Cipralex  Abbreviated Prescribing Information.
Presentation: “Cipralex”, tablets containing
5, 10 and 20 mg escitalopram (as oxalate).
Indications: Major depression. Generalised
anxiety disorder. Panic disorder with or without
agoraphobia. Social anxiety disorder. Obsessive
compulsive disorder. Dosage: Usual dose 10 mg
once daily. Maximum dose 20 mg/day. In the
elderly (>65 years), in panic disorder patients
and in patients with reduced hepatic function
an initial dose of 5 mg/day is recommended.
Caution in patients with severely reduced
renal function. Not recommended in children
and adolescents (<18 years). When stopping
treatment with escitalopram, the dose should
be gradually reduced over a period of one or
two weeks. Contraindications: Hypersensitivity
to escitalopram. Concomitant treatment
with non-selective MAOIs. Pregnancy and
lactation: Careful consideration prior to use
in pregnant women. Breast-feeding women
should not be treated. Precautions: The special
warnings and precautions which apply to the
class of SSRIs. Drug interactions: Reversible,
selective MAOIs. Selegiline (irreversible MAO-B
inhibitor). Medicinal products lowering the
seizure threshold. St. John’s Wort. Enzyme
inhibitors (e.g. omeprazole and cimetidine) may
require reduction of escitalopram dose. Drugs
metabolised by enzymes CYP 2D6 or 2C19.
Adverse events: Most frequent during first or
second weeks, comprise the SSRI class adverse
events, e.g. nausea, diarrhoea, and constipation.
Overdosage: Doses between 400 and 800 mg
of escitalopram alone have been taken without
any severe symptoms. Consult full prescribing
information before prescribing. H. Lundbeck
A/S, Copenhagen, Denmark.

Leaving no one behind
“New Diagnostic Approaches in Psychiatry: Relevance for Research and Practice in Europe”
# TABLE OF CONTENTS

Welcome Letter .......................................................... IV  
EPA History ................................................................. V  
EPA Today ................................................................. V  
EPA Mission ............................................................... V  
EPA Activities ............................................................ VI  
EPA Academia for Excellence in European Psychiatry ...... VI  
The European Platform of Psychiatrists ......................... VII  
EPA Sections ............................................................. VII  
EPA Membership ....................................................... VIII  
Committees ............................................................... IX  
Acknowledgements .................................................... XII  
Layout of the Building ................................................. XIII  
EPA CME Courses Programme ...................................... XIV  
Young Psychiatrists Programme .................................... XVI  
Section Symposia and Workshops ................................ XIX  
Satellite Symposia ......................................................... XXIV  
Sessions Organised in Cooperation with Other Organisations XXIV  
EPA Formal and Administrative Meetings ....................... XXV  
EPA Sections Committee Meetings ............................... XXVI  
Information for Presenters ............................................ XXVII  
Europewide Accreditation of the Congress ...................... XXVIII  
EPA Research Prize Winners ......................................... XXIX  
Scholarship Programme for Young Psychiatrists and Trainees XXX  
General Information ................................................... XXXI  
Additional Activities ................................................... XXXIV
## SCIENTIFIC PROGRAMME

<table>
<thead>
<tr>
<th>Day</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Saturday, January 24, 2009</td>
<td>1</td>
</tr>
<tr>
<td>Sunday, January 25, 2009</td>
<td>3</td>
</tr>
<tr>
<td>Monday, January 26, 2009</td>
<td>35</td>
</tr>
<tr>
<td>Tuesday, January 27, 2009</td>
<td>73</td>
</tr>
<tr>
<td>Wednesday, January 28, 2009</td>
<td>115</td>
</tr>
</tbody>
</table>

## POSTER SESSIONS

<table>
<thead>
<tr>
<th>Day</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sunday, January 25, 2009</td>
<td>119</td>
</tr>
<tr>
<td>Monday, January 26, 2009</td>
<td>157</td>
</tr>
<tr>
<td>Tuesday, January 27, 2009</td>
<td>197</td>
</tr>
</tbody>
</table>

## EXHIBITION

<table>
<thead>
<tr>
<th>Item</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exhibition Layout</td>
<td>LV</td>
</tr>
<tr>
<td>List of Exhibitors</td>
<td>LVI</td>
</tr>
<tr>
<td>Exhibitor Profiles</td>
<td>LVII</td>
</tr>
</tbody>
</table>

## Index
Dear Colleagues,

The 17th European Congress of Psychiatry of the European Psychiatric Association (EPA), formerly known as the Association of European Psychiatrists (AEP), offers a high-quality, multidisciplinary, scientific programme that will provide attendees with a full review of the most important aspects of treatment in psychiatry and of the latest achievements in this field. Congress highlights include presentations by premier international psychiatry experts from around the world, industry education symposia by leading pharmaceutical companies, a four day young psychiatrists’ programme, and 13 CME courses. We are sure that you will enjoy this exceptional scientific meeting and your stay in Lisbon.

Cyril Höschl
EPA President

Hans-Jürgen Möller
EPA President Elect
President of the Congress

Maria Luisa Figueira
Chairman of the
Local Organizing Committee
EPA HISTORY

The European Psychiatric Association (EPA) was founded in Strasbourg in October 1983 by twelve French and German University Psychiatrists. The founding members of the EPA were: Manfred Ackenheil † and Hans Hippius from Munich, Peter Berner from Vienna, Daniel Bobon † from Liège, Harst Dilling from Lübeck, Henri Dufour from Marseille, Werner Rein and Hans Heimann † from Tübingen, Pierre Pichot from Paris, Charles Pull from Luxembourg, Michel Patris and Léonard Singer as the first EPA President, from Strasbourg.

The founding members of EPA wished to set up an association of psychiatrists in order to promote psychiatric research, improve and establish common standards regarding the treatment and the care of psychiatric patients in Europe and establish the criteria for a higher education in psychiatry on the European scale. In creating EPA, the founding members were also aiming to create a key mediator between practitioners and official authorities on matters relative to mental health policy. From the very beginning the objective was to lay the groundwork for an organisation gathering psychiatrists from all European countries. In 1989 EPA was officially granted a consultative status with the Council of Europe, followed by a participatory status in 2003.

EPA TODAY

The European Psychiatric Association is the largest international association of psychiatrists in Europe, with active members in as many as 57 countries including the international members. Its members include leading experts covering the interests of psychiatrists in academia and in practice.

EPA deals with psychiatry and its related disciplines and it focuses on the improvement of care for the mentally ill as well as on the development of professional excellence.

MISSION

The mission of EPA is to improve psychiatry and mental health care throughout Europe.
ACTIVITIES

EPA accomplishes its mission through the following activities:

• Annual European Congress of Psychiatry

• Annual European Platform of Psychiatrists, aimed at developing and supporting concrete projects in European Psychiatry, along with national psychiatric societies in Europe

• Annual European Leaders Meeting in Psychiatry, a joint EPA-UEMS-WHO-WPA initiative since 2000, hosted by EPA every two years and gathering the most prominent psychiatrists in Europe

• The European Psychiatry journal, published in 8 issues per year, plus supplements

• 18 active sections, which collect, examine and disseminate information about their respective disciplines

• Organisation of CME courses across Europe

• Collaborative activities in partnership with international organisations working in the field of psychiatry and mental health care (ECNP, EBC, APA, UEMS, WPA etc.),

• A wide range of grants and prizes

• Regular EPA committee meetings in Europe, aiming at circulating information and implementing the action plan voted by the General Assembly composed of EPA members.

DATES OF THE NEXT EUROPEAN CONGRESS OF PSYCHIATRY

2010  18th  Munich, 28 February to 2 March
2011  19th  Vienna, 19 to 23 March
2012  20th  Prague, 3 to 7 March

EPA ACADEMIA FOR EXCELLENCE IN EUROPEAN PSYCHIATRY

In line with its educational mission, EPA has been proposing CME courses both during the annual European Congress of Psychiatry and under the format of EPA Itinerant CME courses throughout the year in collaboration with national psychiatric societies tailored to the needs
of professionals in the psychiatry and mental health field. The CME courses are lectured by top European course Directors, emphasizing learning experiences that actively involve participants and include an opportunity for informal exchange with the renowned faculty.

