

groupanalitic criteria, the free association method and interpretation on the l'hic et nunc. Psychotherapy of the couple "mother-daughter". Body rehabilitation therapy. Trying to improve of the body experience. Training autogenous, Body expression, dance therapy. Follow up control: ZWI at 1 year, L.I.F.E. (longitudinal interval follow up evaluation) at 2.5 years.

S09.03

PERSONALITY DISORDER TREATMENT

K. Malone

No abstract was available at the time of printing.

S09.04

A RAPID OPIATE DETOXIFICATION PROTOCOL IN D.H. REGIMEN: PRELIMINARY RESULTS

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Heroin dependence is an important medical problem and the detoxification is a technical-administrative question.

The aim of our study is to introduce a protocol of a rapid detoxification from opiates with early Naltrexone induction and to give preliminary results of its application.

This treatment is directed towards heroin and methadone abusers admitted to the Psychiatric Day Hospital of the Catholic University of Rome. It allows a reduction of hospitalization-time and costs.

Patients are admitted to D.H. for 5 days after a previous complete psychiatric evaluation.

In this preliminary phase we can value the patient's motivation and treat the possible psychiatric comorbidity.

The data we present underline the economical advantages of this method and the importance of a careful screening of patients.

S09.05

DAY HOSPITAL TREATMENT OF MOOD DISORDERS

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There are studies which predicted that patients treated in partial, day hospital settings improve more in intellectual efficiency and social interaction than patients treated in full-time, inpatient settings.

The objective of this study was to determine the treatment effectiveness of Day Hospital care on a sample of patients with mood disorders. Study participants comprise 50 patients with Major Depression, Bipolar Disorder and Dysthymia according to DSM-IV criteria. All the patients have been followed by a specifically trained equipe of health care professionals, made of psychiatrists, professional nurses and social assistants. Utilized assessment instruments and a specific day care treatment protocol for mood disorders including an integrated approach of pharmacological treatment and psychological support to patients and families will be discussed in detail. Advantages of treatment in a Day Hospital unit compared to out and in-patient clinics for selected groups of patients will be described.

S10. Dimensional assessment of personality disorders

Chairs: E.M. Steinmeyer (D), R. Pukrop (D)

S10.01

THE USE OF BEHAVIORAL GENETIC METHODOLOGY TO DEVELOP A DIMENSIONAL MEASURE OF PERSONALITY DISORDER

K. Jang*, J. Livesley. *Department of Psychiatry, University of British Columbia, Canada*

The phenotypic structure of personality continues to be a source of controversy with investigators differing on the number of higher-order dimensions required to represent individual differences in normal and disordered personality. A limitation of analyses of phenotypic structure is that even small differences in methods, measures, and samples give rise to different results. Behavior genetic analyses of the genetic structure of personality are proposed as a possible solution to this problem. A measure of personality disorder traits was administered to a sample of about 800 twin pairs. Multivariate genetic analyses were used to identify genetic dimensions underlying the scales assessing 18 scales.

S10.02

THE DIMENSIONAL STRUCTURE OF PERSONALITY DISORDER

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This paper will describe a series of investigations designed to explicate the dimensional structure of personality disorder. Traits describing personality disorder were identified from the clinical literature. Self report scales were developed to assess these scales. Factor analytic procedures were used to reduce these traits to a smaller number of dimensions. A similar structure was identified in clinical and general population samples. On the basis of these results 18 basic dimensions were identified and assessed using a self report measure. The higher order structure underlying these dimensions was evaluated in additional clinical and general population samples. Four higher-order factors were identified. This structure will be compared with models of normal personality traits and the results of these studies will be used as the basis for proposing a dimensional classification of personality disorder.

