If the patient agrees to display of his art expression in any form the therapist must be careful to consider if this is in his best interest based on the context.

PR02.03

Ethical issues in the use of complementary and alternative medicine (CAM) in mental health

F.J. Stone. *Council for Healthcare Regulatory Excellence, London, Visiting Professor of Professional Ethics, University of Lincoln, Lincoln, United Kingdom*

Recent decades have witnessed a significant increase in the use of complementary and alternative medicine (CAM). This includes an increased interest in, and use of, CAM in mental health, both as a primary source of treatment, and to treat side-effects of conventional medication. In the UK and elsewhere, much of CAM practice is unregulated, and the evidence base is under-developed. Many patients utilising CAMs do not disclose this to their doctors, raising risks of drug and other treatment interactions. Ethical issues associated with the use of CAM for mental health include: patient choice and consent for therapies of unknown efficacy, potential risks and benefits of CAM (including who evaluates these), and equity in terms of accessing treatments which are not generally provided as part of state-funded health services. Doctors have an ethical obligation to familiarise themselves with the range of CAM therapies their patients may be accessing and the evidence base for such treatments, both to facilitate informed decision-making on the part of their patients, and to help to minimise any potential for harm.

PR02.04

Ethics of publication

C. Hoschl. *Prague Psychiatric Centre and 3rd Medical Faculty, Charles University of Prague, Prague, Czech Republic*

Ethical concerns are of a growing importance not only in clinical practice and research, but also in publication process. Every presentation of scientific data should content clear statement disclosing any possible conflicts of interests (e.g., relationship of a researcher to pharmaceutical industry). Redundant publication such as publishing the results of the same trial in several journals under different titles is regarded unethical, as well as ''salami slicing'', which is in fact step-by-step publication of partial results of a study (e.g., separately results in males and females, young and elderly etc.) just in order to increase publication output. All of co-authors must provide publisher with their written consent to avoid blind authorship. Only person significantly participating in the concept, design, drafting and reviewing of the study is eligible as an author. Others should be properly acknowledged. Fabrication of data, falsification, plagiarism and other frauds still occur in the scientific literature, although they are beyond any ethical limits.

CS03. Core Symposium: SCIENCE AND ART IN PERSONALITY DISORDERS

CS03.01

The scientific framework of personality research

J.L. Carrasco. *Department of Psychiatry, Hospital Clínico San Carlos, Madrid, Spain*

Historical exclusion of personality disorders from the medical paradigm is reflected on the existence of the DSM-IV axis II for personality disorders. Personality disorders are perceived as substrates of vulnerability for axis I mental disorders such as depression, bipolar, anxiety or psychotic syndromes. A psychobiological perspective of this model of personality disorders is based on the study of genetic predispositions, of biological bases of personality traits and of the relationship of both with environmental precipitants.

Another psychobiological view of personality disorders is needed as a consequence of clinical evidence in borderline personality disorder (BPD). Most of the diagnostic criteria for this disorder are symptoms rather than traits and seem to be associated to several pathophysiological abnormalities. Serotonin dysregulation and glucocorticoid receptor dysfunctions among other biochemical findings have been reported in BPD. According to these biological findings, BPD could be included in a similar psychobiological framework than the axis I mental disorders.

CS03.02

Posttraumatic stress and personality disorders

J.J. Lopez-Ibor. *Clinica Lopez Ibor, Madrid, Spain*

Abstract not available at the time of printing.

S17. Symposium: ADDICTION TREATMENT AND RESEARCH: NEW STRATEGIES AND FUTURE PERSPECTIVES

S17.01

Treatment of addiction: from abstinence programs to abstinence-supported treatment

M. Musalek. *Anton Proksch Institute, Vienna, Austria*

During decades abstinence has been the only major treatment goal in addiction treatment; the efficacy of addiction clinics in general and treatment programs in particular usually has been evaluated with the aid of abstinence rates: the higher the number of abstainers, the better the treatment program. But for many of the patients suffering from addiction abstinence is not a very attractive treatment goal, for some of them not even an unattainable one. For many of our patients abstinence means weakness, handicap, stigmatization, a feeling of restraint, declining, inhibition, not being accepted, suppression, tension, being ill, social withdrawal, no fun, no relaxation anymore, isolation, etc.. In any case the term abstinence is strongly connected with abstention from, loosening of and distance to something. In this way a quite unattractive form of the nothing becomes the final goal of addiction treatment. Among others, this could be considered as one of the reasons of poor patient adherence in abstinence-oriented treatment programs. A way-out of this highly unsatisfactory situation for both, the patients as well as the therapists, could be a change of paradigms to abstinence-supported treatment. In abstinence-supported programs, abstinence is no longer the final goal but one of the important steps in order to reach other treatment goals according to an autonomous and mostly joyful life: on the basis of dimensional diagnostics, which are in contrast to classical categorical diagnostics