5th INTERNATIONAL FORUM ON MOOD AND ANXIETY DISORDERS

VIENNA, NOVEMBER 9-11, 2005



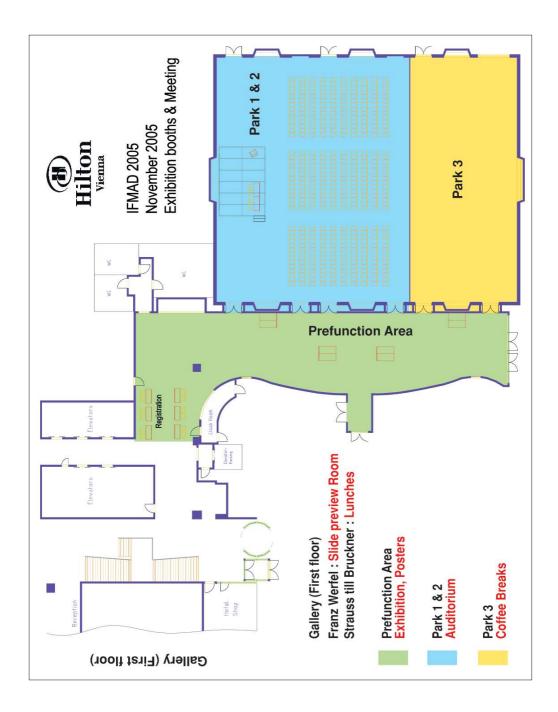
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Final Programme



FORUM VENUE



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WELCOME

It is our pleasure to welcome you in Vienna to the annual meeting of the International Forum on Mood and Anxiety Disorders (IFMAD).

IFMAD has become an important forum for the exchange of ideas on the latest developments in psychiatric treatments where international experts can address in an informal atmosphere some of the important topics in the field of mood and anxiety disorders. The meetings are particularly valued for the high quality of the scientific contributions and the opportunity for focused discussion of new data presented in a constructive and productive environment.

Attendees at previous meetings have appreciated the very efficient and agreeable formula provided by IFMAD meetings for keeping up to date with current treatment issues. We look forward to renewing old acquaintances at the next meeting and to welcoming an even wider and international audience.

We are pleased to welcome you in Vienna and have you with us again this year.

Siegfried Kasper Chairman Stuart A. Montgomery Co-Chairman

Stud Thought

ACKNOWLEDGEMENTS



The Organising Committee express their gratitude to the following Companies

H. LUNDBECK A/S PIERRE FABRE MEDICAMENT

for their contribution as Sponsors of Symposia

PIERRE FABRE MEDICAMENT WISEPRESS LTD

for their participation in the exhibition

PROGRAMME OVERVIEW

Wednesday, November 9

Thursday, November 10

08.30/10.30 503 - Are there superior antidepressants?

> 10.30/10.45 Coffee break & Poster session

10.45/12.45

504 - New antidepressants how do they work and how effective are they?

12.45/13.45 Working Lunch

13.45/15.45 \$05 - Sexuality

15.45/16.00 Coffee break & Poster session

16.00/18.00 506 - SNRIs All for one and one for all?

18.00/20.00 \$07 - Treatment Update in GAD

Friday, November 11

08.30/10.30 S08 - Antidepressants and Pain

> 10.30/10.45 Coffee break & Poster session

10.45/12.45 \$09 - Diagnosis and treatment of Dementia

12.45/13.45 Working Lunch

13.45/15.45 \$10 - New insights in Treatment Resistant Depression (TRD)

> 15.45/16.00 Coffee break & Poster session

16.00/18.00 \$11 - Long-term treatment of bipolar disorder

> 18.00/18.15 Closure

16.00/18.00 \$01 - Suicide overview

18.00/20.00 \$02 - Is there a treatment for Recurrent Brief Depression?