In consultation with National Psychiatric Associations, and after a thorough survey of the existing CME offer in Europe, EPA has decided to extend and enrich its educational programme under the EPA Academia for Excellence in European Psychiatry.

The mission of EPA Academia will be to promote access of the professionals in the field of psychiatry and mental health care to excellence in education, research and training, by setting a high priority on supporting them with:

- Continuing medical education (CME)
- Continuing professional development (CPD)
- E-learning
- Variety of grants, prizes and scholarships

**THE EUROPEAN PLATFORM OF PSYCHIATRISTS**

The European Platform of Psychiatrists initiated in 2007 is a long-term project for EPA and represents a major evolution for the association. The objective of the EPA European Platform of Psychiatrists is to develop a basis of exchange and collection of input from the national societies in the following areas: education, accreditation, curricula, research networking, new international classification system, European professional networking, mental health care systems and their transformation in Europe and to streamline the different efforts of all organisations, national and international, in order to build a spirit of belonging to the European Psychiatry community.

**EPA SECTIONS**

EPA has established sections that have their own steering committees. The 18 active EPA sections focus on the different subspecialties of psychiatry. Their mission is to collect and disseminate information, to establish working relations between individuals and with different national and international bodies working in the same field, and to achieve greater coordination. These Sections organise their own symposia under the aegis of EPA, and annual conferences in Europe.
EPA SECTIONS (Cont.)

EPA Sections list:
Alcoholism and Drug Addiction
Child and Adolescent Psychiatry
Consultation Liaison Psychiatry
Cultural Psychiatry
Emergency Psychiatry
Epidemiology and Social Psychiatry
Forensic Psychiatry
Geriatric Psychiatry
Neuroimaging
Personality and Personality Disorders
Philosophy and Psychiatry
Prevention of Mental Disorders
Psychopathology
Psychopharmacology
Psychotherapy
Schizophrenia
Suicidology and Suicide Prevention
Women’s Mental Health

EPA MEMBERSHIP

To become a member of EPA, you are invited to submit your application to the Secretary General. A standard application form can be downloaded from the EPA website.

CONTACT

EPA President 2009/2010
Professor Hans-Jürgen Möller
15, Avenue de la Liberté
67000 Strasbourg, France
Tel: +33 3 8823 9930
Fax: +33 3 8835 2973
E-mail: hq@europsy.net
Website: http://www.europsy.net
COMMITTEES

EPA Executive Committee Members until January 24, 2009

Cyril Höschl, President
Hans Jürgen Möller, President Elect
Henning Sass, Past President
Marianne Kastrup, Secretary General
Philip Gorwood, Treasurer
Michael Musalek, Secretary for Sections

The election of the Executive Committee -mandate 2009/2010 - will be organized in Lisbon during the Board Meeting on January 24, 2009. The results of the elections will be announced at the General Assembly of EPA Members on January 26, 2009.

Board

J. Angst, Switzerland
J. Beezhold, UK
I. Bitter, Hungary
J. Bobes, Spain
P. Boyer, France
W. Gaebel, Germany
S. Galderisi, Italy
P. Gorwood, France
C. Höschl, Czech Republic
S. Kasper, Austria
M. Kastrup, Denmark
J-P. Lépine, France
K. Mann, Germany
H-J. Möller, Germany
M. Musalek, Austria
H. Sass, Germany
D. Wasserman, Sweden
G. Zalsman, Israel

Committee on Education

H. Sass, Germany
D. Bhugra, UK
W. Gaebel, Germany
J. Bobes, Spain
S. Kasper, Austria
J.P. Lépine, France
K. Treichel, Germany
Core Organising Scientific Committee

M. Benoît, France
J. Bobes, Spain
P. Boyer, France
I. Calliess, Germany
W. Fleischhacker, Austria
P. Gorwood, France
C. Höschl, Czech Republic
S. Kasper, Austria
J.J. Lopez-Ibor, Spain
H.J. Möller, Germany
N. Müller, Germany
M. Müsälek, Austria
P. Robert, France
N. Sartorius, Switzerland
H. Sass, Germany
J. Tiihonen, Finland

Local Organising Committee Lisbon 2009

M.L. Figueira, Lisbon - Chairperson
P. Varandas, Lisbon - Co-Chairperson
A. Vaz-Serra, Coimbra
A. Pacheco Palha, Porto
A. Barbosa, Lisbon
A. Coimbra de Matos, Lisbon
C. Braz Saraiva, Coimbra
D. Sampaio, Lisbon
F. Medeiros Paiva, Porto
F. Arriaga, Lisbon
J. Miguel Caldas de Almeida, Lisbon
J. Relvas, Coimbra
J. Marques Teixeira, Porto
J. Cerejeira, Coimbra
J. Luís Pio de Abreu, Coimbra
L. Câmara Pestana, Lisbon
L. Ferreira, Porto
M. Xavier, Lisbon

Local Organising Committee EPA Munich 2010

N. Müller, Munich – Chairperson

EPA CME Courses Faculty

P. Baumann, Switzerland
T. Grüttert, Germany
M. Keren, Israel
K.F. Mann, Germany
P. Munk-Jørgensen, Denmark
M. Musalek, Austria
W. Rössler, Switzerland
M. Sarchiapone, Italy
H. Stuart, Canada
M. Ventresca, UK
U. Volpe, Italy
D. Wasserman, Sweden
G. Zalsman, Israel
Sections Coordination

Alcoholism & Drug Addiction
   A. Heinz
Child and Adolescent Psychiatry
   F. Resch
Consultation Liaison Psychiatry
   A. Diefenbacher
Cultural Psychiatry
   A. Qureshi
Emergency Psychiatry
   P.M. Furlan
Epidemiology & Social Psychiatry
   T. Becker
Forensic Psychiatry
   P. Cosyns
Geriatric Psychiatry
   N. Tataru
Neuroimaging
   P. McGuire
Personality and Personality Disorders
   S. Herpertz
Philosophy and Psychiatry
   G. Stanghellini
Prevention of Mental Disorders
   W. Maier
Psychopathology
   M. Musalek
Psychopharmacology
   I. Bitter
Psychotherapy
   F. Hohagen
Schizophrenia
   W. Fleischhacker
Suicidology and Suicide Prevention
   D. Wasserman
Women's Mental Health
   A. Riecher

Young Psychiatrists Committee

I. Calliess, Germany – Chairperson
A. Fiorillo, Italy – Co-Chairperson
C. Hanon, France
M. Rojnic, Croatia
U. Volpe, Italy

Permanent Staff

Clarisse Altés-Sroussi (Goussaud), Administrator
Caroline Martin, Project Manager
Bénédicte Jeannequin, Project Officer
Marika Ylitalo, Communication Officer
ACKNOWLEDGEMENTS

We wish to express our gratitude to the following companies who through their generosity have helped to make the Congress possible.

