Recently, a survey among 1008 persons between 18 and 65 years of age from all Austrian provinces using psychiatric expert interviews was finished. The overall 1-year-prevalence was 22.7%. About a quarter of the physically ill also suffered from a psychiatric disorder, while only 14% of the physically well had a psychiatric illness.

In contrast, 86% of persons with psychiatric disorders had a physical comorbidity. This shows that physical and mental disorders frequently co-occur, not only in health services such as primary care, physical hospital departments or psychiatric services, but also in the general population.

The fact that such a high proportion of persons have physical as well as psychiatric illness shows that this is the normal case, but not an exception. Thus, this must be part of the regular treatment and care by psychiatrists. The idea that only some patients have a physical-psychiatric comorbidity needing so-called "psychosomatic" specialists beside psychiatric specialists ignores reality. When such a high proportion of persons have physical as well as psychiatric disorders, this must be part of the training of all psychiatrists as well as of physicians of all medical specialties. This is the basis to meet the patients' needs.

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THERAPY RESISTANT DEPRESSION - A CHALLENGE FOR PSYCHIATRIC SYMPTOMATOLOGY AND UNDERLYING BIOLOGICAL CHARACTERISTICS

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The group for the study of resistant depression (GSRD) is a collaborative project between eight centres in Belgium, France, Greece, Italy, Israel and Austria. A staging model that distinguishes between "nonresponders" (patients who failed to respond to one form of treatment, a condition which is now termed "insufficient response" by the (EMA) European Medicines Agency), "treatment resistant depression" (TRD patients that failed to respond to two or more adequate antidepressant trials of different classes of antidepressants), as well as "chronic resistant depression" (CRD, patients being treated with several antidepressants for more than12 months) have been characterised. Clinical findings of the GSRD provide a set of eleven variables associated with treatment resistance, among them co-morbid anxiety disorders, as well as melancholic features. The group set out not only on clinical variables but also conducted a prospective study that indicated that switching the mechanism of action is less beneficial than continuing the same medication. The GSRD European multicentre project includes now more than 2700 patients that are including clinical, pharmacological as well as molecular biological variables. Genetic findings, combined with clinical characteristics might help to uncover a patient type in the future which is responsive to treatment modalities.

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