> 20.00/20.30 Opening Reception Welcome Cocktail







WEDNESDAY, November 9, 2005

16.00 - 18.00

SO1 - SUICIDE OVERVIEW

Chair: L. Pezawas (Austria) - J. Zohar (Israel)

- 50101 Predictors and prevention of suicide
 - J. Angst (Switzerland)
- 50102 Suicide and antidepressants
 - J. Sinclair (United Kingdom)
- 50103 Toxicity of antidepressants in overdose
 - R. Frey (Austria)
- 50104 Suicidality and mortality in PTSD
 - J. Zohar (Israel)

18.00 - 20.00 -

\$02 - IS THERE A TREATMENT FOR RECURRENT BRIEF DEPRESSION?

Chair: J. Angst (Switzerland) - R. Frey (Austria)

- 50201 Diagnostic issues
 - H. Løvdahl (Norway)
- 50202 Epidemiology
 - J. Angst (Switzerland)
- 50203 Genetic influence on mood circuitries
 - L. Pezawas (Austria)
- 50204 Treatment
 - S. Kasper (Austria)

20.00 - 20.30 -

Opening Reception - Welcome Cocktail



THURSDAY, November 10, 2005

08.30 - 10.30 -

\$03 - ARE THERE SUPERIOR ANTIDEPRESSANTS?

Chair: P. Delgado (USA) - S. Montgomery (United Kingdom)

50301 - Focus on Escitalopram

R. Nil (Switzerland)

50302 - Focus on Venlafaxine

R. Entsuah (USA)

50303 - Focus on Milnacipran

F. Denis (France)

50304 - Focus on Mirtazapine

A. Szegedi (The Netherlands)

10.30 - 10.45 Coffee Break & Poster Session

10.45 - 12.45

SO4 - NEW ANTIDEPRESSANTS

HOW DO THEY WORK AND HOW EFFECTIVE ARE THEY?

Chair: S. Montgomery (United Kingdom)

50401 - What can we learn from pre-clinical studies of antidepressants?

P. Blier (Canada)

50402 - Escitalopram vs. the SSRI citalopram - results from a randomised head-to-head study

N. Moore (France)

50403 - Are antidepressants equally effective in severe depression?

S. Montgomery (United Kingdom)

50404 - Time to antidepressive effect - which antidepressant works best?

S. Kasper (Austria)

Sponsored by an unrestricted educational grant of H. LUNDBECK A/S

12.45 - 13.45 -

Lunch

13.45 - 15.45

SO5 - SEXUALITY

Chair: D. S. Baldwin (United Kingdom) - M. D. Waldinger (The Netherlands)

- 50501 Sexual dysfunction with antidepressants
 - D. S. Baldwin (United Kingdom)
- 50502 Is there a way to improve sexual dysfunction in depression?

A. Tölk (Austria)

- 50503 Differential impairment of sexual dysfunction with antidepressants
 - A. L. Montejo Gonzalez (Spain)
- 50504 Drug treatment of premature ejaculation
 - M. D. Waldinger (The Netherlands)

15.45 - 16.00 Coffee Break & Poster Session

16.00 - 18.00 -

\$06 - SNRIs ALL FOR ONE AND ONE FOR ALL?

Chair: S. Kasper (Austria)

- 50601 SNRIs Fruit of a logical evolution of antidepressant action
 - S. Montgomery (United Kingdom)
- **50602 -** SNRIs a new generation of treatment for anxiety disorders
 - D. S. Baldwin (United Kingdom)
- **50603 -** SNRIs new hope in the treatment of chronic pain
 - P. Delgado (USA)
- 50604 SNRIs Vive la différence
 - P. Blier (Canada)

Sponsored by an unrestricted educational grant of PIERRE FABRE MEDICAMENT

18.00 - 20.00

SO7 - TREATMENT UPDATE IN GAD

Chair: M. Lader (United Kingdom), M. de Zwaan (Germany)

- 50701 Escitalopram in the anxiety disorders
 - M. Lader (United Kingdom)
- 50702 Pregabalin: a new pharmacological tool for the treatment of GAD
 - C. Altamura (Italy)
- 50703 A critical review of CBT in GAD
 - M. de Zwaan (Germany)
- 50704 Is there an algorithm for treatment of GAD?
 - B. Bandelow (Germany)



