

CME COURSE TITLE	Early Recognition and Early Diagnostics of Addiction
COURSE DIRECTORS	Prof. Michael Musalek, AUSTRIA
COURSE LEVEL	Basic
EDUCATIONAL OBJECTIVES	<ol style="list-style-type: none"> 1. early recognition of addiction (who should recognize what; signs and criteria for early diagnostics) 2. definitions of addiction (substance-dependent vs. substance-independent addictions), 3. diagnostics in addiction (categorical vs. dimensional diagnostics) 4. multiprofessional approaches in early recognition, 5. (involuntary) side-effects of early recognition.
COURSE DESCRIPTION	<p>Concluding the literature on early recognition and early diagnostics in addictions we may take as an ascertained fact that early recognition of addiction is an utmost important condition of successful treatment: the earlier the valid diagnosis, the better the prognosis. But in early recognition as well as in early diagnostics we are confronted with various problems that are difficult to solve. Research on the pathogenesis of addictions showed that addictive disorders are caused by complex interactions of various mental, physical and social factors. But addictions cannot be longer reduced to psychopathological manifestations once established and therefore persisting. The addictive behaviour is a dynamic process which only persists if disorder maintaining factors become active. These disorder maintaining factors are not necessarily corresponding with the addiction's predisposing and triggering factors. As addictions represent nosological non-specific syndromes with a multi-factorial pathogenesis modern integrative treatment approaches (including psychopharmacological, psychotherapeutic and socio-therapeutic methods) have to be based on an early multidimensional differential-diagnosis of all the predisposing, triggering, and disorder maintaining factors. In this context the disorder maintaining factors provide the basis for effective, pathogenesis-oriented treatment of the actual symptomatology, whereas the predisposing and triggering factors provide informations for planning prophylactic long-term treatment. Finally we also have to focus on various involuntary (and sometimes even unexpected) side-effects of early recognition of addictions (e.g. effects of stigmatization) and the possible solutions of the manifold problems we are confronted with in early diagnostics.</p>
PREREQUISITE KNOWLEDGE	Basic knowledge in clinical and theoretical psychopathology (see also target audience)
COURSE METHODS AND MATERIAL	Case studies; debate; slides; handouts; extended group discussions
RECOMMENDED READINGS	<ol style="list-style-type: none"> 1. Babor, Th.; Caetano, R.; et al . (2010): Alcohol: No Ordinary Commodity Research and Public Policy Second Edition. Oxford University Press 2. Miller, W. R.; Rollnick, S. (1991): Motivational Interviewing - Preparing People to Change Addictive Behavior. Guilford Press 3. Prochaska JO, Velicer WF.: The transtheoretical model of health behavior change. Am J Health Promot. 1997 4. O'Brien, C. P.; McLellan, T. A. (1996): Myths About the Treatment of Addiction. The Lancet, 347, 5. Moyer, A. et al (2001): Brief interventions for alcohol problems: a meta-analytic review of controlled investigations in treatment-seeking and non-treatment-seeking populations, Addiction
TARGET AUDIENCE	Psychiatrists, psychopathologists, psychotherapists, trainees in psychiatry in postgraduate training
LANGUAGES	English