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<th>Gold Sponsor</th>
<th>Silver Sponsor</th>
<th>Sponsor</th>
<th>Supporter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bristol-Myers Squibb</td>
<td>Lundbeck</td>
<td>ratiopharm</td>
<td>GE Healthcare</td>
<td>Lilly</td>
</tr>
<tr>
<td>Otsuka Pharmaceutical Europe Ltd.</td>
<td></td>
<td>medicamentos genéricos</td>
<td></td>
<td></td>
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</table>
LAYOUT OF THE BUILDING
## EPA CME COURSES PROGRAMME

### SATURDAY, JANUARY 24, 2009

<table>
<thead>
<tr>
<th>Time</th>
<th>Course</th>
<th>Hall</th>
<th>Description</th>
</tr>
</thead>
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<tr>
<td>14:30-18:00</td>
<td>C01 – CME Course:</td>
<td>B</td>
<td>INFANT PSYCHIATRY, ITS RELEVANCE FOR ADULT PSYCHIATRY</td>
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<tr>
<td>14:30-18:00</td>
<td>C02– CME Course:</td>
<td>C</td>
<td>PROBLEM SOLVING IN PSYCHOPHARMACOTHERAPY USING PHARMACOKINETIC AND PHARMACOGENETIC TESTS</td>
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<tr>
<td>14:30-18:00</td>
<td>C07 – CME Course:</td>
<td>J</td>
<td>SUICIDE RISK ASSESSMENT</td>
</tr>
</tbody>
</table>

### SUNDAY, JANUARY 25, 2009

<table>
<thead>
<tr>
<th>Time</th>
<th>Course</th>
<th>Hall</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>14:30-18:00</td>
<td>C10 – CME Course:</td>
<td>F</td>
<td>INTERPERSONAL PSYCHOTHERAPY OF DEPRESSION</td>
</tr>
<tr>
<td>14:30-18:00</td>
<td>C05 – CME Course:</td>
<td>M</td>
<td>SUICIDE AND RISK MANAGEMENT IN DEPRESSED PEDIATRIC PATIENTS</td>
</tr>
</tbody>
</table>

### MONDAY, JANUARY 26, 2009

<table>
<thead>
<tr>
<th>Time</th>
<th>Course</th>
<th>Hall</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>14:30-18:00</td>
<td>C06 – CME Course:</td>
<td>J</td>
<td>EMERGING DIFFICULTIES AND MANAGING STRATEGIES FOR EARLY CAREER PSYCHIATRISTS</td>
</tr>
<tr>
<td>14:30-18:00</td>
<td>C12 – CME Course:</td>
<td>M</td>
<td>FIGHTING STIGMA ON A LIMITED BUDGET</td>
</tr>
<tr>
<td>14:30-18:00</td>
<td>C13 – CME Course:</td>
<td>N</td>
<td>TAKING CARE OF OURSELVES: MANAGING STRESS, PREVENTING BURNOUT</td>
</tr>
</tbody>
</table>
TUESDAY, JANUARY 27, 2009

14:30-18:00 **C14 – CME Course:** Hall F
DELUSIONS - DIAGNOSIS AND TREATMENT

14:30-18:00 **C03 – CME Course:** Hall L
ALCOHOLISM: BASICS, NEW INSIGHTS, NEW TREATMENTS

14:30-18:00 **C16 – CME Course:** Hall M
SUCCESSFUL STRATEGIES FOR LEADING, NETWORKING AND CHANGE MANAGEMENT

14:30-18:00 **C17 – CME Course:** Hall N
WRITING AND PUBLISHING A SCIENTIFIC PAPER

WEDNESDAY, JANUARY 28, 2009

08:30-12:00 **C18 – CME Course:** Hall J
TREATMENT OF SUICIDAL BEHAVIOURS
YOUNG PSYCHIATRISTS’ PROGRAMME

Following the great success of the Young Psychiatrists’ Programme at the last 4 annual congresses, the EPA decided to continue this initiative in Lisbon for 2009.

The EPA 2009 Young Psychiatrists Programme will focus on European identity in Psychiatry: dream or reality for European Young Psychiatrists and Trainees?

The Young Psychiatrists Lounge is a meeting point for Young Psychiatrists with possibilities for networking and recruiting. The lounge will also host specific events designed for Young Psychiatrists.

The lounge is located in the exhibition area and is open as follows:

Sunday, January 25 08:00 - 17:30
Monday, January 26 08:00 - 18:30
Tuesday, January 27 08:00 - 17:30

The Meet the Expert sessions are conceptualized as informal discussions in a relaxed atmosphere to guarantee a maximum of free interaction with the audience. Seats are limited.

Meet the Expert Speakers

Meet the Expert 1 - Dinesh Bhugra
Sunday, January 25, 09:30 - 10:30

Introduction of Dinesh Bhugra

Professor Dinesh Bhugra is Professor of Mental Health and Cultural Diversity at the Institute of Psychiatry, King’s College London and an Honorary Consultant at the Maudsley Hospital. In July 2008 he was elected President of the Royal College of Psychiatrists. He has authored/co-authored over 300 scientific papers, chapters and 19 books. His recent volumes are Culture and Self Harm, Handbook of Psychiatry for South Asia, Textbook of Cultural Psychiatry and Management for Psychiatrists. His most recent monograph, Mad Tales from Bollywood: Portrayal of Madness in Conventional Hindi Cinema, was published in 2006.
Meet the Expert 2 - Marianne Kastrup  
Monday, January 26, 12:00 - 13:00  

Introduction of Marianne Kastrup  
Dr. Kastrup’s activities related to EPA: 1992-today Member Board of European Psychiatric Association. 2003-today Secretary General, European Psychiatric Association. Professor Kastrup’s publications: Author/co-author of more than 90 peer-review articles. Editor/author of more than 15 books. Author of more than 60 book-chapters. Author of more than 60 technical reports/other publications. More than 250 international abstracts.

Meet the Expert 3 - Silvana Galderisi  
Tuesday, January 27, 12:00 - 13:00  

Introduction of Silvana Galderisi  
Faculty and Clinical Positions: Staff Psychiatrist at the Dept. of Psychiatry of the First Medical School of the University of Naples since 1982. Visiting Professor of Neuropsychology at the School of Specialization in Psychiatry of the University of L’Aquila (Italy) from 1987 to 1990. Visiting Professor at the Institute of Higher Nervous Activity and Neurophysiology of the Academy of Sciences of Moscow in 1990. Professor of Psychophysiology at the School of Specialization in Psychiatry of the University of Naples SUN from 1993 to 2002. Associate Professor of Psychiatry at the University of Naples SUN since 1999. Professor of Cognitive Psychotherapy at the School of Specialization in Psychiatry of the University of Naples SUN since 2003. Director of the School of Specialization in Psychiatry of the University of Naples SUN since 2003. Professor of Psychiatry at the University of Naples SUN since 2006. EPA Board member since 2007.

Further speaker details are available on the Congress website.
The programme includes the following sessions which will take place at the Young Psychiatrists Lounge, unless indicated otherwise.

**SUNDAY, JANUARY 25, 2009**

09:30-10:30 **YP01** - Meet the Expert 1: Dinesh Bhugra

04:30-16:00 **YP04** - YP Symposium: Young Psychiatrists Symposium: Leadership in Psychiatry

16:30-17:30 **YP03** - Happy Hour Session 1: How To Start A Successful Research Career

**MONDAY, JANUARY 26, 2009**

13:30-14:30 **YP05** - Meet the Expert 2: Marianne Kastrup

14:30-16:00 **YP06** - Happy Hour Session 2: Why Choose Psychiatry as a Medical Specialty?

16:30-18:30 **YP07** - Interactive Clinical Session “Updates in the Treatment of Depression”

**TUESDAY, JANUARY 27, 2009**

12:00-13:00 **YP09** - Meet the Expert 3: Silvana Galderisi

13:00-14:30 **YP10** - Young Psychiatrists Symposium “European Identity for Young Psychiatrists and Trainees in Europe: Dream or Reality?”

16:30-17:30 **YP11** - Happy Hour Session 3: Publication Strategies for Young Researchers
SECTION SYMPOSIA
AND WORKSHOPS

SUNDAY, JANUARY 25, 2009

S04 - Symposium:  Hall L
IMMIGRATION AND MENTAL HEALTH TREATMENT: TRENDS AND NEW DEVELOPMENTS
(Organised by the Cultural Psychiatry Section)

S05 - Symposium:  Hall M
ADDICTION AND PSYCHIATRIC CO-MORBIDITY: NEW INSIGHTS INTO NEW CHALLENGES
(Organised by the Alcoholism and Drug Addiction Section)

S06 – Symposium:  Hall N
AN UPDATE ON CANNABIS AND PSYCHOSIS
(Organised by the Epidemiology and Social Psychiatry Section)

S09 – Symposium:  Hall B
BEYOND FAMILY BURDEN - THE COMPLEXITIES OF CARER ROLES
(Organised by the Women’s Mental Health Section)

S10 – Symposium:  Hall K
BAD OR MAD IN PSYCHIATRY
(Organised by the Psychopathology Section)

S11 - Symposium:  Hall N
BIPOLAR DISORDER: RISK FACTORS FOR COURSE AND PREVENTION STRATEGIES
(Organised by the Epidemiology and Social Psychiatry Section)

S12 - Symposium:  Hall B
CULTURE AND IMMIGRATION IN THE DIAGNOSTIC PROCESS
(Organised by the Cultural Psychiatry Section)
SECTION SYMPOSIA AND WORKSHOPS (Cont.)