FRIDAY, November 11, 2005

08.30 - 10.30 -

SO8 - ANTIDEPRESSANTS AND PAIN

Chair: C. Altamura (Italy), M. Briley (France)

50801 - Fibromyalgia and antidepressants

M. Briley (France)

50802 - Duloxetine and the control of pain

M. Detke (USA)

50803 - SSRIs and painful symptoms in depression

H. Agren (Sweden)

50804 - Pregabalin and the treatment of neuropathic pain

T. K. Murphy (USA)

10.30 - 10.45 Coffee Break & Poster Session

10.45 - 12.45 _

\$09 - DIAGNOSIS AND TREATMENT OF DEMENTIA

Chair: C. K. Broich (Germany), Sampaio (Portugal)

- 50901 Brain-imaging diagnostic and outcome markers in Alzheimer's disease ready as surrogate parameters?
 - K. Broich (Germany)
- 50902 Designs for demonstrating efficacy in Age Associated Memory Impairment (AAMI)
 - G. Dunbar (USA)
- 50903 Obstacles in demonstrating efficacy in Minimal Cognitive Impairment (MCI)
 - C. Sampaio (Portugal)
- 50904 New strategies in the treatment of BPSD in dementia
 - D. Kunz (Germany)

12.45 - 13.45 __

Lunch

13.45 - 15.45 _

\$10 - NEW INSIGHTS IN TREATMENT RESISTANT DEPRESSION (TRD)

Chair: E. Seifritz (Switzerland), D. Souery (Belgium)

51001 - Diagnosis and definition

Y. Lecrubier (France)

\$1002 - European program on TRD

D. Souery (Belgium)

51003 - Molecular basis of TRD

H. Aschauer (Austria)

\$1004 - Brain mechanisms of TRD

E. Seifritz (Switzerland)

15.45 - 16.00 Coffee Break & Poster Session

16.00 - 18.00

\$11 - LONG-TERM TREATMENT OF BIPOLAR DISORDER

Chair: J. Cookson (United Kingdom), T. Schläpfer (Germany)

\$1101 - Are atypicals mood stabilizers?

H. Grunze (Germany)

\$1102 - Antidepressants in bipolar depression

J. Cookson (United Kingdom)

\$1103 - Brain stimulation for depression

T. Schläpfer (Germany)

\$1104 - Suicidality

A. Erfurth (Austria)

18.00 - 18.15 _____

CLOSURE



- **P01.** MCMHI personality profile of depressive patients. **A.E. Afkham**^{1,2,3}, **M. Salehi**^{1,2,4}, **B. Daneshamouz**^{1,2,4} (¹Iran University of Medical Sciences, ²Tehran Institute of Psychiatry, ³Rasoul Akram Hospital, ⁴Iran Psychiatric Center, Iran).
- **P02.** Escitalopram for relapse prevention in generalised anxiety disorder. **C. Allgulander**¹, **A. Huusom**², **I. Florea**² (¹Karolinska Institutet, Sweden, Neurotec Department, Section of Psychiatry, ²H. Lundbeck A/S, Denmark).
- P03. Is the nutritional pattern of school children with attention deficit/hyperactivity disorder different from normal subjects? R. Amani¹, N. Khaje-Mougahi² (¹Dept. of Nutrition, Ahvaz Jundi Shapour University of Med. Sciences, ²Golestan Hospital, Iran).
- **P04.** A randomised trial of escitalopram and paroxetine in the treatment of GAD. **D.S. Baldwin¹**, **E. Mæhlum²**, **A. Huusom²** (¹Clinical Neuroscience Division, University of Southampton, U.K., ²H. Lundbeck A/S).
- P05. Sertraline in the treatment of patients with depression and psoriasis. L.M. Bardenshteyn¹, Y.I. Voronina² (¹Moscow State University of Medicine and Dentistry, Department of Psychiatry and Narcology, ²Moscow State University of Medicine and Dentistry, Department of Dermatology and Venerealogy, Moscow, Russia).
- P06. Results of a Spanish nationwide crosssectional study on major depression IV: relationship between somatic symptoms, quality of life and resource utilization. L. Caballero1, E. Aragonés², J. García-Campayo³, F. Rodríguez-Artalejo⁴, J. L. Ayuso-Mateos⁵, M. J. Polavieja⁶, E. Gómez-Utrero6, I. Romera⁶, I. Gilaberte⁶ (¹Puerta de Hierro Hospital, ²Constantí primary health care center, ³Miguel Servet Hospital, ⁴Universidad Autónoma de Madrid, ^sLa Princesa hospital, ⁶Clinical research department, Lilly Spain, Spain).

