

Oral presentation

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Successfully treating acutely ill patients: does it improve long-term outcome in psychiatric disorders?

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The best evidence that the successful treatment of the acute ill patient is decisive for the long-term outcome exists for schizophrenia. There are two main aspects in this context: 1) The duration of the untreated psychosis (DUP) predicts the time to and the probability of remission (e.g. [1]) but also the long-term outcome, as has been shown by long-term observation data by Bottlender et al. [2]. Beside that the number of recurrences is another major predictor for the long-term outcome. 2) The treatment regime in the acute phase of the schizophrenic episode is of crucial importance for the attitude of the patient towards further psychopharmacological treatment. Whereas the first fact is before all important for the treating psychiatrist in the sense that an aggressive, early treatment and an effective prophylactic treatment has to be established, the second point is of importance for both 'players, the patient and the psychiatrist. The most important point for the patient in the acute setting regarding adherence to medication in the long term is the side-effect profile of the compound administered, not so much the effectiveness. Therefore, an antipsychotic with a favorable side-effect profile should be selected, e.g. with no or marginal extrapyramidal side-effects. However, since it is at the same time important to control symptomatology as fast as possible, the risk-benefit assessment is of crucial importance. In the presentation, this risk/benefit assessment will be discussed for modern antipsychotics and antidepressants.

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