



Status Report 2016/17

**Institute of Clinical Psychology
and Psychotherapy**

2017



Inhalt, Aufbereitung und Gestaltung: Hans-Ulrich Wittchen, Katja Beesdo-Baum, Doreen Opitz und LOOP kommunikations-design
Drucktechnische Umsetzung und Druckabwicklung: LOOP kommunikations-design

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Institutsambulanz für Psychotherapie

Forschung und Lehre
(IAP-TU Dresden GmbH)
– Für Erwachsene
– Für Kinder und Jugendliche

Staatsexamen Studiengang
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– Ausbildungsambulanz

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Executive English Summary

The New Institute of Clinical Psychology and Psychotherapy (ICPP)

As of 4/2017 the institute has implemented major structural changes in response to a number of recent developments in the faculty. By decision of the faculty and the rectorate the institute structure has been formally consolidated and expanded to account for a number of changes:

- After ten tremendously successful years as Chair of *Addiction Research*, Prof. Dr. Gerhard Bühringer has retired from this position by the end of 2015. As new chair of *Addiction Research*, Prof. Dr. Tanja Endrass was appointed in 9/2016. Her research will focus on neurobiological correlates of addiction and associated phenotypes such as compulsivity and impulsivity. Prof. Bühringer, however, continues his research at our institute as Senior-Professor leading the workgroup "Addictive Behaviors, Risk Analysis and Risk Management".
- The chair of "*Behavioral Epidemiology*" which was newly established in 2014 through the German Government (BMBF) programme "Health-Related Epidemiological Research" with funding for a large-scale research project to structurally support our research infrastructure and agenda, was successfully evaluated and funded for a second 3-year period, providing the basis for the permanent continuation of this new professorship (W3) by the TU Dresden/State of Saxony after these first six years of BMBF-funding. Prof. Dr. Katja Beesdo-Baum continues to strengthen the epidemiologic research and curricula at TU Dresden, the institute as well as the collaborative DFG research programmes (CRC 940).
- Most importantly, Prof. Dr. Katja Beesdo-Baum was also appointed as of 4/2017 as the new director of the institute. She replaces the former director and founder of the Institute, Prof. Dr. Hans-Ulrich Wittchen, who retired from his chair and the position of director after his appointment as Director of "Clinical Psychology and Psychotherapy Research" at the Ludwig-Maximilians-University in Munich. She also took over the directorship of the "Center for Clinical Epidemiological and Longitudinal Studies" (CELOS).
- Professor Dr. Hans-Ulrich Wittchen will maintain some of his research activities though the next 2 years to complete in particular his large-scale clinical research trials within the collaborative German Network of Mental Disorders, funded by a German Government (BMBF) programme.
- As part of the retirement of Prof. Dr. Hans-Ulrich Wittchen, a new chair of "Clinical Psychology and Behavioral Neuroscience" was established. Prof. Dr. Philipp Kanske, previously Max Planck Institute for Human Cognitive and Brain Sciences in Leipzig, Germany, was appointed recently (as of 8/2017).

The institute celebrated a number of major successes in the reporting period:

- In 2016, the Deutsche Forschungsgemeinschaft (DFG) has been granting the Department of Psychology a 2nd funding period for the Collaborative Research Centre (CRC 940/2; 2016-2020, Speaker: Prof. Thomas Goschke) to continue the highly successful program on "*Volition and Cognitive Control: Mechanisms, Modulators and Dysfunctions*". As in the first funding period (2012-2016) the CRC involves several large-scale projects from staff members of the institute.
- We were also granted a second funding period for a DFG Research Group together with the Charité in Berlin (Speakers: Prof. Andreas Heinz, Berlin & Prof. Hans-Ulrich Wittchen, Dresden) on "Learning and Habitization as Predictors of the Development and Maintenance of Alcoholism), to continue our successful and productive research program.
- Most importantly, we were also successful to win major longterm funding for a new large scale clinical research initiative after a highly competitive race. We received a 6.5 m funding package for a multicentre RCT program to develop and test a new psychological treatment approach targeting improved extinction processes in anxiety and depression. This program is one of several components of the German Government large-scale funding program "Research network for Mental Disorders" covering a broad spectrum of disorders (anxiety, schizophrenic-, depressive- addictive disorders as well as ADHD and autism spectrum disorders). It should be noted, that our institute is involved in three of the topic areas, namely depression, anxiety and addiction, taking also a lead role in the overarching phenotypic program component.
- We also celebrate that we have moved in international rankings to a top 150 position overall and in some ratings (U.S. News & World Report Best Global Universities Ranking) even to a top 75 position in the field of psychology/psychiatry, being listed among the top most highly cited in the biomedical literature. Our achievements were also recognized by top 3 national ranks regarding teaching quality (CHE) and top positions regarding clinical services and treatment (Focus-Doctors Ranking).