- PO7. Results of a Spanish nationwide crosssectional study on major depression in primary care III: relationship between somatic symptoms and severity of depression. L. Caballero¹, E. Aragonés², J. García-Campayo³, F. Rodríguez-Artalejo⁴, J. L. Ayuso-Mateos⁵, M.J. Polavieja°, E Gómez-Utero°, I. Romera°, I. Gilaberte° (¹Puerta de Hierro Hospital, ²Constantí primary health Care Center, ³Miguel Servet Hospital, ⁴Universidad Autónoma de Madrid, ⁵La Princesa Hospital, °Clinical research department, Lilly Spain, Spain).
- PO8. Results of a Spanish nationwide crosssectional study on major depression in primary care II: prevalence and factors related to somatization disorder. L. Caballero1. Aragonés², J. García-Campayo³, F. Rodriguez-Artalejo⁴, J. L. Ayuso-Mateos⁵, Polavieja⁶, E. Gómez-Utrero⁶, I. Romera⁶, I. Gilaberte⁶ (¹Puerta de Hierro Hospital, ²Constantí primary health care center, 3Miauel Servet Hospital. ⁴Universidad Autónoma de Madrid, ⁵La Princesa Hospital, ⁶Clinical research department, Lilly Spain, Spain).
- PO9. Results of a Spanish nationwide crosssectional study on major depression in primary care I: prevalence and characteristics of somatic symptoms. L. Caballero¹, E. Aragonés², J. García-Campayo³, F. Rodriguez-Artalejo⁴, J. L. Ayuso-Mateos⁵, M.J. Polavieja⁶, E. Gómez-Utrero⁶, I. Romera⁶, I. Gilaberte⁶ (¹Puerta de Hierro Hospital, ²Constantí primary health care center, 3Miguel Servet Hospital, 4Universidad Autónoma de Madrid, ⁵La Princesa Hospital, ⁶Clinical research department, Lilly Spain, Spain).
- P10. Pilot study of clonazepam and milnacipran in the treatment of patients with panic disorder with comorbid major depression.

 A.H. Cia¹, J.A. Brizuela¹, E. Cascardo¹,

 M.F. Varela¹ (¹Clinica Moravia, Buenos Aires,

 Argentina)



- P11. Effectiveness and tolerability of amisulpride in bipolar disorders, treatment of bipolar mania: results of a 24-week open study. ¹C. Cimmino , ²G. Foggia, ³I. Celentano, ⁴G. Barra, ⁵M. Romano, ⁶A. Rocco, ⁷T. Cante, ⁸E. Mauro, ⁹C. Ciliberti (Psychiatry Emergency Hospital, "San Giovanni di Dio", Frattaminore, Napoli, Italy).
- P12. The treatment benefits of duloxetine in major depressive disorder as assessed by number needed to treat. J. Cookson¹, I. Gilaberte², D. Desaiah³, D. Kajdasz³ (¹Royal London Hospital, ²Lilly S.A., ³Lilly Research Laboratories, UK)
- P13. Why is self-help neglected in the treatment of emotional disorders? A meta-analysis. P.C.A.M. den Boer¹, D. Wiersma¹, R.J. Van den Bosch¹ (¹University Medical Center Groningen, Groningen, The Netherlands)
- P14. Cognitive self-therapy in the treatment of chronic and remittent emotional disorders. A multi-centre randomised controlled trial. P.C.A.M. den Boer¹, D. Wiersma¹, I. den Vaarwerk¹, M.M. Span¹, A.D. Stant¹, R.J. Van den Bosch¹ (¹University Medical Center Groningen, Groningen, The Netherlands)
- P15. Paraprofessionals for anxiety and depressive disorders. A meta-analysis. P.C.A.M. den Boer¹, D. Wiersma¹, S. Russo¹, R.J. Van den Bosch¹ (¹University Medical Center, Groningen, The Netherlands).
- P16. Modafinil as an adjunct treatment to sleep deprivation in depression. C. Even¹, J. Thuile¹, J.D. Guelfi¹, P. Bourgin² (¹Clinique des maladies mentales et de l'encephale, Centre Hospitalier Sainte-Anne, Université Rene Descartes Paris-V, France, ²Stanford University School of Medicine, Department of Psychiatry and Behavioral Sciences, Center for Narcolepsy Research, USA).

