S30.4
Cognitive/behavioral treatment of hypochondriasis

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A randomized, controlled, intervention trial was conducted of a cognitive/behavioral treatment (CBT) for hypochondriasis. General medical outpatients meeting DSM criteria for hypochondriasis were randomized to 6-session, individual CBT or to medical care as usual. Six months later, using an intent to treat analysis, intervention patients had significantly fewer hypochondriacal symptoms and significantly less role impairment than control patients, but they did not differ on somatic symptoms. Preliminary analyses suggest that these improvements persist at 12-month follow-up.

S30.5
Cognitive-behavioral therapy for the treatment and prevention of chronic pain

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This talk focuses on the efficacy of cognitive-behavioral programs aimed at treating or preventing chronic pain problems. To this end the literature was systematically searched and high quality studies identified. A description of the content of programs was made and a table of the results from randomized, controlled trials was constructed. Special emphasis was placed on early interventions that might complement ordinary health-care since these have the potential to prevent long-term disability.

Cognitive-behavioral programs are consistently associated with significant improvements relative to waiting-list controls or simple alternative treatments. The size of the effect is at least "moderate". We do not yet know which techniques work best with which patients or how these techniques may best be integrated into ordinary health-care. A relatively new application is providing therapy as an early intervention in primary care settings. However, a limited number of investigations has demonstrated that short-term cognitive-behavioral interventions can have significant effects compared to treatment as usual. It is concluded that there is strong evidence that cognitive-behavioral approaches enhance treatment and hold promise for prevention.

S31. Psychopathological syndromes in mental retardation

Chairs: W.M.A. Verhoeven (NL), S. Tuinier (NL)

S31.1
Behavioural phenotypes

L.M.G. Curfs*, S. Tuinier, W.M.A. Verhoeven. *Vincent van Gogh Institute for Psychiatry, Venray, The Netherlands*

The concept of behavioural phenotype was originally introduced by Nyhan in 1972 and comprised a set of behaviours linked to a specific genetic disorder. Later a more comprehensive definition was formulated by Flint and Yule: "The behavioural phenotype is a characteristic pattern of motor, cognitive, linguistic and social abnormalities including also psychiatric symptoms that is consistently associated with a biological disorder".

Studies aimed at assessing and measuring behaviour of intellectually disabled people affected by different syndromes can be described from a genomic and a phenomic perspective.

Measurement approaches from a genomic perspective e.g. comparing behavioural data across genetically identifiable conditions associated with mental retardation, contribute to the delineation of distinct behavioural phenotypes across syndromes. This research activity can be of help for elucidating underlying genetic mechanisms through systematic observations of behaviour among individuals with developmental disability e.g. a phenomic approach.

Main examples of syndromes associated with behavioural phenotypes are fragile-X, Prader-Willi (PWS), Smith-Magenis and Velo-Cardio-Facial Syndrome (VCFS). With respect to PWS and VCFS specific psychopathological profiles can be delineated as well. In such cases the term psychopathological phenotype seems to be more appropriate.

S31.2
Psychopathology in mentally retarded patients

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The data of neuropsychiatric consultation over 5 years were analysed resulting in a group of 285 patients (males: 178; females: 107; mild MR: 99; moderate to profound MR: 186). Main reasons for referral were behavioural problems (n=155) and affective disorders (n=83). In 27 patients self-injurious behaviour was present only.

A specific genetic etiology was found in 65 patients, whereas in 33 perinatal complications were the causative factor. In the remaining patients no clear etiology could be established. Comorbid epilepsy was present in 79 patients.

Based on the information of all medical records including medical and neurological disorders, degree of physical incapacity and parental neuropsychiatric diseases, the following diagnoses according to ICD-10 criteria were established: major depression (n=63), unstable mood disorder (n=41), pervasive developmental disorder (n=42), cycloid psychoses (n=14), delirious states (n=15), bipolar affective disorder (n=31), anxiety disorder (n=16) and a psychopathological phenotype in 18 patients.

The results indicate a high prevalence of mood and anxiety disorders and stress the importance or complete and recent genetic evaluation.

S31.3
Dual diagnosis in trisomy-21

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It is well known that Down's syndrome (DS) is associated not only with Alzheimer-type dementia and hypothyroidism, but also with affective disorders. From a large consultation group, a number of 20 DS-patients were recruited. In all cases the reason for referral was a depressive disorder.

Analysis of the psychiatric and behavioural symptomatology revealed disturbances on several domains of which the most prominent were: depressed mood, anxieties and withdrawal behaviour. In half of the patients motor signs like aggression, self-injuries or stereotypies were present. Psychotic features were established in 3 patients with a depressive disorder.

Evaluation of all clinical data revealed the following ICD-10 diagnoses: major depression (n=8) and unstable mood disorder (n=5). In 2 patients, psychopathology was related to hypothyroidism. Diagnoses of obsessive compulsive disorder, anxiety disorder, Gilles

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