

In this the presentation we discuss data suggesting an association between the A-1438G (rs6311) polymorphism of the 5-HT_{2A} receptor gene and the impulsivity of the suicidal behaviour. However, we found an excess of the -1438A allele in non-impulsive suicide attempts as compared with impulsive suicide attempts and with a healthy control group. These findings agree prior report by Giegling et al (2006) and suggest that this functional polymorphism may modify the phenotype of suicidal behaviour and could be related to the impulsivity of the attempt.

S30.04

Interplay of environment, genes and cognitions in the vulnerability to suicide attempts

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Suicidal individuals are constantly submitted to the influence of psychosocial life events that may act as triggers as well as vulnerability factors to the suicidal behaviour. On the other hand, suicidal persons nearly always suffer from psychiatric disorders, and growing evidence suggest that they carry vulnerability traits related to psychological traits and genetic factors. In recent studies we shown that decision making was involved in the vulnerability to suicidal behaviour independently from the psychiatric disorders of the patients. We reported that decision making was influenced by several serotonergic genotypes associated with the vulnerability to suicidal behaviour.

First, we will examine the nature of the interactions between candidate genes and environmental factors in the susceptibility to suicide attempts. Some data suggest that the genes coding for 5HTT and BDNF influence role of childhood maltreatment on suicidal risk. Moreover, we investigated the existence of such interactions on the risk of severity of the suicidal behaviour. We created an index of suicidal severity by assessing various characteristics of the suicidal act. We investigated whether this suicidality index was influenced by 5HTT genotypes, history of childhood maltreatment and their combination.

Second, by assessing several cognitive functions including decision making, in suicide attempters, we reported the influence of cognitive functioning on the risk of occurrence of some specific stressful life events and a correlation with childhood early maltreatment.

In conclusion, the data presented here suggest that the relationship between environmental factors, genes and cognitive functioning in suicide attempters are of both interactive and correlative natures.

Symposium: Predictors of the longitudinal course of mood and anxiety disorders

S18.01

Predictors of the longitudinal course of mood and anxiety disorders in children and adolescents

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Background and Aims: Follow-up studies on the offspring of parents with psychiatric disorders offer the opportunity to study the influence of parental disorders on both the incidence and course of psychopathology in their children. Using this study design, we are

examining the impact of parental psychopathology and potential individual risk factors on the course of depression in childhood and adolescence.

Methods: As part of a family study, we have collected extensive clinical information on 59 probands with bipolar disorder, 50 probands with major depressive disorder, 29 probands with alcohol or heroin dependence and 45 medical controls with children in the age range from 7 to 17 years (N=283). Probands and their spouses have been interviewed using the DIGS, offspring using the K-SADS. Parents have also provided diagnostic information on their children using the FH-RDC. Both offspring and parents have been followed up every three years, which will make it possible to prospectively test predictors of course in children.

Results: Collection of follow-up data is ongoing. The main results regarding the impact of parental and individual risk factors on the course of depression in children in terms of long-term social impairment and the presence of episodes at later follow-up exams will be presented at the conference. The individual risk factors examined will include the sex, birth weight and personality of children, the age of onset of depression, the presence of comorbid disorders, parenting attitudes and familial functioning.

Conclusions: clinical and research implications of the results will be discussed.

S18.02

Childhood adversity as a risk factor for the early onset and chronicity of depression and anxiety disorders

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Background: Multiple genes and environmental factors, especially childhood adversity, play a role in the genesis of vulnerabilities for depression and anxiety.

Method: In the Zurich Study of young adults, childhood adversity and childhood problems were assessed in retrospect. A factor analysis revealed two factors 1) 'family problems' and 2) 'behavioural problems'. Major depressive episodes (MDE) were defined by DSM-III-R criteria and generalised anxiety disorder (GAD) by DSM-III criteria (duration one month). An anxious personality in childhood or adolescence was defined subjectively as having been more anxious than peers with a negative impact on development. Chronicity was defined by a daily or at least weekly occurrence of the syndrome during the previous twelve months; six interviews were carried out from age 20/21 to 40/41. We compared 87 chronic and 105 non-chronic MDE cases and 62 chronic and 43 non-chronic GAD cases.

Results: Higher family problem scores, earlier onset and chronicity, and an anxious personality in childhood or adolescence were all associated with each other; with a few exceptions this was true for both MDE and GAD.

Conclusions: As hypothesised childhood adversity was a risk factor for the earlier onset and chronicity of MDE and GAD.