- P17. Treatment of anxious vs. non-anxious depression: a post-hoc analysis of an open-label study of duloxetine. M. Fava¹, J. Martinez²,³, L. Marangell²,³, J Greist⁴, E. Brown⁵, I. Chen⁵, M. Detke⁵, M. Wohlreich⁵. ¹Massachusetts General Hospital, ²Baylor College of Medicine, ³Dept. of Veteran Affairs, ⁴Healthcare Technology Systems, ⁵Eli Lilly and Company, USA).
- P18. Posttraumatic stress disorder and perception of health after 11m attacks in Madrid. D. Fraguas¹, S. Teran¹, J. Conejogalindo¹, O. Medina¹, E Sainz-Corton¹, C Arango¹ (¹Hospital Gregorio Marañón, Madrid, Spain).
- **P19.** Winter seasonal affective disorder and night eating syndrome
- S. Friedman¹, C. Even¹, J. Thuile¹, C. Yacoub¹, N El-Haddad¹, J.D. Guelfi¹ (¹Cmme, Centre Hospitalier Sainte-Anne, Université René Descartes Paris V. France).
- **P20.** Novel hypothesis for the cause of panic disorder via the neuroepithelial bodies in the lung. **K. Fukuda**¹ (¹Souka-Shinryounaika, Souka City, Japan).
- **P21.** Psychological factors involved in the chronification of pain. **R. García Nieto**¹, **J.A. Gómez Terrados**¹ (¹Rio Hortega Pain Unit, Spain).
- P22. Effectiveness of psychoeducation in the treatment of bipolar disorder. R. Garcia Nieto¹, F. de la Torre Brasas¹, B. Cantero Fernández¹ (¹Delicias Mental Health Center, Spain).
- P23. Escitalopram for relapse prevention in older patients with depression. P. Gorwood¹, O. Lemming², E. Weiller², C. Katona³ (¹Hôpital Louis Mourier, France, ²H. Lundbeck A/S, ³Kent Institute of Medicine & Health Sciences, University of Kent, UK).