S14 - Symposium: Hall D
COGNITION IN SCHIZOPHRENIA: A FOCUS ON FIRST EPISODE PATIENTS
(Organised by the Schizophrenia Section)

S15 - Symposium: Hall J
CLINICAL DEVELOPMENT OF ANTIDEPRESSIVE DRUGS
(Organised by the Psychopharmacology Section)

S17 - Symposium: Hall N
CALCIUM DEPENDENT SIGNALING PATHWAYS IN COGNITION AND EMOTION
(Organised by the Psychopharmacology Section)

S19 - Symposium: Hall H
EARLY PHASES OF MENTAL DISORDERS IN ADOLESCENCE AND YOUNG ADULTHOOD
(Organised by the Child and Adolescent Psychiatry Section)

W03 - Workshop: Hall H
TREATING CHRONIC DEPRESSION WITH COGNITIVE BEHAVIOURAL ANALYSIS SYSTEM PSYCHOTHERAPY
(Organised by the Psychotherapy Section)

W04 - Workshop: Hall C
CRISIS INTERVENTION WITH BORDERLINE PATIENTS: FROM PSYCHOBIOLOGY TO COST-EFFECTIVE TREATMENT
(Organised by the Personality and Personality Disorders Section)

MONDAY, JANUARY 26, 2009

S18 – Symposium: Hall E
ADVANCING PSYCHOTHERAPY IN PERSONALITY DISORDERS
(Organised by the Personality and Personality Disorders Section)
S20 - Symposium: Hall N
DETERMINATIONS OF DRUG CONCENTRATIONS – HOW TO MAKE THE MOST
(Organised by the Psychopharmacology Section)

S25 - Symposium: Hall E
FUNCTIONAL IMAGING IN COGNITIVE DECLINE AND DEMENTIA
(Organised by the Neuroimaging Section)

S30 - Symposium: Hall A
IN Voluntary Treatment AND GUARDIANSHIP OF THE ELDERLY: VARIATIONS IN EUROPE
(Organised by the Geriatric Psychiatry Section)

S33 - Symposium: Hall C
Limbic determinations & Psychiatry
(Organised by the Neuroimaging Section)

S36 - Symposium: Hall B
MENTAL HEALTH AND DEAFNESS
(Organised by the Cultural Psychiatry Section)

W08 – Workshop 8: Hall H
THE NEED FOR SOCIAL COGNITION REHABILITATION IN BIPOLAR DISORDER
(Organised by the Psychotherapy Section)

W10 - Workshop: Hall H
POSITIVE THERAPY: FOCUSING ON RESILIENCY AND SELF-DETERMINATION
(Organised by the Psychotherapy Section)

W12 - Workshop: Hall L
HOW TO REVIEW A SCIENTIFIC PAPER
(Organised by the Epidemiology and Social Psychiatry Section)
TUESDAY, JANUARY 27, 2009

S37 – Symposium: Hall E
OAP ACTUAL PROBLEMS IN EUROPEAN COUNTRIES
(Organised by the Geriatric Psychiatry Section)

S38 - Symposium: Hall F
NEGLECTED AREAS OF AGEING
(Organised by the Geriatric Psychiatry Section)

S39 - Symposium: Hall F
NEUROFUNCTIONAL AND NEUROPHARMACO-LOGICAL EFFECTS OF CANNABIS: INTERACTION WITH PSYCHOSIS
(Organised by the Neuroimaging Section)

S40 - Symposium: Hall K
NEW DEVELOPMENTS IN CONSULTATION-LIAISON PSYCHIATRY IN EUROPE
(Organised by the Consultation Liaison Psychiatry Section)

S42 - Symposium: Hall L
NEW EVIDENCE-BASED DISORDER TAILORED PSYCHOTHERAPIES
(Organised by the Psychotherapy Section)

S46 - Symposium: Hall C
PARENTAL DEPRESSION ON POSTNATAL PERIOD AND CHILD OUTCOMES: LONGITUDINAL STUDIES
(Organised by the Women’s Mental Health Section)

S47 - Symposium: Hall D
PERSPECTIVES OF OUTPATIENT TREATMENT IN PEOPLE WITH SEVERE MENTAL DISORDERS
(Organised by the Epidemiology and Social Psychiatry Section)
S48 - Symposium: Hall E
POLYMEDICATION IN ELDERLY PSYCHIATRIC PATIENTS SUFFERING FROM COMORBIDITIES
(Organised by the Geriatric Psychiatry Section)

S53 - Symposium: Hall N
TRAUMA, STRESS AND GENETIC IN SUICIDE
(Organised by the Suicidology and Suicide Prevention)

S57 – Symposium: Hall C
THE FORGOTTEN PARTY: THE ROLE OF VICTIMS IN FORENSIC PSYCHIATRY
(Organised by the Forensic Psychiatry Section)

S60 - Symposium: Hall K
SAVING YOUNG LIVES IN EUROPE
(Organised by the Suicidology and Suicide Prevention)

S62 - Symposium: Hall I
SPECIAL ISSUES IN ACOHOLISM TREATMENT
(Jointly organised by the Alcoholism and Drug Addiction Section and International Society of Addiction Medicine (ISAM))

WEDNESDAY, JANUARY 28, 2009

S70 - Symposium: Hall K
THE ELDERLY AND FORENSIC PSYCHIATRY
(Organised by the Forensic Psychiatry Section)

W15 - Workshop: Hall K
HOW TO READ A SCIENTIFIC PAPER
(Organised by the Epidemiology and Social Psychiatry Section)
SATellite Symposia

SUNDAY, JANUARY 25, 2009

13:00-14:30  SS01 - Satellite Symposium:  
IMPROVING THE OUTCOMES OF PSYCHIATRY RELATED METABOLIC CONDITIONS 
Sponsored by Pfizer

MONDAY, JANUARY 26, 2009

13:00-14:30  SS02- Satellite Symposium:  
A ROAD MAP TO SUSTAINABLE TREATMENT PLANS: INTEGRATING PATIENT’S PERSPECTIVE, PHARMACOLOGY, AND CLINICAL RESEARCH EVIDENCE 
Sponsored by Bristol-Myers Squibb Otsuka Pharmaceutical Europe Ltd.

SESSIONS ORGANISED IN COOPERATION WITH OTHER ORGANISATIONS

SUNDAY, JANUARY 25, 2009

15:00-16:00  PF02 EPA/ESC/EASD Presidential Forum

MONDAY, JANUARY 26, 2009

08:30-10:00  JS02: ECNP / EPA Joint Workshop: 
JOINT SYMPOSIUM ECNP-EPA: USE AND MISUSE OF SECOND GENERATION ANTIPSYCHOTICS IN ANXIETY AND BIPOLAR DISORDERS

14:30-16:00  JS01: Pan-European Studies
## EPA FORMAL AND ADMINISTRATIVE MEETINGS

### FRIDAY, JANUARY 23, 2009
13:00-18:00  3rd European Platform of Psychiatrists  
**Hall I**

### SATURDAY, JANUARY 24, 2009
09:00-11:00  European Task Force for Psychiatry  
**Hall G**
13:00-17:00  EPA Board Meeting  
**Hall G**

### SUNDAY, JANUARY 25, 2009
11:00-13:00  Committee of Education Meeting / Academia Task Force Meeting  
**Hall G**
13:00-14:30  EPA Section Coordination Meeting  
**Hall G**

### MONDAY, JANUARY 26, 2009
10:30-11:30  Young Psychiatrists Committee Meeting  
**Hall G**
12:00-13:30  Alumni-Mentors’ Luncheon  
**Restaurant on 1st Floor**
18:30-20:00  EPA Extraordinary and General Assemblies  
**Hall I**
20:00-21:30  EPA Membership Roundtable  
**Restaurant on 1st Floor**

### TUESDAY, JANUARY 27, 2009
08:30-10:00  COSC Meeting  
**Hall G**
16:30-18:00  Guidance Steering Group  
**Hall G**

### WEDNESDAY, JANUARY 28, 2009
08:00-11:00  Executive Committee Meeting  
**Hall G**
EPA SECTIONS COMMITTEE MEETINGS

Additional meetings reserved after date of printing will be announced on the message board.

