Parallel to this activity the Danish Schizophrenia Guidelines was developed and endorsed in Danish National Board of Health and the Danish National Indicator Project evaluated the quality of schizophrenia treatment in Denmark.

All first episode psychosis programmes meet once a year to discuss results of projects and future plans. A Danish Psychiatric Research Programme was formed to host the training.

Symposium: New developments in consultation-liaison psychiatry

S43.01

Developing treatments for somatisation - The model from irritable bowel syndrome

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Background: Improving treatment in Consultation-Liaison Psychiatry requires better targeting of psychological treatments at the patients who benefit from them most. This paper will demonstrate that patients with severe irritable bowel syndrome (IBS), who also have somatisation, benefit greatly from antidepressants or psychotherapy.

Aim: 257 patients with severe IBS were randomized to receive over 3 months brief interpersonal psychotherapy, 20 mg daily of the SSRI antidepressant, paroxetine, or treatment as usual. They were assessed at baseline for somatisation and psychiatric disorder. One year after treatment total costs and health-related quality of life, using SF36 physical component summary (PCS) score were assessed and scores adjusted for baseline values.

Results: The patients with the highest baseline somatisation score had the most severe IBS, most psychiatric disorders, were most impaired and the highest total costs. At 1 year after the end of treatment these patients had significantly higher (improved) quality of life scores in the active treatment groups compared to usual care: mean (standard error) PCS scores at 15 months were 36.6 (2.2), 35.5 (1.9) & 26.4 (2.7) for psychotherapy, antidepressant and treatment as usual groups respectively (adjusted p= 0.014). Corresponding data for total costs over the follow-up year, adjusted for baseline costs were £1092 (487), £1394 (443) and £2949 (593) (adjusted p=0.050).

Conclusions: Patients with severe IBS who have high somatisation scores have marked impairment and incur very high costs but they improve greatly with treatment and show marked reduction of costs. Methods of recruiting the patients most likely to benefit from psychological treatments in C-L psychiatry will be discussed.

S43.02

Psychodermatology - yesterday, today, and tomorrow

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The main requirement of diagnostics is the improvement of communication in daily practice on the one hand and the clinical relevance of diagnostic entities with respect to treatment and prognosis on the other hand. A main problem of the classical psychodermatological classifications is that the assignment to classes is based on more or less unproven assumptions and postulations concerning pathogenesis and nosology. This unsatisfactory diagnostic situation was the incentive to develop the Vienna Diagnoses Schedule for Psychodermatological Disorders, which was created on the basis of clinical experience in psychodermatological treatment units and includes four main diagnostic categories: 1. mental disorders without dermatological symptoms; 2. Mental disorders combined with dermatological disorders, e.g.classical psychosomatic disorders and stress-related disorders, secondary dermatological disorders due to mental disorders, secondary mental disorders due to primary dermatological disorders, mental disorders due to dermatological treatment, dermatological disorders due to psychiatric treatment, dermatological disorders often associated with mental disorders, and dermatological and mental disorders occurring simultaneously but independently from each other; 3. Dermatological disorders without mental disorders (troublesome patients, misdiagnosed patients, etc.); and 4. dermatological and/or mental problems not reaching the level of a disorder. Such a categorical classification has to be enlarged in clinical practice by a dimensional diagnostic approach, including not only deficiencies but also the resources of the patient in order to provide effective treatment strategies focusing not only on the disorder itself but on the suffering human being in its entirety.

S43.03

Cl service in modena: The Italian experience

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Italian Reform Law 180/1978 established the closing down of mental hospitals and brought back psychiatry into medicine, the general hospital and primary care; this was the starting point of many relevant events in the history of psychiatry in Italy, one of which was the establishment of Consultation-Liaison Psychiatry (CLP). Since then, development of Italian CLP has been continuous, though heterogeneous over the national territory.

The Modena CL Service is based within a general hospital in the town area and is one of the services of the local hospital psychiatric department, also including a psychiatric ward, a day-hospital and an outpatient clinic. The CL Service provides about 1200 first consultations a year (3% of patients admitted to the hospital). It also provides an out-patient clinic for the follow-up after discharge of patients suffering from medically unexplained symptoms. Through the experience developed in Modena, one of the peculiar features of CLP in Italy is the strong background of integration between general psychiatry, CLP and psychosomatic medicine, which are neither formally nor theoretically separated in Italy. Integration is supported structurally by the existence of the Department of Mental Health, that organises psychiatric care at all levels in a certain geographical area: CLP care is coordinated to the other fields of psychiatry and to other medical Departments through this organisation. Weak points of CLP care in Italy are its very heterogeneous distribution; poor funding availability; need to improve standards of clinical practice, clinical management, training and research quality levels.

S43.04

Training issues in C-L psychiatry and psychosomatics – An international perspective

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C-L psychiatry was born in the USA in the 1920s and began to become integrated into the core of psychiatric resident training by the late 1960s. In 2004, formal subspecialty status within psychiatry

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