- **P24.** Neuropsychological correlations of symptom dimensions of obsessive-compulsive disorder. **T.H.** Ha¹, J.S. Kwon¹, K.S. Ha¹ (¹Department of Psychiatry, Seoul National University College of Medicine, Korea).
- **P25.** Analysis of relation between time management behaviors and occupational stress of medical surgical wards. **H. Hashemizadeh¹, S. KH Hoviat Thalab²** (¹Ghoochan Azad Islamic University, ²Shaheed Beheshti Medical University, Iran).
- **P26.** Onset of action of escitalopram: results of a pooled analysis. **S. Kasper¹**, **C. Spadone²**, **P. Verpillat³**, **J. Angst⁴** (¹Department of General Psychiatry, Medical University of Vienna, Austria ²Hôpital Saint-Louis, ³H. Lundbeck A/S, France, ⁴Zurich University Psychiatric Hospital, Switzerland).
- **P27.** A pooled analysis of selective serotonin reuptake inhibitors (SSRIs) and venlafaxine. **S.H. Kennedy¹, H.F. Andersen², R. Nil², R.W. Lam³** (¹University Health Network, University of Toronto, Canada, ²H. Lundbeck A/S, Switzerland, ³University of British Columbia, Canada).
- P28. Frontal dysfunction underlies depressive syndrome in Alzheimer's disease:a fdg-PET study. D.Y. Lee^{1,2}, I.H. Choo¹, J.H. Hoo³, K.W. Kim⁴, J.C. Youn⁵, D.S. Lee⁶, E.J. Kang⁷, J.S. Lee', W.J. Kang', J.I. Woo1' (1Department of Neuropsychiatry and Clinical Research Institute, Seoul National University Hospital, ²Interdisciplinary Program of Cognitive Science, Seoul National University, ³Department of Psychiatry, Pundang Jesaeng Hospital, Daejin Medical Center, Seongnam, ⁴Department of Neuropsychiatry, Seoul National University Bundang hospital, Seongnam, ⁵Department of Neuropsychiatry, Kyunggi Provincial Hospital for the Elderly, Yongin, Department of nuclear medicine, Seoul National University Hospital, ⁷Department of Psychology, College of Social Kangwon National University, Science, ⁸Neuroscience Research Institute of the Medical

- Research Center, Seoul National University, Korea).
- P29. Seasonality associated with the serotonin 2A receptor polymorphism. H.J. Lee¹, S.M. Sung¹, L. Kim¹ (¹Department of Psychiatry, Korea University College of Medicine, Korea).
- **P30.** Interpersonal group psychotherapy in bipolar out-patients. **M. Martin¹**, **A. Fernandez-Cuevas¹** (¹Hospital Universitario Gregorio Marañon, Spain).
- P31. Anxiety and mood disorders in children with learning disabilities. A. Michopoulou¹, V. Goula¹, S.M. Papatheodorou¹, G. Stefanou¹, D. Giannios¹, A. Nikolaou¹, R. Athanasiadou¹, A. Iliadou¹, K. Voikli¹, B. Belessioti¹ (¹Penteli¹s Children Hospital, Palea Penteli, Greece).
- **P32.** Escitalopram and suicidality in depression in adults. **A.G. Pedersen**¹, **K.F. Overø**¹ (¹H. Lundbeck A/S, Denmark).
- **P33.** Discontinuation-emergent symptoms of duloxetine treatment in patients with major depressive disorder. **D. Perahia**^{1,2}, **D. Kajdasz**³, **D. Desaiah**³, **P. Haddad**⁴ ('Lilly Research Centre, USA, ²The Gordon Hospital, ³Lilly Research Laboratories, ⁴University of Manchester, UK).
- **P34.** Seasonal birth distribution in healthy siblings of melancholic and atypical SAD patients. **E. Pjrek¹**, **D. Winkler¹**, **A. Konstantinidis¹**, **J. Stastny¹**, **N. Praschak-Rieder²**, **M. Willeit²**, **S. Kasper¹** (¹ Department of General Psychiatry, Medical University of Vienna, Austria, ² Centre of Addiction and Mental Health, Toronto, Canada).
- P35. Compliance with-weekly fluoxetine vs daily-fluoxetine and other selective serotonin reuptake inhibitors after the maintenance therapy in major depressive disorder. I. Romera¹, S. López², J. Arbesu³, V. Gasull⁴, J. Garraleta⁵, I. Gilaberte¹ (¹Clinical Research Department,



Lilly Spain, ²Primary Health Care Center Paseo Extremadura, ³Primary Health Care Center Sama de Langreo, ⁴Primary Health Care Center Aldaia, ⁵Primary Health Care Center Espartero, Spain).

P36. Vulnerability to psychosis increases the risk of depression. R. K. R. Salokangas^{1,2,3}, S. Luutonen^{1,2}, M. Nieminen¹, J. Huttunen¹, H. Karlsson⁴ (¹Department of Psychiatry, University of Turku, ²Psychiatric Clinic, Turku University Central Hospital, ³ Turku Psychiatric Clinic, Turku Mental Health Centre, ⁴Department of Psychiatry, University of Helsinki, Finland).