SATURDAY, JANUARY 24, 2009

08:30-09:30  Epidemiology and Social Psychiatry Section  Hall H
14:30-15:30  Alcoholism and Drug Addiction Section  Hall H

SUNDAY, JANUARY 25, 2009

09:30-10:30  Psychopathology Section  Hall G
15:00-16:00  Cultural Psychiatry Section  Hall G
16:30-17:30  Women's Mental Health Section  Hall G

MONDAY, JANUARY 26, 2009

08:30-9:30    Suicidology and Suicide Prevention Section  Hall G
13:00-14:00  Child and Adolescent Psychiatry Section  Hall G
14:30-15:30  Philosophy and Psychiatry Section  Hall G
16:30-17:30  Psychopharmacology Section  Hall G

TUESDAY, JANUARY 27, 2009

11:00-12:00  Forensic Section  Hall G
12:30-13:30  Consultation Liaison Psychiatry Section  Hall G
INFORMATION FOR PRESENTERS

ORAL PRESENTATIONS
A Speakers’ Ready Room sponsored by will be available on the 1st floor for the duration of the Congress.

Data presentation:
If using a Powerpoint (or any other computer) presentation, please note you need to bring it on a CD, a DVD or on a "disk on key" Memory stick (using the USB port in the computer) and load it on one of the congress’ computers in the Speakers’ Ready Room, at least 1 hour before the start of the session. You may supply your own laptop computer as a back-up. If combining video films with PowerPoint, please make sure to check it in the session hall where your lecture is taking place during a coffee or lunch break prior to your session, at least 30 minutes before the start of the session - even after checking it in the Speakers’ Ready Room. Please note that the congress’ computers in the session halls are being supplied with Windows XP and Office 2003.

Important note for Macintosh users
If using a Macintosh laptop computer, please note that you need to supply your own, confirm that it has a VGA socket for external signal and come to check it first in the Speakers’ Ready Room as soon as you arrive and later on in the session hall where your lecture is taking place during the coffee or lunch break prior to your session, at least 30 minutes before the start of the session. Please note that VHS Video projection, 35 mm’ slide projection and Overhead projection (projection of transparencies) will not be available.

POSTERS
Posters will be on display on three days: Sunday, January 25, Monday, January 26 and Tuesday, January 27 and will be changed daily. Your poster should be displayed as per the date and the number in the programme. Posters are to be mounted from 08:00 on your assigned day. Please remove your poster at the conclusion of sessions on your assigned day. The Organising Committee will not be responsible for posters that are not removed on time. Poster presenters are requested to be present at their designated poster board(s) to answer questions during breaks.

BEST POSTER PRIZES
Poster prizes will be allocated per topic, depending on the decision of the poster chairpersons.
Each winner will receive a prize of €300.
The 17th European Congress of Psychiatry is accredited by the European Accreditation Council for Continuing Medical Education (EACCME) to provide the following CME activity for medical specialists. The EACCME is an institution of the European Union of Medical Specialists (UEMS) www.uems.net.

The 17th European Congress of Psychiatry is designated for a maximum of 21 hours of European external CME credits. Each medical specialist should claim only those hours of credit that he/she actually spent in the educational activity.

EACCME credits are recognized by the American Medical Association towards the Physician’s Recognition Award (PRA). To convert EACCME credit to AMA PRA, category 1 credit, contact AMA.
EPA RESEARCH PRIZE WINNERS

The European Psychiatric Association has awarded four Research Prizes of €2,500 each to Young Psychiatrists working in Europe, who published the best scientific papers in 2008. Research Prizes for 2009 have been awarded to the following Young Psychiatrists:

- **Paolo FUSAR POLI** (UK), for his paper “Distinct effects of D9-Tetrahydrocannabinol and Cannabidiol on neural activation during emotional processing”, published in Archives of General Psychiatry (2008)


- **Fiammetta COSCI** (Italy), for her paper “Nicotine dependence, psychological distress and personality traits as possible predictors of smoking cessation. Result of a double-blind study with nicotine patch”, published in Addictive Behaviors (2008)

- **Katherine JOHNSON** (Ireland), for her paper “Absence of the 7-repeat variant of DRD4 VNTR is associated with drifting sustained attention in children”, published in the American Journal of Medical Genetics (2008)

**BMS Prevention Award in Psychiatry**

The winner of the BMS Prevention Award in Psychiatry will be awarded with €20,000 for scientific purposes at his or her institution and is invited to present the award lecture during the European Congress of Psychiatry.

The winner of the European BMS Prevention Award in Psychiatry 2009 is: **Philip MCGUIRE**, Institute of Psychiatry, King’s College London, UK, awarded for his work "Factors that predict the onset of psychosis in people with prodromal symptoms".
SCHOLARSHIP PROGRAMME FOR YOUNG PSYCHIATRISTS AND TRAINEES

The Scholarship Programme includes
Free congress entrance to the 17th European Congress of Psychiatry, travel expenses, hotel accommodation for 4 nights, free entry to 1 CME course and 1 year of free EPA membership.

Who is eligible?
Young psychiatrists who are either trainees or within 5 years of completion of specialist training in psychiatry and who are working in countries that form part of the World Health Organisation Europe region.

The scholarship has been awarded to the following young psychiatrists and trainees:

Olivier ANDLAUER, France
Liliana CORREIA de CASTRO, Portugal
Silvia FERRARI, Italy
Lucie NAWKOVA, Czech Republic
Christian WOLF, Germany

Selection Committee in 2008-2009
Cyril Höschl (EPA President); Henning Sass (EPA Vice President, Chair Education Committee), Maria Luisa Figueira (EPA President Local Organising Committee); Iris Calliess, Kai Treichel, Cecile Hanon, Andrea Fiorillo, Julian Beezhold (EPA Young Psychiatrist Committee members).
GENERAL INFORMATION

LOCATION
Centro De Congressos De Lisboa
Praça Das Indústrias
Lisbon 1300-307, Portugal
Tel:  +351 21 365 20 00
Fax:  +351 21 363 94 50
Website: www.lisboacc.pt

LANGUAGE
English is the official language of the Congress.

REGISTRATION DESKS
Registration desks will be situated at the Centro De Congressos for the duration of the Congress and will operate at the following times:
Saturday, January 24  07:30-20:30
Sunday, January 25   07:30-18:00
Monday, January 26   08:00-18:00
Tuesday, January 27  08:00-18:00
Wednesday, January 28 08:00-12:00

NAME BADGE
You are kindly requested to wear your name badge during all Congress sessions and events.

EXHIBITION OPENING HOURS
The exhibition will be open as follows:
Saturday, January 24  18:00-20:00
Sunday, January 25   09:30-16:30
Monday, January 26   09:30-16:30
Tuesday, January 27  09:30-16:30
EPA will have an exhibition booth that will operate during these hours.
GENERAL INFORMATION (Cont.)

CME COURSES
CME courses will take place throughout the Congress. Please present your Course ticket at the entrance of the appropriate halls. Registration for the CME Courses should be arranged prior to the start of the course, at the Registration Desk. Participants in Courses are requested to complete the Evaluation Form at the conclusion of the Course and hand it to the hostess on-site.

