

these three groups have a different need to over-report. PTSD was diagnosed using the PDS (Posttraumatic Diagnostic Scale), a self-rating instrument for diagnosing PTSD according to the DSM-IV (Diagnostic and Statistical Manual of Mental Disorders, Version IV).

Point prevalence of PTSD was conservatively estimated at 27%. The three sub-samples did not differ in PTSD prevalence when adjusted for potential demographic differences. Seventy-five percent of the subjects had experienced at least one traumatic event that matched the criteria for a traumatic event according to the DSM-IV. The Median number of traumatizing life events according to the PDS was four in the examined sample.

Thus in this sample of male prisoners in Switzerland the point prevalence of PTSD was slightly increased compared to other international studies.

S47. Symposium: PRODROME-BASED EARLY INTERVENTION IN THE COURSE OF SCHIZOPHRENIA

S47.01

Results of the German Research Network on Schizophrenia: Early intervention in the initial prodromal phase

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Background and Aims: To determine whether a differential state specific intervention in the initial prodromal state is effective for preventing progression to psychosis.

Method: 128 patients in the early initial prodromal state (EIPS) were randomized to receive either a comprehensive cognitive behavior therapy (CBT) intervention or supportive counseling (SC) for 12 months. 124 patients in a putatively late initial prodromal state (LIPS) were randomly assigned to a needs-focused intervention (NFI) or to NFI plus amisulpride.

Results: In the EIPS trial Kaplan-Meier estimates of the risks of transitions to LIPS (5.3% vs. 18.5%, $p=0.032$), psychosis (1.6% vs. 13.8%, $p=0.020$) and schizophrenia (none vs. 13.8%, $p=0.005$) at month 12 were statistically significant lower in the CBT group than in the SC group. In the LIPS trial Amisulpride+NFI produced superior effects to NFI alone on attenuated and full-blown psychotic symptoms, basic, depressive and negative symptoms and global functioning at week 12.

Conclusion: First results indicate that a differential intervention to the initial prodromal state is effective for preventing progression to psychosis.

S47.02

The OPUS trial: Transition from schizotypal disorder to psychotic disorder. A RCT of integrated treatment and standard treatment

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Background: Only a few randomized clinical trials have tested the effect on transition rates of intervention programs for patients with sub-threshold psychosis-like symptoms.

Aim: To examine whether integrated treatment reduced transition to psychosis for first-contact patients diagnosed with schizotypal disorder.

Methods: Seventy-nine patients were randomized to integrated treatment or standard treatment. Survival analysis with multivariate Cox-regression was used to identify factors determinant for transition to psychotic disorder.

Results: In the multivariate model, male gender increased risk for transition to psychotic disorder (relative risk = 4.47, (confidence interval 1.30-15.33)), while integrated treatment reduced the risk (relative risk = 0.36 (confidence interval 0.16-0.85)). At two-year follow-up, the proportion diagnosed with a psychotic disorder was 25.0 percent for patients randomized to integrated treatment compared to 48.3 percent for patients randomized to standard treatment.

Conclusion: Integrated treatment postponed or inhibited onset of psychosis in significantly more cases than standard treatment.

S47.03

Results of the German Research Network on Schizophrenia (GRNS): Prodrome-based treatment in first-episode schizophrenia

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Background and Aims: After a first episode in schizophrenia, maintenance treatment is recommended for at least 1 year. In addition to maintenance treatment or particularly in case of drug discontinuation prodrome based early intervention is a recommended (supplemental) long-term treatment strategy to prevent relapse. Drug discontinuation, although inferior to maintenance treatment in multiple-episode patients, showed comparable relapse preventing results in first-episode patients (Gaebel et al. 2002). However, more empirical data is strongly needed, to evaluate this treatment strategy in first-episode patients.

Methods: Accordingly, a 2-years long-term trial in first-episode schizophrenia was conducted within the GRNS. In the first treatment year, maintenance treatment with risperidone was compared to treatment with (low-dose) haloperidol (randomized double-blind design). In the second treatment year, continued neuroleptic treatment was compared with stepwise drug withdrawal (randomized design) both supplemented by prodrome-based early intervention.

Results: From the 96 patients after 1-year maintenance treatment, about 50% were not eligible for both treatment strategies due to doctors concerns (particularly to discontinue drug treatment) or to patients decision. Likewise to the first treatment year, relapse rate is very low, and preliminary results seems to indicate a higher risk for relapse and deterioration after drug discontinuation. Early recognition of relapse based on prodromal symptoms and other early warning signs showed satisfactory results with the highest relapse predictive validity for a composite score of unspecific prodromes.

