

Chairperson(s): Miquel Casas (Barcelona, Spain),
Antoni Gual (Barcelona, Spain)
14.15 - 15.45, Holiday Inn - Room 8

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Addictions have been described as a major cause of impairment in physicians. The high prevalence of addictive behaviours in doctors has been attributed to different reasons: stress, burn-out, self-medication, etc. This symposium aims at reviewing the characteristics of addictive behaviours across the lifespan of physicians, including the initial years at the medical school. Few studies have addressed the question of previous drug use among medical students and young doctors. That's why the first presentation (Alcohol use and illicit drug exposure among Swedish medical students and first-year interns) addresses the topic of drug use among medical students in Sweden. The transition from medical school to clinical work and its relevance concerning the use of drugs will be described in the second presentation, that focuses in alcohol consumption during the first ten postgraduate years of clinical work in Norwegian doctors (Use of alcohol and depression among Norwegian doctors: a 10-year longitudinal study). The third presentation describes epidemiological data on substance misuse among a large sample of anaesthesiologists, one of the medical specialties where higher rates of substance abuse have been reported (Substance misuse in a sample of 3700 French anaesthesiologists). Finally, the influence of addictive behaviours in the severity of impairment is analyzed in a sample of inpatient sick physicians from Spain (Sick physicians: How relevant are addictive behaviours for impairment). Those four studies offer a wide perspective on the use of drugs in different European countries and in different life stages of physicians.

Sunday, April 3, 2005

C-01. Educational course: Early recognition and early diagnostics of addiction

Course director(s): Michael Musalek (Wien, Austria)
08.30 - 12.00, Hilton - Salon Bialas

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 “pentologue” 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 psycho-pharmacological, 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.

Tuesday, April 5, 2005

C-15. Educational course: Alcohol dependence

Course director(s): Karl Mann (Mannheim, Germany)
14.15 - 17.45, Hilton - Salon Bialas

Objective: The participants of this course will learn about new findings on the development, maintenance and treatment of alcohol dependence. A brief review on prevalence rates and diagnostic criteria distinguishing between dependence, harmful use and at risk consumption will be followed by a review of the neurobiology of alcoholism. Neurobiology research indicates dispositional factors including neuroadaptation and sensitisation in the development and maintenance of addiction. The treatment part includes a discussion of the pharmacotherapy of alcohol withdrawal as well as the rationale for treating alcoholics with anti-