P37. PET neuroimaging of [11c]mirtazapine antidepressant sites in humans and [11c]mirtazapine enantiomers in pigs.

K. Smith¹,³, D. F. Jako¹,², S. Marthibsen¹,
D. Bender¹, S.B. Hansen¹, B. Smith²,
F. Hermansen¹, R. Rosenberg², P. Cumming¹
(¹PET Center, Aarhus, University Hospital,
Aarhus C, ²Center for Basic Psychiatric
Research, Psychiatric Hospital, Risskov,
Denmark, ³Hungarian Academy of Sciences,
Research Group of Technical Analytical
Chemistry, Budapest, Hungary).

P38. The measurement of anxiety in depression. **L. Stefanovic¹**, **M. Munjiza¹** (¹Institute for Mental Health, Belgrade, Serbia).

P39. Escitalopram and GAD: efficacy across different subgroups and outcomes. **D. Stein¹, R. Nil², H.F. Andersen², W.K. Goodman³** (¹MRC Unit on Anxiety Disorders, University of Stellenbosch, South Africa, ²H. Lundbeck A/S, Switzerland, ³University of Florida, USA)

P40. Onset of action of quetiapine monotherapy in bipolar mania. **E. Vieta¹**, **B. Paulsson²**, **J. Mullen³**, **M. Brecher³** (¹Hospital clinic, Idibaps, University of Barcelona , ²Astrazeneca, ³Astrazeneca).

P41. Psychiatric comorbidity of I- and d/I-methadone maintained patients - prevalence, additional intake of drugs, gender, and addictive substance-related behaviour.

D. Wedekind¹, S. Jacobs², I. Karg²,
C. Lüdecke³, U. Schneider⁴, K. Cimander⁵,
E. Rhüther¹, W. Poser¹, U. Havemann-Reinecke¹ (¹Univ. of Goettingen, Dept of Psychiatry, ²Univ. of Goettingen, Dept of Psychology, ³Niedersächsisches landeskrankenhaus Goettingen, ⁴Medizinische Hochschule Hannover, ⁵Praxis für Drogenkranke, Hannover, Germany).

P42. Hypersomnia in atypical seasonal depression – a comparison between objective measurements and subjective reports.

D. Winkler¹, E. Pjrek¹, J. Stastny¹,
A. Konstantinidis¹, N. Praschak-Rieder²,
M. Willeit², S.Kasper¹, (¹Department of General Psychiatry, Medical University of Vienna, Austria, ² Centre of Addiction and Mental Health, Toronto, Canada).

SCIENTIFIC INFORMATION



Audio-Visual Facilities

Equipment for computerised Power Point presentations is provided during the scientific sessions. Floppy disks and CD-Rom for Power Point presentations can be tested prior to presentation in the slide preview room.

Floppy disks or CD-Rom must be handed over to the Slide preview room technicians at least forty minutes before the beginning of the sessions and must be collected directly by the speakers at the end of the session.

It is essential for the smooth running of the sessions that all speakers hand in their Power Point presentation in due time.

European Accreditation

European Accreditation with UEMS (European Union of Medical Specialists) has been requested for this programme. Those interested in obtaining these credits are required to fill in a special feedback rating form available at the Secretariat Desk. Each medical specialist should claim only those hours of activity that he/she actually spends on the educational activity.

Certificate of Attendance

A certificate of attendance is provided on request at the registration desk on the last day of the Congress.

Posters

All the accepted abstracts are scheduled for poster presentation. An area has been prepared for poster exhibition for viewing and discussing with the authors (especially during coffee breaks).

Set up and removal times are as follows:

Wednesday, November 9 from 14.00

Friday, November 11 at 18.30

Poster size: cm 150 height - cm 90 base
Authors must be registered to the Congress



GENERAL INFORMATION

Admission (Badges)

Participants are requested to wear their badge during all forum activities and social events. The participants' registration fee includes admission to all scientific sessions and exhibition, forum material, welcome reception, coffee breaks and working lunches. Euro 30,00 is charged for replacement of a lost badge.

