

## CME Courses

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#### C01

Problem solving in psychopharmacotherapy using pharmacokinetic and pharmacogenetic tests

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Many problems such as non-response, pharmacokinetic interactions with clinical consequences and adverse effects (pharmacovigilance) may be observed in patients submitted to psychopharmacotherapy. These risks are increased in patients belonging to the category of “special populations”: elderly patients, children and adolescents, patients with a genetic particularity of metabolism or suffering from somatic or psychic comorbidities. Pharmacokinetic and pharmacogenetic tests are useful to solve problems in psychopharmacotherapy and thus improve efficacy and safety. Therapeutic drug monitoring (TDM) is particularly recommended in situations presented above and in patients who are non-compliant. In addition, the use of generics has been shown to represent a source of unexpected treatment outcomes, and TDM may help to explain pharmacokinetic particularities after switching from an original to a generic preparation (or vice versa). Finally, the increasing knowledge of the metabolism of psychotropic drugs allows taking account of the pharmacogenetic status (e.g. cytochrome P-450, P-glycoprotein) of the patients not only in adapting their medication, but also for interpreting pharmacokinetic interactions with clinical consequences. In this respect, pharmacokinetic and pharmacogenetic tests have now also to be considered as a tool in pharmacovigilance programs.

Psychiatrists who already have experience in this field will have their knowledge updated: recent progress will be illustrated by clinical situations, which will be discussed in an interactive way. A consensus paper with recommendations on the optimal use of pharmacokinetic and pharmacogenetic tests will be summarized and submitted for discussion.

#### C02

Psychometric evaluation in psychiatry

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Psychiatric outcome studies (POS) of treatment with psychotherapy as well as pharmacotherapy have the following three psychometric measures in common: (a) The rating of core symptoms; (b) the global clinical assessment; and (c) the rating of social functioning or quality of life.

In the psychometric evaluation of these three outcome measures, effect size is the clinically most meaningful statistic, both in placebo-controlled and in dose-response trials.

The clinically most valid outcome scales and the use of effect size statistics will be shown with reference to the literature on POS.

#### C03

Clinical management of physicians with addictive and mental disorders

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**Introduction:** Physicians presenting with addictive behaviours and mental illness can be a considerable challenge for psychiatrists. Impaired physicians usually tend to act as doctors while eschewing the role of a patient, which can result in poor compliance, self-diagnosis and self-medication. The psychiatrist confronted with such a patient may react defensively and not take into consideration the needs of the patient. On the other hand, when appropriately handled, impaired physicians can be an enormous source of help for themselves. An appropriate setting and the therapeutic relationship are key for reaching this goal.

#### Educational objectives:

- To identify the basic clinical problems posed by impaired physicians.
- To provide trainees with basic skills to effectively treat impaired colleagues.
- To demonstrate how to take advantage of the patients' professional status.
- To outline the basic characteristics and functioning of a specialized program for impaired physicians.

#### Course description:

The contents of the course will include:

- Basic concepts: the impaired physician.
- Risk factors in the medical professions.
- Some epidemiological data: Addictive and mental disorders in physicians.

- The doctor as patient: What makes him/her different?
- Attitudes and behaviours of impaired physicians.
- The most common mistakes made by psychiatrists
- Setting problems: avoiding corridor consultations.
- How to establish a fruitful collaboration: Essential elements of the therapeutic relationship.
- Taking advantage of the patients' condition: How to use her or his expertise in a constructively and collaboratively.
- Ethical considerations: confidentiality, licensure, etc.
- Basic characteristics of a specialized service for impaired physicians.

## C04

### Complexity of posttraumatic reactions

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**Background:** Our knowledge on many aspects of posttraumatic reactions is growing so are the questions that need to be answered. Today the field of psychotraumatology is spread from neuroscience through clinical issues to the social sciences.

**The structure of a course:** Within the four presentations we would like to put the focus on chronic and longlasting consequences of psychotraumatisation addressing new understanding of neurobiological factors and psychological background as well as therapeutic possibilities. The multicultural aspects of psychotrauma and the consequences on rehabilitation will be presented as well.

The presentations themes are the following:

- Neurobiology of chronic and longlasting posttraumatic syndromes.
- How to understand complex PTSD.
- Multicultural aspects of posttraumatic syndromes.
- Facing complex PTSD-wath can be done in therapy?

The aim of the course is to present advances in the field but to discuss some open questions and doubts that still exist.

## C05

### Interpersonal psychotherapy of depression

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Among a variety of short term psychotherapies created to treat depression IPT (Interpersonal Therapy) by Klerman et al. (1984) is meanwhile one of the most well known and widespread used approaches. A variety of studies have shown empiric evidence of its efficacy. IPT's most influential theoretical grounds are Bowlbys attachment theory and the interpersonal school of psychiatry (Sullivan), assuming that all psychiatric illnesses incl. depression develop in an interpersonal context: problems areas in interpersonal relations may contribute to onset and potentially chronicity of current depression or/and depressive symptoms may interfere with interpersonal well being/psychosocial functioning.

Based on empirical studies on e.g. life events, social support, stress & depression the authors defined four problem areas:

- 1) complicated grief
- 2) interpersonal conflict
- 3) interpersonal role conflict/role transition and

### 4) interpersonal deficits/isolation

The therapy is divided in 3 phases: In the initial 3-4 sessions the patients current depression is individually attributed to one of the four problem areas on which will exclusively be focused on within the main therapy section. IPT works in a "here-and-now" framework and connects state and change of depressive symptoms with state and change of (realtime) interpersonal functioning and well being through therapeutic work. The dual goals of IPT are achieving symptom remission and solving attributed interpersonal problem by promoting the interpersonal skills of patients both within and outside the therapeutic setting.

Open and focused exploration, psychoeducation (patient as expert of his/her illness), the transportation of the sick role (Parsons 1954), assessment of the interpersonal inventory/interpersonal resources, instilling hope, the definition of patients and therapist role during therapy, the explanation of the IPT concept, the agreement on the problem area and a therapy contract are basic procedures within introductory sessions in IPT.

In the main period (3/4-14 sessions) patient and therapist work on explore the agreed-upon focus. The IPT manual describes goals and treatment strategies for each problem area. Clarification, self disclosure, communication analysis, option seeking etc. are main techniques in IPT.

During termination period the patient recognizes what was gained, what impairments, problems are left. The motivation for booster sessions (maintenance) is clarified and the patient is prepared about prophylaxis and how to manage crises in the future.

This CME course is meant to teach IPT basics enabling participants of the course to start practising IPT under supervision. It will be focused explicitly on the following aspects:

- time frame
- medical model
- dual goals of solving interpersonal problems and symptom remission
- interpersonal focus on patients affective engagement solving current life problems contributing to current depression
- specific and general psychotherapeutic techniques and
- empirical support of IPT

Short role-playing will be used to train IPT techniques. A handout will be available.

## C06

### Mental health care of migrants

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Multiculturalism in Europe is becoming a reality that increasingly affects most every psychiatrist. Effective mental health treatment adaptations to respond to the myriad ways in which migration impacts psychosocial development, help-seeking, symptom presentation, and all aspects of diagnosis and treatment. The bulk of research and theory in transcultural psychiatry has its origins in North America, and although highly laudable, represents a different context, history, and present with regard to multiculturalism and immigration. It is in response to this situation that the Section on Transcultural Psychiatry offers the following course.

This course will be an introduction to the general themes pertinent to the effective psychiatric care of migrant patients. The first part of the course will provide attendees with a general overview of key aspects relevant to the relationship between migration, culture, minority