ART EXHIBITION
Today when we are constantly reminded of the dangers of thinking in exclusive terms, art affords us a model of dialogue in which the other is accepted as an equal conversation partner. Art fosters cooperative communication in which dignity and individuality of a mental health patient may be reaffirmed. At the same time, art allows for critical distance, retrospection, and vast opportunities for individual choice, and thus may be conducive to an improved self-image and self-esteem. Please visit the exhibition Art Against Stigma: Social Experience of Illness in the exhibition area.

INTERNET ZONE
Free internet and e-mail facilities are located in the exhibition area and are available during exhibition hours. Please be considerate of fellow participants when using the facilities.

CERTIFICATE OF ATTENDANCE
The certificate of attendance is included in your participant kit.

CLIMATE
The weather in Lisbon in January is cool with a high chance of precipitation. Average high temperature is 14 degrees C°/58 degrees F°, with the average low at 8 degrees C°/47 degrees F°.

CLOTHING
During the entire congress, attire will be casual.
SMOKING POLICY
Smoking is prohibited at all times in meeting halls, exhibit halls and rest rooms. Your compliance is appreciated.

CONGRESS ORGANISERS
17th European Congress of Psychiatry - EPA
1-3, Rue de Chantepoulet, PO Box 1726
CH-1211 Geneva 1
Switzerland
Tel: +41 22 908 0488
Fax: +41 22 732 2850
E-mail: epa@kenes.com
Website: www.kenes.com/epa
ADDITIONAL ACTIVITIES

SATURDAY, JANUARY 24, 2009

Starting time: 18:10

Opening Ceremony

Hall A

- Welcome Words
  Professor Maria Luisa Figueira, Local Organizing Committee
  Mayor of Lisbon, Drº António Costa

- Changes of psychiatric classification and diagnosis in the past and future, exemplified by the case history of the composer Robert Schumann
  Hans-Jürgen Möller, EPA President Elect

- Sonata by Schumann to illustrate Schumann’s life performed by Patrice Boyer, EPA COSC Member

- EPA Scholarship Awards Presented by Young Psychiatrist Committee

- Awards Announcement for EPA 2009 Research Prizes

- BMS Award Announcement and Lecture

- Invitation to Welcome Buffet Reception in Exhibition area by Hans-Jürgen Möller, EPA President

The full programme will be provided at the entrance to Hall A.
Welcome Reception following Opening Ceremony
Exhibition Area

MONDAY, JANUARY 26, 2009

20:00

EPA Membership Round Table (Following EPA Assemblies)
Restaurant on 1st floor
Social Programme reserved for EPA Members. All EPA Members are invited to meet fellow EPA colleagues of the association in a friendly atmosphere during dinner. This is the occasion to influence the EPA future by discussing the activities of the association (topics will be proposed for your review).

20:30

Young Psychiatrists Network Gathering
For further information please approach the Registration Desk.

TUESDAY, JANUARY 27, 2009

20:30-22:30

Presidential Dinner - Optional
Agronomy Institute
You are welcome to purchase a ticket to the EPA Presidential Dinner at Lisbon’s famous Agronomy Institute. Please approach the registration desk to purchase your ticket. Tickets are sold at €85 per person. Seats are limited and will be sold on a ‘first come, first serve’ basis.
SCIENTIFIC PROGRAMME
SATURDAY, JANUARY 24, 2009
World Psychiatric Association Series

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SCIENTIFIC PROGRAMME
SUNDAY, JANUARY 25, 2009
Look for

Enduring Mental & Physical Health

at Booth number 16
Exhibition Hall

and at Pfizer’s Satellite Symposium
‘Improving the Outcomes of Psychiatry Related Metabolic Conditions’
Hall A
(Sunday January 25th 2009, 1pm – 2.30pm)
SCIENTIFIC PROGRAMME
TUESDAY, JANUARY 27, 2009
PRESENTATION
Vials containing 185 MBq or 370 MBq ioflupane (123I) at reference time.

INDICATIONS
Detecting loss of functional dopaminergic neuron terminals in the striatum. i) in patients with clinically uncertain Parkinsonian Syndromes in order to help differentiate Essential Tremor from Parkinsonian Syndromes related to idiopathic Parkinson's Disease (PD), Multiple System Atrophy (MSA), Progressive Supranuclear Palsy (PSP). DaTSCAN is unable to discriminate between PD, MSA and PSP. ii) to help differentiate probable dementia with Lewy bodies (DLB) from Alzheimer’s disease. DaTSCAN is unable to discriminate between DLB and Parkinson’s disease dementia. DOSAGE AND METHOD OF ADMINISTRATION
DaTSCAN is a 5% (v/v) ethanolic solution for intravenous injection and should be used without dilution. Clinical efficiency has been demonstrated across the range of 111-185 MBq; do not use outside this range. Slow intravenous injection (15-20 seconds) via arm vein is recommended. Appropriate thyroid blocking treatment must be given prior to and post injection of DaTSCAN. SPECT imaging should take place 3-6 hours after injection of DaTSCAN. DaTSCAN is not recommended for use in children or adolescents. For use in patients referred by physicians experienced in the management of movement disorders/dementia. CONTRAINDICATIONS
Pregnancy and hypersensitivity to the active substance or any of the excipients. WARNINGS AND PRECAUTIONS Radiopharmaceuticals should only be used by qualified personnel with appropriate government authorisation and should be prepared using aseptic and radiological precautions. DaTSCAN is not recommended in moderate to severe renal or hepatic impairment. Contains 5% volume ethanol, up to 197mg per dose, harmful for those suffering from alcoholism. To be taken into account in high-risk patients e.g. liver disease or epilepsy. INTERACTIONS Consider current medication. Medicines that bind to the dopamine transporter may interfere with diagnosis; these include amfetamine, benzatropine, buproprion, cocaine, mazindol, methylphenidate, phenetermine and sertraline. Drugs shown during clinical trials not to interfere with DaTSCAN imaging include amantadine, trihexyphenidyl, budipine, levodopa, metoprolol, primidone, prananol and selegiline. Dopamine agonists and antagonists acting on the postsynaptic dopamine receptors are not expected to interfere with DaTSCAN imaging and can therefore be continued if desired. PREGNANCY AND LACTATION Contraindicated in pregnancy. Information should be sought about pregnancy from women of child bearing potential. A woman who has missed her period should be assumed to be pregnant. If administration to a breast feeding woman is necessary, substitute formula feeding for breast feeding for 3 days. UNDESIRABLE EFFECTS No serious adverse effects have been reported. Common side effects include headache, vertigo and increased appetite and formication. Exposure to ionising radiation is linked with cancer induction and a potential for hereditary defects and must be kept as low as reasonably achievable. Intense pain on injection has been reported uncommonly following administration into small veins. DOSIMETRY Effective dose from 185 MBq is 4.35 mSv. OVERDOSE Encourage frequent micturition and defecation. MARKETING AUTHORITY HOLDER GE Healthcare Limited, Amersham Place, Little Chalfont, Buckinghamshire, HP7 9NA, UK. CLASSIFICATION FOR SUPPLY Subject to medical prescription. MARKETING AUTHORIZATION NUMBERS EU/1/00/135/001 (2.5ml) and EU/1/00/135/002 (5.0ml). DATE OF REVISION OF TEXT 4 February 2008. UK Price £391/185MBq.

Adverse events should be reported. Reporting forms and information can be found at www.yellowcard.gov.uk. Adverse events should also be reported to GE Healthcare.
POSTER SESSIONS
SUNDAY, JANUARY 25, 2009
All presentations marked with a flag indicate Young Psychiatrists posters.
POSTER SESSIONS
MONDAY, JANUARY 26, 2009
All presentations marked with indicate Young Psychiatrists posters
POSTER SESSIONS
TUESDAY, JANUARY 27, 2009
All presentations marked with indicate Young Psychiatrists posters
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<tr>
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<th>Booth #</th>
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<tbody>
<tr>
<td>American Psychiatric Publishing (APP)</td>
<td>8</td>
</tr>
<tr>
<td>Bristol-Myers Squibb/Otsuka Pharmaceuticals</td>
<td>12</td>
</tr>
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<td>DGPPN</td>
<td>21</td>
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<td>ECNP</td>
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<td>3A</td>
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<td>European Psychiatric Association (EPA)</td>
<td>3</td>
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<td>GE Healthcare</td>
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<td>12</td>
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<td>6</td>
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<td>18</td>
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<td>Wisepress</td>
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<td>WPA</td>
<td>7</td>
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1000 Wilson Boulevard,
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Arlington, VA 22209
USA

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Elsevier Masson is part of Elsevier. The office is located in Paris. Founded in Paris, European Psychiatry has been published by the local office of Elsevier for the last 23 years. Since it is available on ScienceDirect, European Psychiatry has considerably developed its readership and its impact factor is on the upward trend.

