

**SEC3-4**

A 2 WEEKS FULL-TIME MANDATORY COURSE IN ADDICTION MEDICINE INTEGRATED IN THE INTERNAL MEDICINE-SURGERY CURRICULUM. EXPERIENCES FROM THE MALMÖE MODEL

M. Berglund. *Department of Alcohol and Drug Diseases, Malmö University Hospital, S-205 02 Malmö, Sweden*

Since 1992 a new clinical curriculum in the medical school at Malmö General Hospital, University of Lund has been introduced. A 2 weeks problem based course in addiction medicine has been integrated in the teaching of internal medicine-surgery including

**Theoretical Learning:** A textbook has been written defining the learning goals for medical schools.

**Attitudes:** The students' own attitudes towards alcohol drinking are discussed in small groups.

**Practical Skills:**

- a. *The addiction interview.*
- b. *Identification of heavy drinking and subsequent intervention.*
- c. *Assessment of withdrawal symptoms.*
- d. *Ethic analysis.*
- e. *Developing an alcohol prevention plan on the general practitioner level.*
- f. *Regulations and laws.* Case stories on children and spouses of alcoholics are analyzed. Children or spouses of alcoholics are attending the discussion.
- g. *Narcotic addiction.* Identification of symptomatology indicating heroine, amphetamine and cannabis use are trained.

**Examination:** Practical (alcohol interview on profession, patient etc) and oral interviews (patient examination) as a part of the total examination of internal medicine and surgery.

**SEC3-5**

EDUCATION ABOUT ADDICTION IN THE NETHERLANDS

M.J.A.J.M. Hoes. *Dept. of Psychiatry Ziekenhuis Rivierland, P.O. Box 6024, 4000HA Tiel, the Netherlands*

The government started an intensive education campaign for the public on januari 1, 1990. Yet, alcoholconsumption continued to rise in women and youngsters, although the annual consumption per capita continued to decrease since the all-time high of >11 L out of 1979. In the medical education 40 hours of instruction are provided, in the education for general physician an extra two days. However, there are differences between the eight Dutch universities, the university of Amsterdam offering the most intensive programme. In the education for psychiatrists there are 9 or 10 training centres where mostly a half-year's stage for residents is available. The Trimbos Institute, formerly Netherlands Institute for Alcohol and Drugs (NIAD), provides educational courses throughout the country for (para)medical personnel. The section 'Psychiatry and Addiction' of the Dutch Society for Psychiatry provides two times a year symposia and a congress for psychiatrist and addiction physicians; these have their own society. One-day post-doc courses are provided at all universities, mostly on a yearly basis. The media follow closely publications of the three major and three minor research centers.

**SEC3-6**

EDUCATION ABOUT ADDICTION IN GERMANY

J. Böning\*. *Department of Psychiatry, University of Wuerzburg, Germany*

Im Gegensatz zu Studiengängen wie Sozialpädagogik oder Pädagogik an Fachhochschulen ist die Vermittlung suchtrelevanten Basiswissens in den universitären Studiengängen Medizin und Psychologie von Einzelinitiativen der Dozenten abhängig. In der gesetzlichen Weiterbildungsordnung ist für „Psycho“-Fachärzte seit 1992 ein suchtmmedizinisch-therapeutischer Teil etabliert, der dem heute erforderlichen Qualitätsstandard aber nicht genügt. Dringend notwendige – und beantragte – spezialisierte suchtmmedizinische Zertifikate für Ärzte gibt es bis heute nicht, obwohl letztere Hauptverantwortung in der stationären Versorgung Suchtkranker tragen und ihre Kompetenz durch „learning by doing“ erwerben. In Verantwortung regionaler Ärztekammern konstituieren sich momentan neben der seit 1990 bestehenden „Methadon-Basisqualifikation“ aber Fachkunden bzw. Ärztekammerdiplome in „suchtmmedizinische Grundversorgung“ (Alkohol-, Medikamenten-abhängigkeit, Essstörungen) für Ärzte an der Versorgungsfond.

Im Gegensatz dazu besteht eine längere Tradition curricular qualifizierten, aber schulisch sehr unterschiedlich strukturierter Weiterbildungen zur „Suchttherapie“ bei Psychologen, Sozialpädagogen und Pädagogen. Diese sind seit langem aktiv in die stationäre und ambulante Versorgung Suchtkranker eingebunden und werden auch von den Rentenversicherungsträgern anerkannt. Trotz der damit verbundenen berufspolitischen Brisanz kooperieren alle Berufsgruppen miteinander. In den letzten Jahren wächst auf dem Hintergrund eines gemeinsamen bio-psycho-sozialen Suchtmodells die Integration aller Beteiligten in aufgebauten interdisziplinären Weiterbildungsakademien.

---

## S4. Cost-effectiveness of depression treatment

*Chairs:* MRJ Knapp (UK), P Bech (DK)

---

**S4-1**

DEPRESSION IN OLDER PERSONS: ECONOMIC EVALUATION OF A CLINICAL TRIAL OF SERTRALINE

Alan Stewart. *Metap International, 27 Gilbert Street, London, UK*

The introduction of newer antidepressants, such as the SSRIs has accompanied a trend towards longer-term use of pharmacotherapy and the advocacy of maintenance treatment for depression. However, there is a shortage of long-term data evaluating the new drugs.

The study deals with that problem. A sample of persons over 65 were identified as suffering from major depression and then monitored for 112–116 weeks. The first 12–16 weeks involved treatment using open-label sertraline, a SSRI of proven efficacy. At the conclusion of that phase, participants were randomised to receive sertraline or sertraline placebo for two further study phases, of 48 weeks and 52 weeks.

Over the course of the study, detailed information was collected on patient demographics, clinical outcomes and resource use. The economic data was collected using an additional form administered alongside the clinical trial CRF.

An important innovation in this study is that participants who dropped out of the clinical trial continued to be assessed for the