S22.04
DEINSTITUTIONALISATION

P. Munk-Jørgensen. *Denmark*

No abstract was available at the time of printing.

S22.05
PSYCHIATRY IN EASTERN EUROPE

X. Solozhenkina. *Kyrgyzstan*

No abstract was available at the time of printing.

SES07. AEP Section "Epidemiology and Social Psychiatry": Part II. Early detection and intervention in psychosis

Chairs: A. Mann (UK), H. Häfner (D)

SES07.01
HOW TO MANAGE EARLY INTERVENTION

J. Klosterkötter

No abstract was available at the time of printing.

SES07.02
COGNITIVE TREATMENT IN EARLY PSYCHOTIC BREAKDOWN

P.A. Garety

No abstract was available at the time of printing.

SES07.03
EARLY DETECTION AND INTERVENTION IN PSYCHOSIS, THE STAVANGER MODEL

J.O. Johannessen

No abstract was available at the time of printing.

SES08. AEP Section "Alcoholism and Drug Addiction": Quality of life and treatment outcome in alcohol dependent patients

Chairs: K. Mann (D), M. Berglund (S)

SES08.01
QUALITY OF LIFE – A NEW CONCEPT AND ITS MEASUREMENT

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Although the notion of Quality of life (Qol) is intuitively appealing, it is a difficult scientific concept. There is no agreed upon definition and it is an umbrella concept which covers non-disease aspects of diseases, such as disability, social functioning, well-being etc. In medicine Qol measures are used today to describe chronically sick populations in the community as well as treatment outcomes of intervention studies, furthermore in health economics and for treatment planning in daily practice.

Qol should be conceived of as multidimensional with the three dimensions (1) subjective well-being or satisfaction, (2) ability to function in daily activities and social roles, and (3) the availability of external material and social resources which define an individual's opportunities in society. The roots of the concept go back to the late sixties and early seventies and correspond to the three aforementioned dimensions; they are (1) happiness research, which is an academic subspecialty of psychology, (2) health status research, developed within the field of social medicine and public health, and (3) social indicator research, which originated within socio-logy and economics. Most studies on health-related Qol cover only well-being and, perhaps, functioning, which limits the interpretation of the data. This is especially relevant for psychiatric disorders, where measures of well-being usually strongly correlate negatively with the severity of psycho-pathology, i.e. such Qol measures are not independent from psycho-pathology, which leads to the methodological problem of measure-ment redundancy. Also, subjective well-being can be influenced by momentaneously acting factors (including psychotropic compounds), and Qol measures should therefore cover also functioning and external resources, which might secure well-being also in the future.

SES08.02
THE SF-36 IN AN OBSERVATIONAL STUDY OF ALCOHOL DEPENDENT PATIENTS TREATED WITH ACAMPROSATE

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The Neat Programme was conducted in five European countries. The main objectives of this programme were to identify the abstinence rates and the number of non-drinking days in alcohol dependent patients when combining acamprosate and to define which form of the main established psychological supports provides the best results in maintaining abstinence. Whereas, standard clinical measurements begin to be widely accepted, few researches have aimed to investigate Quality of Life in alcoholic patients. This study examined as a secondary criteria, the association of alcohol dependence and consumption patterns with the SF-36 Health survey. Amongst 1281 patients 1250 provided data at baseline for SF-36, whereas only 740 and 511 subjects were seen respectively at M3 and M6.

QoL profile in alcoholics presented at baseline a clear deficit in mental components and social functions, less in physical components. With regard to the dimensions of the SF-36, the improvement was significant in role emotional and physical, vitality and social functions.

Interestingly, results on attending patients gave some evidence that QoL stable state were reached at 3 months. The essential predictors of QoL were by order of importance initial severity, employment and health condition, country, sex and age. Reliability and validity of SF-36 were also tested by using the data patients.

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