménologique place l'accent sur la biographie, le contexte de survenue des désordres et la détermination de leurs conditions de possibilité.

Une clinique existentielle, à partir de l'étude de cas singuliers, peut montrer (1) que la biographie de l'autisme schizophrène révèle dans la conversion de l'espace en directions existentielles de sens un contenu thymique, (2) que la schizophrénie comme événement et narration appelle l'identité humaine dans son avènement à la liberté et au partage, (3) que la dépression, plus qu'un deuil impossible, est cette crise de la confiance fondamentale soumise à la nécessité d'un changement existentiel fondateur, et (4) que la manie, comme structure de la fête, temps présent absolu, est un originaire qui signifie la nécessité de l'autrui pour la constitution du soi.

Listing de références justifiées.

Objectifs principaux du cours.

Initier à la démarche phénoménologique en psychopathologie.

Présenter les données générales de l'abord phénoménologique et les concepts.

Montrer en quoi il faut faire l'expérience des phénomènes dans un retour à la clinique.

Décrire l'approche descriptive des conditions de possibilités des troubles.

Débuter l'étude d'une genèse anthropologique des pathologies psychiatriques.