Elsevier Masson also publish psychiatry journals in French - L’Encéphale, Annales médico-psychologiques, l’Evolution psychiatrique, Neuropsychiatrie de l’enfance et de l’adolescence, etc.

Come and join the editors of European Psychiatry for a chat - Hall B - Sunday, Monday and Tuesday, from 12:00-13:00.
European Psychiatric Association (EPA)

15 Avenue de la Liberté
67000 Strasbourg
France
Tel: +33 3 8823 9930
Fax: +33 3 8835 2973
E-mail: hq@europsy.net
Website: http://www.europsy.net

The European Psychiatric Association is the largest international association of psychiatrists in Europe, with active members in as many as 57 countries including the international members. Its members include leading experts covering the interests of psychiatrists in academia and in practice.

Founded in 1983, EPA was granted by the Council of Europe a consultative status in 1989 and a participatory status in 2003. EPA deals with psychiatry and its related disciplines and it focuses on the improvement of care for the mentally ill as well as on the development of professional excellence. The mission of EPA is to improve psychiatry and mental health care throughout Europe.

The EPA organises a very wide range of activities that include the EPA Itinerant CME course programme, promoting excellence in psychiatric research with a wide range of grants and prizes and enhancing initiatives improving ethical standards of psychiatric care and encouraging professional interchange between European Psychiatrists.

EPA organizes yearly the European Congress of Psychiatry encouraging progress in psychiatric clinical practice, ensures the publication of the European Psychiatry Journal, supports 18 active sections and organises the annual European Platform of Psychiatrists aimed at developing and supporting concrete projects in European Psychiatry.
Florence WPA 2009 Congress
Website: www.wpa2009florence.org

This Congress aims to provide a high-quality, comprehensive overview of all evidence-based treatments currently available for all mental disorders. Many prominent scientists, including the ten most cited psychiatrists in the past decade (according to the Essential Science Indicators) will be among the speakers. More than 8,000 participants are expected.

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GE Healthcare is dedicated to helping you transform healthcare delivery by driving critical breakthroughs in biology and technology. Our expertise in medical imaging and information technologies, medical diagnostics, patient monitoring systems, drug discovery, and biopharmaceutical manufacturing technologies is enabling healthcare professionals around the world discover new ways to predict, diagnose and treat disease earlier. We call this model of care “Early Health.” Our goal is to help clinicians detect disease earlier, access more information and intervene earlier with more targeted treatments, so they can help their patients live their lives to the fullest. Re-think, Re-discover, Re-invent, Re-imagine. For additional information please visit www.gehealthcare.com
German Society of Psychiatry, Psychotherapy and Nervous Diseases Congress
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Founded in 1849, Pfizer is the world's largest research-based pharmaceutical company. Pfizer is taking new approaches to advancing better health as it discovers, develops, manufactures and delivers quality, safe and effective prescription medicines to treat and help prevent disease for both people and animals. Pfizer also partners with healthcare providers, governments and local communities around the world to expand access to medicines and to provide better quality health care and health system support. At Pfizer, more than 80,000 colleagues in more than 90 countries work every day to help people stay happier and healthier longer and to reduce the human and economic burden of disease worldwide. For more information visit: www.pfizer.com.
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9th World Congress of Biological Psychiatry (WFSBP)
28 June - 2 July 2009, Paris, France
http://www.wfsbp-congress.org

Following Vienna (2005), the Association Française de Psychiatrie Biologique (AFPB) will welcome you as a host for the most important highlight of our Federation – the 9th World Congress of Biological Psychiatry.

Paris with its rich history in psychiatry is the ideal setting to discuss the today’s advances in biology and molecular genetics, the development of a new generation of treatments based upon neuroplasticity concepts, and the radical progress in modern technologies and neuroscience that is changing our concepts and attitudes on mental diseases. During this outstanding, cutting edge scientific event thought leaders and decision makers from all around the world will share with us the newest innovations in our field and their impact on diagnoses, treatment, and rehabilitation of patients with mental disorders.
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Cipralex - the power to tackle depression at its core

Leaving no one behind

Cipralex. Abbreviated Prescribing Information. Presentation: “Cipralex”, tablets containing 5, 10 and 20 mg escitalopram (as oxalate). Indications: Major depression. Generalized anxiety disorder. Panic disorder with or without agoraphobia. Social anxiety disorder. Obsessive compulsive disorder. Dosage: Usual dose 10 mg once daily. Maximum dose 20 mg/day. In the elderly (>65 years), in panic disorder patients and in patients with reduced hepatic function an initial dose of 5 mg/day is recommended.Caution in patients with severely reduced renal function. Not recommended in children and adolescents (<18 years). When stopping treatment with escitalopram, the dose should be gradually reduced over a period of one or two weeks. Contraindications: Hypersensitivity to escitalopram. Concomitant treatment with non-selective MAOIs. Pregnancy and lactation: Careful consideration prior to use in pregnant women. Breast-feeding women should not be treated. Precautions: The special warnings and precautions which apply to the class of SSRIs. Drug interactions: Reversible, selective MAOIs. Selegiline (irreversible MAO-B inhibitor). Medicinal products lowering the seizure threshold. St. John’s Wort. Enzyme inhibitors (e.g. omeprazole and cimetidine) may require reduction of escitalopram dose. Drugs metabolised by enzymes CYP 2D6 or 2C19. Adverse events: Most frequent during first or second weeks, comprise the SSRI class adverse events, e.g. nausea, diarrhoea, and constipation. Overdose: Doses between 400 and 800 mg of escitalopram alone have been taken without any severe symptoms. Consult full prescribing information before prescribing. H. Lundbeck A/S, Copenhagen, Denmark.

Date of preparation: September 2008
See Summary of Product Characteristics before prescribing.

**INDICATIONS**

Aripiprazole (1.3ml vial containing 9.75mg aripiprazole).

**PRESENTATION**

Tablets: 5mg, 10mg, 15mg, 30mg aripiprazole; TABLETS, ORODISPERSIBLE TABLETS, ORAL SOLUTION & ABILIFY

**DOSAGE**

As monotherapy or combination therapy. For recurrence prevention, rapid control of agitation & disturbed behaviours in schizophrenia or manic episodes in Bipolar I Disorder & prevention of new manic episodes in Bipolar I Disorder.

**IM:**

Initial dose 9.75mg (1.3ml) injection. Effective dose range: continue at same dose. Dose adjustment on basis of clinical status.

**Oral formulations:**

Schizophrenia: Usual starting dose is 15mg once daily with or without food. Effective dose range is 10-30mg with a recommended maintenance dose of 15mg. Mania in Bipolar I Disorder: Usual starting dose is 15mg once daily with or without food. Effective dose range is 10 or 15mg once daily with or without food.

**WARNINGs AND PRECAUTIONs**

- Hypersensitivity to any ingredient.
- Contraindicated in: Clinical improvement may take several days to some weeks: monitor patient throughout this period. Elderly demented patients with psychosis and those at risk of aspiration risk; breastfeeding not advised. Until individual patient response established, caution not to drive or operate machinery.
- CYP3A4 inducers, e.g. carbamazepine. See SPC. Paroxetine. Increase aripiprazole dose with concomitant use of potent CYP3A4 or CYP2D6 inhibitors, e.g. fluoxetine, prolongation or electrolyte imbalance. Reduce aripiprazole dose with other CNS medication with overlapping side effects such as sedation; antihypertensives. Caution is advised when combining with alcohol or increased hypotensive effect with certain DRUG INTERACTIONS.
- Increased diastolic blood pressure; salivary hypersecretion, somnolence, sedation, tremor, blurred vision. Other adverse drug reactions were reported:

**UNDESIrABLE EFFECTS**

Common (>1/100 <1/10):

- Fatigue, dizziness, nausea, vomiting, dyspepsia, constipation, insomnia, restlessness, anxiety, headache, akathisia, extrapyramidal tachycardia, orthostatic hypotension, depression.

