

S15-5**DETOXIFICATION AND REHABILITATION OF CLIENTS ADDICTED TO LEGALLY PRESCRIBED DRUGS**

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Denmark is ranking number one in per capita consumption of benzodiazepines and morphines.

A treatment programme was set up by the District Officer of Health of a Danish county, in conjunction with the local Department of Alcohol and Drug Abuse and the clients' general practitioner.

The elements of the programme are presented.

20 persons with heavy over-prescription of the above drugs have participated in the programme. Some completely stopped ingesting addictive drugs, all were able to reduce consumption.

All 20 experienced a remarkable improvement in objective quality of life.

S16. Clinical criteria for the choice of treatment: the increasing prescription of antidepressants

Chair: Y Lecrubier (F)

S16-1**CHANGES IN RECOMMENDATIONS FOR THE TREATMENT OF PANIC DISORDER BY AN INTERNATIONAL PANEL OF EXPERTS, 1992-1997**

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Clinical experience and judgement remain important components of practice and teaching regarding the treatment of psychiatric disorders. We conducted a survey of 73 internationally recognized experts to tap this valuable source of information systematically and quantitatively regarding benefits and risks of pharmacotherapy in anxiety disorders. This report focuses on the strategies they recommended for treating panic disorder.

The panel was constituted by a peer nomination process. Data were collected in 1992 using a comprehensive questionnaire. Sixty-six (90%) responded. In 1997, a short follow-up questionnaire was sent to assess any changes. Fifty-one of the original 66 panelists (77%) participated.

The preferred initial treatment strategy in both years was a combination of medication and cognitive/behavioral therapy. In 1992, the experts chose as first-line treatment a BZ (35%), an SSRI (7%), an older antidepressant (AD, 33%), or a combination (25%), principally a BZ plus an older AD (18%).

In 1997, fewer chose a BZ (15%) or an older AD (11%), while 33% chose an SSRI alone. More chose a combination (39%), mainly due to the choice of a BZ plus an SSRI (17%). Recommendations for BZs overall declined slightly, while the increased choice of SSRIs came largely at the expense of the older ADs.

As second-line medications, if the first-line choice should fail, the experts in 1977 recommended a BZ (7%), an SSRI (15%), an older AD (28%), or a combination (50%), usually a BZ plus an older AD (22%) or a BZ plus an SSRI (17%). Thus, in case of unsatisfactory response, the experts' choices shifted from BZs and

SSRIs toward older antidepressants alone or combinations of an AD plus a BZ.

Overall, the expert panelists still seem to regard the BZs as a mainstay of treatment in panic disorder, despite the increase in recommendations for SSRIs.

S16-2**ANTIDEPRESSIVE TREATMENT IN SUICIDAL PATIENTS**

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Only 5% of suicidal patients on the average use their prescribed antidepressant to commit suicide. Underprescription of antidepressants and failure of antidepressant therapy appears to be of greater practical importance than the toxicity of individual compounds. Prescribing less toxic agents, therefore, will not be of great advantage, especially if they are less efficacious.

Several antidepressants including SSRIs may increase suicidal behaviour by energizing depressed patients to act along preexisting suicidal thoughts or by inducing akathisia with associated self-destructive impulses. For acutely suicidal patients the use of more sedating antidepressants is recommended.

Clinical trials could not confirm a superiority of SSRIs over tricyclics in reducing the number of suicide attempts.

There is evidence from large international data sources and a large multicentre controlled trial that lithium prophylaxis decreases the suicide risk and overall mortality in affective disorders. A suicide preventing effect has not been demonstrated so far for antidepressants or non-lithium mood stabilizers.

S16-3**IMPROVING THE DIAGNOSIS AND TREATMENT OF DEPRESSION: CHANGES IN MORBIDITY, MORTALITY AND MEDICATION PATTERN**

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An educational project aimed at improving the diagnostic and clinical treatment ability of general practitioners was carried out in a defined catchment area, the Swedish island of Gotland. Positive results could be noted: a decrease in inpatient care and sick leave consumption for depressive conditions, a decrease in the number of suicides, and changes in the suicidal patterns concerning violence, seasonal distribution and gender distribution. Also patterns of medication changed; a strong underprescription of antidepressants and overprescription of unspecific sedatives, hypnotics and anxiolytics was reversed, and the prescription of antidepressants as a whole increased. Similar developments showing an improvement in diagnosing and treating depression, an increase in specific antidepressive medication and changes in morbidity and mortality patterns have been shown in Sweden and, e.g., Hungary. Increasing suicidal trends in these countries have been reversed. Possible causalities are discussed as well as potential implications for countries with still rising prevalence of depression and increasing suicidality.