Congress badges are distinguished as follows:

Participants: Blue Speakers: Red Exhibitors: Green Staff: Green

Congress venue and secretariat

The congress venue is the Hilton Hotel and all congress material and documentation are available at the registration desk.

Opening hours:

Wednesday, November 9, 2005: 14.00 - 20.00
 Thursday, November 10, 2005: 07.30 - 20.00
 Friday, November 11, 2005: 07.30 - 18.00

Coffee breaks and Lunches

During the congress session breaks, coffee breaks and lunches are served free of charge to all registered participants wearing congress badges.

Electricity

The standard voltage in Austria is 220 V. The Austrian network supplies a frequency of 50Hz. Plugs are continental-style two-pins.

Insurance

The congress organizers cannot accept liability for personal injuries sustained, or for loss or damage to property belonging to congress participants and accompanying persons, either during or as a result of the congress. Registration does not include insurance.

Language

The official language of the congress is English. No simultaneous translation is provided.

Mobile Phones

Delegates are kindly requested to keep their mobile phones in off position in the room where the scientific sessions are held.

Smoking Policy

The 5th International Forum on Mood and Anxiety Disorders wishes to be a non-smoking congress. Participants are kindly requested to refrain from smoking in the congress venue, including exhibition area and restrooms.

Transport in Vienna

• Subway, tram, bus: For public transportation the best ticket to use is the Vienna Card. Tickets are available from tobacconists, advance sale ticket offices of the Vienna Transport Authority and from the machines in the subway stations, in trams and buses.

Ticket information: www.wiener-linien.at

Timetable information:

Rail: www.oebb.at
Bus: www.postbus.at

- Taxis: The fare is shown on officially calibrated meters.
- Day tariff (Mon-Sat 6-23), base fare: 2.50 Euro
- Night tariff (mon-Sat 23-6), Sunday and holiday tariff (24 hours), base fare 2.60 Euro
- Radio taxi phone numbers: 31 300 60 160 40 100

Useful Telephone Numbers:

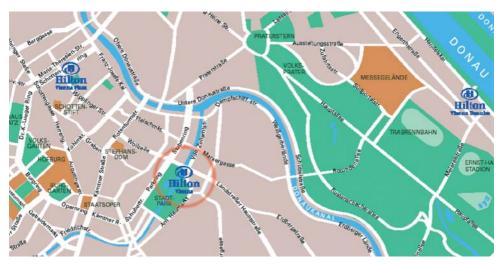
Ambulance and Emergency Services	144
Emergency Doctor	141
Euro Emergency number	112
• Police	133
Fire department	122
Night and weekend dental services	5 12 20 78
Pharmacies open nights and Sunday	1550

Welcome Cocktail

All delegates are cordially invited to attend the Welcome Cocktail of the congress which is held on Wednesday, November 9 at 20.00 in the Prefunction area of the Hilton Hotel.

ANNOUNCEMENT OF NEXT FORUM

The 6th International Forum on Mood and Anxiety Disorders will be held on November 14-16, 2007







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Ref.: Jack Gorman et al. Efficacy comparison of escitalopram and citalopram in the treatment of major depressive disorder: Pooled analysis of placebo-controlled trials. CNS spectrums; 2002; 7 (suppl. 1): 40-44. Ulla Lepola et al. Escitalopram (10-20 mg/day) is efective and well tolerated in a placebo-controlled study in depression in primary care, Int. Clin. Psychopharmacology. 2003: 18: 211-217.

Cipralex® Abbreviated Prescribing Information

Presentation: "Cipralexe", tablets containing 10 mg escitalopram (as oxalate). Indications: Major depression. Panic disorder with or without agoraphobia. 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: Hypersensivity 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. Segeline (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: Adverse events. most frequent during first or second weeks, comprise the SSRI class adverse events, e.g. nausea, diarrhoea, and constipation. Overdosage: Dose of 190 mg escitalopram has been taken without any serious symptoms. Consult full prescribing information before prescribing. H. Lundbeck A/S, Copenhagen, Denmark. Date of preparation: February 2005.