S10.03

PERSONALITY DISORDERS AND THE FIVE-FACTOR MODEL OF PERSONALITY – A META-ANALYSIS

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The classification of personality disorders (PDs) proposed in the Diagnostic and Statistical Manual of Mental Disorders (DSM) or the International Classification of Mental Disorders (ICD) continues to be a subject of discussion and debate. At issue are a large number of conceptual and empirical problems (e.g., the high degree of comorbidity or overlap among the categories causing frequent multiple diagnoses), and there have been frequent suggestions that the DSM or ICD personality disorder categories are more appropriately represented by a dimensional model. Such dimensional approaches conceptualize PDs as extreme variants or exaggerations of normal personality traits. Because the science of Personality

Psychology has led to the finding that five personality dimensions, called the Big-Five factors, seem to be almost sufficient to describe the structure of all normal personality traits, various authors (e.g. Widiger, 1993) have argued that personality disorders may also be better conceptualized in terms of the Five-Factor model. Stimulated by this reasoning, a number of studies have examined the empirical relationships between the five personality factors and DSM/ICD personality disorders in clinical and non-clinical samples, measured by various methods such as structured interviews, rating scales, checklists, questionnaires, and clinical diagnoses. The present study reviews the results from these studies and examines the generalizability of the FFM - PD relationships by means of a meta-analysis. The results from this meta-analysis are compared to the predictions made by Widiger (1993) and Widiger, Trull, Clarkin, Sanderson, & Costa (1994).

S10.04 DIMENSIONAL DIFFERENTIATION BETWEEN ANXIETY AND DEPRESSION

W. Peñate

No abstract was available at the time of printing.

S10.05 UNIVERSAL VALIDITY OF DIMENSIONAL PERSONALITY (DISORDER) ASSESSMENT

R. Pukrop*, E.M. Steinmeyer. *Psychiatric Department, University of Cologne, Germany*

There is considerable support for a dimensional classification of personality and personality disorders. However, there is no consensus which particular system to introduce. There have been many suggestions postulating for example two dimensions (circumplex models), three (DSM-clusters), four (clinical spectrum model; DAPP model by Livesley), five (Big Five model) or even more (such as the 7-dimensional TCI-model by Cloninger). Some of these have been developed for healthy, and some for psychopathological populations. Beside conceptual considerations, this wide variety of approaches is also caused by methodological artefacts. The present study wants to make a contribution to an integrative dimensional approach. Therefore a complex $3 \times 3 \times 2$ design for a multilevel comparison has been tested. Three personality (disorder) models (Big Five, temperament and character approach by Cloninger, DAPP model by Livesley), three populations ($N = 100$ schizophrenic patients, $N = 150$ patients with affective disorders, $N = 180$ healthy controls) and two data reduction procedures (Principal Components Analysis, Facet Analysis) have been compared. The universal validity of a dimensional model integrating divergent and convergent aspects of the different approaches could be supported for all three populations.

W10. Deinstitutionalisation of former long stay patients in Upper-Austria: a case of success?

Chair: W. Schony (A)

W10.01 LISKAL – AN INSTRUMENT FOR EVALUATION THE DEINSTITUTIONALISATION AND PLANING PSYCHOSOCIAL CARE

A. Grausgruber

No abstract was available at the time of printing.

W10.02 THE DEINSTITUTIONALISATION IN PROGRESS: SOME CRITICAL RESULTS

M. Ortmaier

No abstract was available at the time of printing.

W10.03 LIVING IN THE COMMUNITY – PROBLEMS AND SUCCESS IN VIEW OF CLIENTS AND STAFF

B. Hloch-Wegscheider

No abstract was available at the time of printing.

W12. Video-assisted evidence of recent advances in differentiated psychopathology

Chairs: E. Franzek (D), G.S. Ungvari (HK, RC)

W12.01 THE DEVELOPMENT AND HEURISTIC VALUE OF LEONHARD'S CLASSIFICATION

G.S. Ungvari. *Department of Psychiatry, Chinese University of Hong Kong, Hong Kong, SAR, China*

The lack of validity of contemporary schizophrenia classifications has warranted the quest for alternative nosological approaches such as the positive-negative and deficit schizophrenia, Crow's Type I and Type II and Liddle's three-subtype model. Of the classical schools, Leonhard's classification is gaining prominence. In etiological aspect, Leonhard's system is rooted, in part, in the neuropathological direction represented by, among others, Griesinger, Meynert, Wernicke and Kleist and, partly, in the clinical genetic studies conducted by Kleist and his school. In psychopathological aspect, Leonhard's categories synthesize and further develop Wernicke and Kleist's clinical descriptions also incorporating components from Kraepelin's subdivision of dementia praecox. The provision of clinically sharply defined subtypes supported by long-term follow-up and family studies constitutes the heuristic value of Leonhard's classification for research on the etiology and pathophysiology of major psychoses.