in an appropriate need – centered way is emphasized. Other challenges in the provision of psychiatric services will also be dealt with.

The advances, the challenges and the problems in mental health provision in selected European countries in East and West (Serbia, Germany and France) will be presented under the light of recent developments in these Countries (e.g. the new French Mental Health Plan).

Special emphasis will be given to the difficulties in the transition from Mental Hospital Psychiatry to community care and to the ethical aspects of this transition.

W02.Workshop: IMAGINATIVE DEATH EXPERIENCE IN HYPOCONDRIASIS

W02

Imaginative death experience in hypochondriasis

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Patients with health-anxiety are very often unable to describe concrete consequences of their putative somatic diseases. They block their thoughts due to anxiety attended this thoughts. The health-anxious patients try not to think about illness at all, by attempting to control their thoughts or by distraction. Our method is based on therapeutic dialogue, using Socratic questioning, and inductive methods which force patient to think beyond actual blocks.

In second step, patients are asked to think out all other possibilities of newly discovered future. They are forced to imagine the worse consequences of all dread situations. Dialogue is led through one's serious illness status, with its somatic, psychological and social consequences, and the dying experience to the moment of death, which has to be described with all related emotions and details. Further, we ask patients to fantasize and constellate possible ''after death experiences''. In the next session the patient brings a written conception of the redoubtable situation previously discussed. Than we work with this text as in imaginative exposure therapy.

This method seems to be quite effective and not too time-consuming. Several patients with health-anxiety underwent this exposure in our therapeutical groups. All of these patients profited from this therapy, as confirmed by follow-up data.

Participants will learn:

- conceptualization of health anxiety with the patient;
- Socratic questioning with the hypochondriacal patient;
- how to apply the exposure to the imaginative death experience.

Supported by the research project No. 1M0517 from Ministry of Education, Youth and Sports, the Czech Republic.

PL01. PLENARY LECTURE

PL01

Placebo and nocebo effects: how the doctor's words affect the patient's brain

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The administration of inert treatments along with verbal suggestions of either clinical improvement (placebo) or worsening (nocebo) are known to powerfully affect the course of some symptoms and diseases. In fact, placebos and nocebos have been found to affect the brain in different conditions, like pain, motor disorders and depression. It has also been shown that this may occur through both cognitive factors, like expectation, and conditioning mechanisms. In recent years, placebo- and nocebo-induced expectations have been analyzed with sophisticated neurobiological tools that have uncovered specific mechanisms at both the biochemical and cellular level. For example, positive expectations (placebos) have been found to activate endogenous opioids whereas negative expectations activate cholecystokinin. Placebos have also been found to induce a release of dopamine in the striatum and to affect the activity of single neurons in the subthalamic nucleus in Parkinson patients. There is also experimental evidence that different serotonin-related brain regions are involved in the placebo response in depression. Recently, the placebo effect has been studied with a different experimental approach, in which hidden (unexpected) medical treatments were carried out and compared with open (expected) ones. In all cases, the hidden medical treatments were less effective than the open ones. These findings show that the patient's awareness about a therapy is of crucial importance in the therapeutic outcome. Overall, all these studies show that the psychosocial context around the therapy, particularly the doctor's words, may induce changes in the patient's brain that, in turn, may affect the course of a disease.

SOA1. STATE-OF-THE-ART LECTURE

SOA1

Advances in pain research and therapy

H. Flor. *Department of Clinical and Cognitive Neuroscience, University of Heidelberg, Central Institute of Mental Health, Mannheim, Germany*

Recent neuroscientific evidence has revealed that the adult brain is capable of substantial plastic change in areas that were formerly thought to be modifiable only during early experience. These findings have implications for our understanding of chronic pain. Functional reorganization in several brain areas related to the processing of pain was observed in neuropathic and musculoskeletal pain. In chronic low back pain and fibromyalgia patients the amount of reorganizational change increases with chronicity, in phantom limb pain and other neuropathic pain syndromes cortical reorganization is correlated with the amount of pain. These central alterations may be viewed as pain memories that influence the processing of both painful and nonpainful input to the brain. Learning processes that contribute to the development of pain-related memory traces are predominantly implicit and involve processes such as sensitization, operant and classical conditioning or priming. Cortical plasticity related to chronic pain can be modified by behavioral interventions that provide feedback to the brain areas that were altered by pain memories. These behavioral interventions can be enhanced by pharmacological agents that prevent or reverse maladaptive memory formation.

PR01. PRESIDENTIAL FORUM ON EUROPEAN STRATEGY FOR MENTAL HEALTH

PR01.01

WHO European office's views and the European mental health plan

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https://doi.org/10.1016/j.eurpsy.2007.01.042 Published online by Cambridge University Press