

<sup>2</sup> Institute of Psychological Medicine IPM, Department of Psychiatry, Psychotherapy, Ludwig-Maximilians-University, Haag o.B., Germany  
\* Corresponding author.

**Introduction** In most European countries postgraduate training for specialization in psychiatry and psychotherapy is acquired over the course of 4–6-year programs. In the European Union, qualification in one country is recognized within other countries of the Union.

**Objectives and aims** To analyze the present situation of psychopharmacology-pharmacopsychiatry postgraduate teaching in Europe and to present the needs and preliminary instruments for improving the situation by harmonization of the programs.

**Methods** Analysis of the data available from national psychiatric societies and from the literature; development of a consensus among experts in this field.

**Results** Despite efforts to standardize post-graduate training, the curricula in different European countries vary greatly. This variability limits comparability between countries and international exchange while carrying consequences in the breadth and quality of education that trainees receive. Literature and curricula mainly published in USA as well as a recently published curriculum and learning catalogue in Germany [1] offer useful tools for the development of a curriculum at a European level.

**Conclusions** There is clearly a need for standardization of psychopharmacology-pharmacopsychiatry teaching at the European level. This can be achieved by the introduction of a curriculum and learning catalogue developed by European experts and based on tools already available.

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#### Reference

[1] Laux G. Proposal for a model psychopharmacology curriculum for psychiatric residents in Germany. *Psychopharmakotherapie* 2014;21:64–8.

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## W19

### Proposal for a model psychopharmacology curriculum for psychiatric residents in Germany

G. Laux

*Institute of Evidence-based Medicine in Psychopharmacotherapy, Institute of Psychological Medicine, Haag i.OB, Germany*

All German societies of medicine have been ordered by the Federal Association of Physicians (Bundesärztekammer) to propose new revised regulations for the education of residents. The German Association for Psychiatry, Psychotherapy and Psychosomatics (DGPPN) is offering a broad extension of education in psychotherapy while education in pharmacotherapy is still rather small and limited. The working group Biological Psychiatry of the German Association of Psychiatric Hospitals (Bundesdirektorenkonferenz, BDk) suggests a detailed proposal of a psychopharmacology curriculum based on a Delphi method consent of medical directors involved in the education of the majority of German psychiatric residents. Issues include general pharmacology, neurobiological principles, clinical pharmacology of different classes of psychotropics (antidepressants, antipsychotics, mood stabilizers, anxiolytics, hypnotics, stimulants etc.), special aspects (e.g. pregnancy, geriatric patients) as well as ethical, legal and economic aspects. About 160 hours of theoretical education are proposed, clinical teaching should be interactive, with vignettes and supervision covering about 300 hours.

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## W20

### Psychopharmacology during residents' training: The role of scientific societies

P.M. Llorca

*Hôpital Gabriel Montpied, Psychiatry department, Clermont-Ferrand, France*

In France, psychopharmacology is supposed to be one of the bases of the training during the first year of residency. But there is no standardization in the content of the psychopharmacology courses for residents from one region to another. There is also a debate around the way psychopharmacology has to be learned by young professionals, with the development a narrative approach that seems to have a pedagogic relevance, opposed to a more academic approach. In this context, the French Society for Biological Psychiatry and neuropsychopharmacology developed a program of specific psychopharmacology workshops for residents. These workshops combine a fundamental pharmacologic approach, with a more clinical evidence-based one, trying to take into account the discrepancy that residents may experienced between knowledge and every day practice, around specific topics (e.g. polypharmacotherapy). This program highlights different issues in the domain of the psychopharmacology courses for residents around the format (e.g. on-line courses versus face-to-face courses), the topics and the content of the courses (e.g. categorical approach of prescription versus dimensional approach). It underlines the need for a clear definition of what has to be known by residents in this field but also how this initiative can be implemented for a large number of residents using numeric tools and what is the role of scientific societies and their interactions with academic teaching. The funding of such programs has also to be defined and clarified.

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## W21

### The new neuroscience based nomenclature of neuropsychotropic drugs: A chance for a better understanding and teaching of clinical psychopharmacology

H.J. Möller

*Psychiatric University Hospital Munich, Munich, Germany*

Traditional psychopharmacological terminology is based on historical grounds and under different aspects not systematic and rational. It even tends to confuse patients by prescribing a drug that does not reflect their identified diagnosis, prescribing “antipsychotics” to depression. Four major colleges of neuropsychopharmacology (ECNP, ACNP, Asian CNP, an CINP) proposed a new multi-axial pharmacologically-driven nomenclature. The template has five axes: 1- class (primary pharmacological target and relevant mechanism); 2- family (reflecting the relevant neurotransmitter and mechanism); 3- neurobiological activities; 4- efficacy and major side effects; and 5- approved indications. The results of the surveys suggest that the clinicians found the available indication-based nomenclature system dissatisfactory, non-intuitive, confusing, and doubt-inducing for them and the patients. The proposed five-axis template seeks to upend current usage by placing pharmacology rather than indication as the primary axes. With the proposed nomenclature relating primarily to Axis 1 – the class, and usage of the other axes would largely depend the extent to which the clinician seeks to deepen the scientific and clinical base of his involvement.