Conclusions: The results emphasizes the need to evaluate and provide various effective long-term treatment strategies to take patients conditions and circumstances into account.

S47.04

The MESIFOS-trial: Treatment strategies in remitted first episode psychosis

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Background and Aims: Objective is to compare the consequences of guided discontinuation strategy and maintenance treatment in remitted first episode psychosis in terms of relapse, symptomatic and social remission and recovery.

Methods: The study was conducted in seven mental health care organizations, covering a catchment area of 3.1 million inhabitants. A sample of 131 remitted first episode patients, aged 18 to 45 years, with a diagnosis of schizophrenia or related psychotic disorder was included. After six months of positive symptom remission they were randomly and openly assigned to discontinuation strategy or maintenance treatment. Maintenance treatment was carried out according to APA-guidelines, preferably using low dose atypical antipsychotics. Discontinuation strategy was carried out by gradual symptom-guided tapering of dosage and discontinuation if feasible. Follow-up was eighteen months.

Results: Twice as many relapses occurred in discontinuation strategy (43% vs. 21%, $P = 0.007$). Of patients who received the strategy 20% were successfully discontinued. Recurrent symptoms caused another 30% to restart antipsychotic treatment, while in the remaining patients discontinuation was not feasible at all. Although no advantages of discontinuation strategy regarding functional outcome at follow-up, remission and recovery status over the last nine months were better.

Conclusions: A limited number of patients can be successfully discontinued. Although high relapse rates do not allow discontinuation strategy to be universal practice, it has nevertheless a favourable influence on remission and recovery during follow-up. Further research is needed to find predictors of successful discontinuation.

S48. Symposium: CHANCES OF YOUNG PSYCHIATRISTS AND TRAINEES IN EUROPE

S48.01

Job opportunities for young psychiatrists in Europe

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Europe is passing through a period where interchange of information and mobility of people across the continent is easier everyday. In the meanwhile, the increasing number of doctors and psychiatrists causes difficulties for young psychiatrists to find satisfying jobs in some parts of the continent, while in other parts the shortage of psychiatrists still remains, resulting in a work overload. Different needs and lifestyles result in a wider range of options and opportunities for young psychiatrists. However, as the young psychiatrist moves away from classical medical and academic roles, he/she faces difficulties in finding guidance and role models in this new and dynamic work environment. Using data from different surveys, this presentation will focus on the change in the work environment and focus on advantages and disadvantages different options for young psychiatrists in Europe.

S48.02

Workplace bullying and burn-out syndromes among young psychiatrists in Italy

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The risk of workplace negative emotions and burn-out is high among people working in helping professions. Recent evidence tends to show that burn-out and workplace violence are especially crucial for mental health professionals, since these issues can significantly decrease job satisfaction and affect several mental health outcomes [1,2]. Although psychiatrists are generally considered at higher risk for such problems, little is known about the specific impact of these variables on early career psychiatrists. The aim of this study was to evaluate burn-out and workplace violence risk among 50 young Italian psychiatrists, who were asked to fill-in two standardized questionnaires. Preliminary results show high levels of burn-out among young psychiatrists, with high scores for personal accomplishment (mean $\pm$ SD = 39.9 ± 4.8), exhaustion (26.9 ± 7.8), and depersonalization (10.9 ± 5.3) factors. Furthermore, young Italian psychiatrists also perceive high levels of bullying (more than 35% of them reported to have been mobbed by patients and/or their relatives). As reported by previous studies [3], several workplace factors, such as burden of work, lack of support by manager or colleagues, work outside usual working hours, are likely to play a crucial role in the genesis of this phenomenon. Specific strategies, such as problem-solving, communication skills and team-work monitoring, should be constantly provided to young psychiatrists in order to improve their psychological well-being and satisfaction with work activities.

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S48.03

Maximising job satisfaction for young psychiatrists and trainees: Innovative approaches as a way out of the crisis?

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Background and Aims: Psychiatry in Europe is undergoing a period of rapid and significant change. This includes changes in training, changes in the role of psychiatrists, and changes in the delivery and structure of mental health services. These changes have major implications for the future job satisfaction of trainees and young psychiatrists. This presentation aims to examine common themes across Europe and discuss possible approaches to meeting these challenges.

Methods: This paper uses data collected from trainees and young psychiatrists in 23 European countries via the European Federation of Psychiatric Trainees and the Association of European Psychiatrists networks of young psychiatrists and trainees to determine common issues and approaches towards resolving these.

Results: Major changes currently affecting young psychiatrists and trainees include:

- changes in training content and duration
- increasing roles of other professions impacting on psychotherapy and prescribing
- reconfiguration of mental health services