S18.03

Predictors of the longitudinal course of depression and quality of life in depressed patients

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Background and Aims: Depressive disorders are characterized by high rates of recurrence and chronic developments, particularly in treated

patient samples. The identification of relevant predictors related to course and outcome is of particular importance for tertiary prevention. In this study, we aim to assess factors influencing the prospective three-year course and outcome of illness in depressed patients. In parallel, predictors of the course of quality of life in these patients will be determined.

Methods: A cohort of 85 patients suffering from major depression or dysthymia was comprehensively assessed one, six, and 36 months after discharge from inpatient treatment. Measures included demographic and clinical variables, quality of life as well as cognitive vulnerability and psychosocial measures.

Results: Data collection of this study is still ongoing. The main results will be presented at the conference.

Conclusions: Conclusions, clinical and research implications will be discussed.

S18.04

Recurrent depression: An overview

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Major depression is a highly recurrent and disabling disorder. At least 60% of first depressed individuals will have another episode. Knowledge of the predictors of recurrence is crucial in advising continuation and/or maintenance treatment.

Over the last 20-30 years a number of studies identified several sociodemographic-, psychosocial-, personality-, and clinical factors associated with the recurrence of major depression.

This presentation will give an overview of the most important predictors associated with recurrence of depression. Relevant articles were obtained through a search in Medline, Embase, and PsycINFO with the keywords recurrence, relapse, and major depression. This search covered the period from 1980 to 2007. Criteria to select the best studies will be presented.

The studies were further divided in general population studies, primary care and specialised mental health care studies.

YP Symposium: Job satisfaction and job profiles of young psychiatrists in Europe

YP03.01

Train the trainee to be a trainer: How to survive the transition from residency to responsibility

V.J.A. Buwalda. *Free University, Amsterdam, The Netherlands*

Trainees are during their residency under a lot of pressure. In their first years of training they are busy to adapt to the sometimes extreme circumstances: dealing with complicated patients, who struggle with depressions, psychoses, drugs and suicidal ideas; the trainee will be overwhelmed. How to deal with all these problems in the difficult field of psychiatry?

In the years of training the trainees have to learn to deal with these new responsibilities. If not, they might not survive the training

program. Therefore they have to learn not to deal with all these problems by themselves, but to share their experiences with their nearest colleagues in a safe environment: the peer group. Such a peer group can be used as a tool to survive but also gives the resident the possibility to keep the joy in the daily work.

This presentation will show the attendees how to build a 'strong' peer group, that will help them to keep up during residency and to learn to deal with the responsibility of their daily work. The peer group will also learn the trainee how to help to train the trainee to be a trainer during these sometimes difficult times.

YP03.02

Burn-out in young psychiatrists: A specific risk?

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Most medical professionals are at risk to experience stress and negative emotions in the workplace (1), but the risk of high levels of burn-out seems to be particularly high among psychiatrists (2). Early career psychiatrists are probably at higher risk of burnout due to several factors such as lack of experience, work isolation, role conflicts, etc. (3). At present, however, no data are available on workplace conditions and burnout risk among young psychiatrists. The aim of this study is to evaluate burn-out and work-place associated conditions among young psychiatrists. Fifty young psychiatrists were enrolled among different sites in Italy and standardized self-reported questionnaires to evaluate burnout and workplace violence syndromes were administered. The results showed moderate to high levels of burn-out among young psychiatrists. This may imply that young psychiatrists working conditions may represent a major cause for concern and thus further studies are strongly needed in this area. Causative and protective factors for workplace stress among young psychiatrists need to be identified and specific intervention strategies, aimed at improving psychological well-being among young medical professionals, have to be developed.

1) Daly M.G., et al. (2006) *MJA*, 177: S14-S15. 2) Fischer J. et al. (2007) *Australas Psychiatry*, 15: 417-21. 3) Ratanawongsa N., et al. (2007) *Med Educ*, 41: 273-280.

YP03.03

Doing research in the USA: Chances and challenges for young European psychiatrists

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Even before "globalization" has entered our everyday's vocabulary, science and research have always been global. Great scientists of the European Renaissance, such as Nicolaus Copernicus or Andreas Vesalius did not only cross intellectual boundaries set by tradition and dogmas but would perform their work irrespectively of national territories or languages. Science has always benefited from a globalized world and its progress critically hinges on the possibility of the exchange of ideas and people. In no time, modern technology has propelled the possibilities of communication and exchange between researchers across the globe in a way that Copernicus or Vesalius would never have dared to dream of.

This presentation wants to discuss the various ways European researchers in psychiatry can actively participate in such global