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## W22

### A European psychopharmacology curriculum: The young psychiatrist's point of view

M. Spies\*, S. Kasper

Medical University of Vienna, Department of Psychiatry and Psychotherapy, Vienna, Austria

\* Corresponding author.

It goes without saying that psychopharmacologic treatment requires extensive knowledge of topics ranging from pharmacodynamics and efficacy, to pharmacokinetics, side-effects, and toxicity. Knowledge should be supplemented with experience regarding applicability in a clinical setting. It is well accepted that comprehensive psychopharmacologic education is essential to convey necessary knowledge and adequately prepare trainees for independent practice [1]. Currently, a psychopharmacologic curriculum, under the umbrella of the European Psychiatric Association, is in preparation in order to emphasize the importance of psychopharmacologic education in the context of psychiatric training and to foster standardization within the European Union. The aim of this presentation is to discuss psychopharmacologic education and prerequisites for an effective curriculum from the trainee's point of view. We will address challenges facing psychiatric trainees [2] and review existing curricula as well as literature in which they are evaluated. Based on evaluation of the model curriculum by the American Society of Clinical Psychopharmacology, one of the most broadly used psychopharmacologic curricula, it has been emphasized that an effective curriculum should be more than a list of topics. It should also convey pedagogic strategies with a focus on up-to-date technology, and provide a process through which teacher and trainee progress can be assessed [3,4]. Reflection on currently available curricula should aid in the development of an effective and timely EU-wide psychopharmacologic curriculum.

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## How to overcome the negative image of psychiatry: Facts and fiction

### W23

#### Are psychiatrists an endangered species?

H. Katschnig

IMEHPS.research, CEO, Vienna, Austria

**Introduction** Recruitment of young doctors into psychiatry is declining in many countries, which might become a threat to the survival of the profession.

**Objectives** To identify potential reasons for this threat.

**Aims** To look at psychiatry with concepts used by the sociology of professions.

**Methods** Professions are characterized – and these concept will be used for analysis here – by (1) ownership of a specialized body of knowledge and skills, which defines the field of competence and the scope of potential clients, including the demarcation from other professions; (2) holding a high status in society; (3) being granted autonomy by society, e.g. in recruiting and excluding members; and (4) being obliged, in return for the above, to guarantee high quality standards in providing services and following ethical rules.

**Results** Six intertwined areas of concern are identified: three of them, the increasing criticism by users and carers, the intrusion of other professions, and psychiatry's negative image in society, can be traced back to problems with the other three concerning the "ownership of a specialized body of knowledge and skills". With the preparation and advent of DSM-5, discussions about the lack of validity of psychiatric disease entities have gone viral in the time of the internet. The attempts to "carve nature at its joints" have failed, and this is more and more perceived from outside, threatening psychiatry's status in society and potentially turning away to be psychiatrists.

**Conclusion** Looking at psychiatry as a profession may help to better understand its current situation.

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### W24

#### The negative image psychiatry from a sociological perspective

A.M. Möller-Leimkühler<sup>1,\*</sup>, H.J. Möller<sup>1</sup>, W. Maier<sup>2</sup>, W. Gaebel<sup>3</sup>, P. Falkai<sup>1</sup>

<sup>1</sup> Ludwig-Maximilians-University Munich, Department of Psychiatry and Psychotherapy, Munich, Germany

<sup>2</sup> University of Bonn, Department of Psychiatry and Psychotherapy, Bonn, Germany

<sup>3</sup> Heinrich-Heine-University Düsseldorf, Department of Psychiatry and Psychotherapy, Düsseldorf, Germany

\* Corresponding author.

The negative image of psychiatry is not only due to unfavourable communication with the media, but is basically a problem of self-conceptualization. It results both from unjustified prejudices of the general public, mass media and health care professionals and of own unfavourable coping with external and internal concerns.

Issues related to negative stereotypes of psychiatry include overestimation of coercion, associative stigma, lack of public knowledge, need of simplification of complex mental issues, problem of the continuum between normality and psychopathology, competition with medical and non-medical disciplines, and psychopharmacological treatment.

Issues related to psychiatry's own contribution to being underestimated include lack of a clear professional identity, lack of biomarkers supporting clinical diagnoses, limited consensus about best treatment options, lack of collaboration with other medical disciplines and low recruitment rates among medical students.

Much can be improved to achieve a positive self-concept, however, psychiatry will remain a profession with an exceptional position among the medical disciplines which should be seen as its specific strength.

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