Uncommon (>1/100 <1/1000):

- Increased sedation

Rare (<1/1000):

- Increased diastolic blood pressure; salivary hypersecretion, somnolence, sedation, tremor, blurred vision.

**OVERDOSAGE:**

Treatment should be symptomatic and supportive: activated charcoal reduces serum concentrations. Adequate airway maintenance, cardiovascular monitoring and close observation patients for orthostatic hypotension and regularly monitor blood pressure, pulse, respiratory rate and level of consciousness. If 

**WARNINGS AND PRECAUTIONs**

- Onset of fatal convulsions,cardiac disorders including arrhythmias & sudden unexplained death, rhabdomyolysis, hyperglycaemia, diabetes, dysphagia, convulsions, reaction (anaphylaxis & angioedema), pancreatitis, priapism, suicide, neuroleptic malignant syndrome. Caution in patients with a history of seizure, cardiovascular disorders, conduction abnormalities, diabetes and 

**DRUG INTERACTIONS**

- Increased hypotensive effect with certain

**CONDITIOnS**

- Hypersensitivity to any ingredient.
- Contraindicated in:
- Elderly (>65 years):
- Children and 
- Adverse effects in renal or moderate hepatic impairment. Elderly (>65 years): Maximum daily dose 30mg. No dosage adjustment required in renal or moderate hepatic impairment. Elderly (>65 years): Maximum daily dose 30mg. No dosage adjustment required in renal or moderate hepatic impairment.
TABLETS, ORODISPERSIBLE TABLETS, ORAL SOLUTION & ABILIFY® - 7.5 mg/ml SOLUTION FOR INJECTION

See Summary of Product Characteristics before prescribing.

PRESENTATION: Tablets: 5mg, 10mg, 15mg, 30mg aripiprazole; orodispersible tablets: 10mg, 15mg aripiprazole; oral solution: 1mg/ml aripiprazole, solution for injection for intramuscular use (IM): 7.5mg/ml aripiprazole (1.3ml vial containing 9.75mg aripiprazole).

INDICATIONS: Oral formulations: Schizophrenia. Moderate to severe manic episodes in Bipolar I Disorder & prevention of new manic episodes in aripiprazole respondent patients. IM: Rapid control of agitation & disturbed behaviours in schizophrenia or manic episodes in Bipolar I Disorder.

Dosage:

- Schizophrenia: Usual starting dose is 10-30mg once daily with or without food. Effective dose range is 10-30mg with a recommended maintenance dose of 15mg. Mania in Bipolar I: Usual starting dose is 15mg once daily with or without food as monotherapy or combination therapy. For recurrence prevention, continue at same dose. Dose adjustment on basis of clinical status.
- Rapid control of agitation & disturbed behaviours in schizophrenia or manic episodes in aripiprazole respondent patients.

For all formulations: Maximum daily dose 30mg. No dosage adjustment required in renal or moderate hepatic impairment. Elderly (> 65 years): Efficacy not established. Consider lower starting dose. Children and adolescents (< 18 years): Safety and efficacy not established.

CONTRAINDICATIONS: Hypersensitivity to any ingredient.

WARNINGS AND PRECAUTIONS: Clinical improvement may take several days to some weeks: monitor patient throughout this period. Reduce dose or discontinue if signs of tardive dyskinesia appear. Discontinue if patient develops signs and symptoms indicative of neuroleptic malignant syndrome. Caution in patients with a history of seizure, cardiovascular disorders, conduction abnormalities, diabetes and elderly demented patients with psychosis and those at risk of aspiration pneumonia (see SPC). Do not use in pregnancy unless benefit outweighs risk; breastfeeding not advised. Until individual patient response established, caution not to drive or operate machinery.

IM: observe patients for orthostatic hypotension and regularly monitor blood pressure, pulse, respiratory rate and level of consciousness. If additional parenteral benzodiazepine therapy is deemed necessary, observe patients for orthostatic hypotension and regularly monitor blood pressure, pulse, respiratory rate and level of consciousness. If additional parenteral benzodiazepine therapy is deemed necessary, monitor patients for excessive sedation and for orthostatic hypotension.

DRUG INTERACTIONS: Increased hypotensive effect with certain antihypertensives. Caution is advised when combining with alcohol or other CNS medication with overlapping side effects such as sedation; also with certain antifungals, antituberculous drugs, antivirals, anticonvulsants, St John’s Wort and medicines known to cause QT prolongation or electrolyte imbalance. Reduce aripiprazole dose with concomitant use of potent CYP3A4 or CYP2D6 inhibitors, e.g.: fluoxetine, paroxetine. Increase aripiprazole dose with concomitant use of potent CYP3A4 inducers, e.g. carbamazepine. See SPC. IM: increased sedation when combined with lorazepam.

UNDESIRABLE EFFECTS: In placebo controlled trials, the following adverse drug reactions were reported: common (>1/100 <1/10): insomnia, restlessness, anxiety, headache, akathisia, extrapyramidal disorder, fatigue, dizziness, nausea, vomiting, dyspepsia, constipation, salivary hypersecretion, somnolence, sedation, tremor, blunted vision. IM: increased diastolic blood pressure; uncommon (>1/1000 <1/100): tachycardia, orthostatic hypotension, depression. IM: fatigue, dry mouth. Other adverse events from post-marketing surveillance include: allergic reaction (anaphylaxis & angioedema), pancreatitis, priapism, suicide, rhabdomyolysis, hyperglycaemia, diabetes, dyspnoea, convulsions, cardiac disorders including arrhythmias & sudden unexpected death, thromboembolic events, hypertension, hepatitis, leucopenia and thrombocytopenia. Other findings see SPC.

OVERDOSAGE: Treatment should be symptomatic and supportive: adequate airway maintenance, cardiovascular monitoring and close medical supervision. Activated charcoal reduces serum concentrations.

LEGAL CATEGORY: POM

AUTHORISATION NUMBERS & BASIC NHS PRICE: 28 tablets: 5mg (EU/1/04/276/002) £101.63, 10mg (EU/1/04/276/007) £101.63, 15mg (EU/1/04/276/012) £101.63, 30mg (EU/1/04/276/017) £203.26. 28 orodispersible tablets: 10mg (EU/1/04/276/025) £101.63, 15mg (EU/1/04/276/028) £101.63. 150ml bottle 1mg/ml oral solution: (EU/1/04/276/034) £108.89. 1.3ml vial 7.5mg/ml solution for injection: (EU/1/04/276/036) £3.63.

MARKETING AUTHORISATION HOLDER: Otsuka Pharmaceutical Europe Ltd, Hunton House, Highbridge Business Park, Oxford Road, Uxbridge, Middlesex UB8 1HU.

FURTHER INFORMATION FROM: Bristol-Myers Squibb Pharmaceuticals Ltd, Uxbridge Business Park, Sanderson Road, Uxbridge, Middlesex, UB8 1DH. Tel: 0800-731-1736.

DATE OF P.I. PREPARATION: June 2008

ABU/05/08/3148/0410 0-041

Adverse events should be reported. Reporting forms and information can be found at www.yellowcard.gov.uk

Adverse events should also be reported to Bristol-Myers Squibb Pharmaceuticals Ltd Medical Information on 0800 731 1736.
ABILIFY® is indicated for the treatment of schizophrenia and newly indicated for the treatment of moderate to severe manic episodes in Bipolar I Disorder and for the prevention of a new manic episode in patients who experienced predominantly manic episodes and whose manic episodes responded to ABILIFY® treatment.