Available online at www.sciencedirect.com
ScienceDirect
ELSEVIER
European Psychiatry 23 (2008) S1–S80
EUROPEAN PSYCHIATRY
http://france.elsevier.com/direct/EURPSY/

# Abstracts for oral sessions

## 5 April 2008 CME Course: Suicide and risk management in depressed pediatric patients

### C18.01

CME course: Suicide and risk management in depressed pediatric patients

G. Zalsman [1,2], S. Tyano [2], F. Resch [3]. [1] *Geha Mental Health Center, Petach Tikva, Israel* [2] *Sackler Faculty Of Medicine, Tel Aviv University, Tel-Aviv, Israel* [3] *Heidelberg University, Heidelberg, Germany*

The proposed course targets a major international public health issue: the cause of death of about 100, 000 children and adolescents worldwide each year, suicide. It is the second leading cause of death in that age group in many European countries. There are over three million suicide attempts made by adolescents annually. Although genetic and family risk factors are highly associated with both suicide and with suicide attempts, the specific genetic alleles that transmit this vulnerability between generations have yet to be identified.

Some risk factors for teen suicide attempts and completion have been identified and will be discussed, including an Axis I psychiatric disorder (e.g. mood disorder), family discord, aggressive-impulsive traits and physical and sexual abuse. One key factor consistently associated with suicide and suicidal behavior and will get a special attention in the course is a family history of suicidal behavior. This is as strong a risk factor as major depression, and stronger than environmental factors such as abuse. Suicidal behavior runs in families, independently of axis I or II diagnosis. Gene-environment interaction models in children and families will be presented and discussed. We will propose a stress-diathesis model of suicidal behavior and a practical tool for risk assessment for the clinician.

## 6 April 2008 Core Symposium: Integrated treatment of sexual dysfunctions

### CS01.01

Integrated treatment of male and female desire disorders

R.T. Segraves, K.B. Segraves. *Psychiatry Department, Metrohealth, Cleveland, OH, USA*

Sexual behavior is determined by a compelx interplay of pschosocial and biological factors. Evaluation of sexual disorders inlcudes an evaluation of psychosocial factors such as cultural influences, life history, individual psychodynamics, couple interaction patterns, life stage as well as biological factors such as current medications, medical illness, psychiatric illness and endocrinological status. Sexual fucntioning usually declines in woman during the menopausal transition and this decline is related to decling estradiol levels. In spite of this, the major factor predicting postmenaopausal sexual function is premenopausal sexual function and relationship with the sexual partner. THere has been minimal study of psychologicalfactors influencing male sexual desire. Intervention requies an integrated approach with equal consideration to numerous possible etiological factors.

### CS01.02

Integrated treatment of female and male sexual arousal disorders

R. Balon. *Department of Psychiatry and Behavioral Sciences, Wayne State University, Detroit, MI, USA*

Impaired arousal has been defined, in physiological terms, as lack of/ or impaired erection in males, and lack of/or impaired lubrication/ swelling in females. However, these criteria lack any correlation with the subjective experience of arousal

Treatment of sexual arousal disorders has been the most successful area of treatment of sexual dysfunctions. Nevertheless, the initial enthusiasm about the efficacy of phosphodiesterase-5 inhibitors in male erectile disorder has been tempered by studies demonstrating that pharmacological agents alone do not address all the complexities of the causative factors or treatment-subsequent psychological issues. It is also obvious that the effectiveness of pharmacological treatments is lower than their efficacy, especially in long term treatment. The results of treatment trials of female arousal disorder with pharmacological agents (oral or topical) suggest that no agent alone has been really consistently efficacious in this indication.

The interplay of physiological and psychological factors in the etiology of female and male sexual arousal disorder and the results of treatment trials underscore the need for an integrated approach to the treatment of this disorder.

Several trials suggest that the combination of pharmacological and psychological treatments may be the most suitable approach. For instance, one study demonstrated higher rates of success of the combination of sildenafil and cognitive-behavior sex therapy over sildenafil alone in male erectile disorder.

S0924-9338(08)00009-6

https://doi.org/10.1016/j.eurpsy.2008.01.005 Published online by Cambridge University Press