Overall, the Institute – with its major research focus on the identification of causal factors and mechanisms responsible for the onset and progression of mental disorders and the development of CBT interventions - has consolidated its governance structure. It also maintained - despite increasing pressure by teaching responsibilities and administration - its strong emphasis on research with over 100 research projects funded by the Federal Government, the DFG and other sources (overall volume of 12,5 million). We also maintained a high publication output with over 150 peer reviewed publications per year and over 4500 citations per year being listed in the Web of Science as “highly-cited” in the fields of psychiatry, psychology and neuroscience.

We thank all our staff and supporters for the hard work and hope that our new Research Report 2015/16/17 is stimulating and informative and promotes further collaborations and support by all our friends and colleagues.

Das neue Institute für Klinische Psychologie und Psychotherapie (ICPP)

Zum April 2017 wurde - auf Vorschlag der Institutskonferenz sowie Beschluss der Fakultät und des Rektorats der TU Dresden - das Institut formal konsolidiert und ausgeweitet, um unter anderem verschiedenen Personalveränderungen Rechnung zu tragen.

- Nach 10 Jahren äußerst erfolgreicher Jahre als Professor für Suchtforschung, ist Herr Prof. Dr. Gerhard Bühringer Ende 2015 in den Ruhestand getreten. Wir sind überaus glücklich, dass Frau Prof. Dr. Tanja Endrass berufen werden konnte. Ihr Schwerpunkt liegt in der Erforschung der neurobiologischen Grundlagen von Substanzstörungen sowie deren assoziierter Phänotypen Impulsivität und Kompulsivität. Ebenso erfreut sind wir, dass Prof. Dr. Gerhard Bühringer seine Forschungstätigkeit als Seniorprofessor am Institut im Rahmen der „Arbeitsgruppe Abhängiges Verhalten, Risikoanalyse und Risikomanagement“ fortsetzt.
- Der in 2014 durch eine Bundesförderung (BMBF) im Programm “Gesundheitsbezogene epidemiologische Forschung” eingerichtete neue W3-Lehrstuhl “Behaviorale Epidemiologie” wurde in 2017 positiv zwischenevaluert und wird somit für weitere drei Jahre durch Mittel für ein intensives epidemiologisches Forschungsprogramm gefördert. Damit sind die Bedingungen für die Verstetigung der Professur von Prof. Dr. Katja Beesdo-Baum nach Auslaufen der insgesamt 6-jährigen Bundesförderung in 2020 gegeben. Frau Prof. Dr. Katja Beesdo-Baum baut mit ihren Mitarbeitern die epidemiologische Forschung und curriculare Lehre an der TU Dresden aus und leitet das „Center for Clinical Epidemiology and Longitudinal Studies“ (CELOS).
- Besonders hervorzuheben ist, dass Frau Prof. Dr. Katja Beesdo-Baum zum 01.04.2017 auch zur neuen Direktorin des Institutes bestellt wurde. Sie folgt damit dem Gründer und Amtsvorgänger, Prof. Dr. Hans-Ulrich Wittchen, auf dieser Position, der mit Erreichen seines Ruhestandsalters nach 17 Jahren als Direktor der Forschungsgruppe „Klinische Psychologie und Psychotherapie“ an die Psychiatrische Klinik der Ludwig-Maximilians-Universität in München wechselt. Ungeachtet dessen wird Prof. Dr. Hans-Ulrich Wittchen der TU Dresden und dem Institut noch weitere Jahre über seine klinischen Forschungsprojekte sowie als Direktor der Institutsambulanz verbunden bleiben.
- Wir sind stolz darauf, auf die Professur von Professor Dr. Hans-Ulrich Wittchen zum August 2017 Prof. Dr. Philipp Kanske vom Max Planck Institute for Human Cognitive and Brain Sciences in Leipzig, berufen zu können. Die Neuausrichtung der Professur „Klinische Psychologie und Behaviorale Neurowissenschaft“ stärkt und ergänzt das einzigartige Forschungsprofil des Instituts.

Das Institut konnte im Berichtszeitraum wiederum viele Erfolge feiern.

- Seit 2016 fördert die Deutschen Forschungsgemeinschaft (DFG) in einer 2. Förderperiode den Sonderforschungsbereich 940 der Fachrichtung Psychologie (2016-2020, Sprecher Prof. Dr. Thomas Goschke) zum Thema “Volition and Cognitive Control: Mechanisms, Modulators and Dysfunctions”. Damit kann ein facettenreiches Forschungsprogramm realisiert werden, an dem eine Reihe von Institutsmitgliedern mit eigenen klinischen Grundlagenprojekten beteiligt sind.
- Nahezu zeitgleich hat die DFG uns darüber hinaus eine weitere Förderphase der DFG-Forschergruppe (FOR 1617, Sprecher: Prof. Dr. Andreas Heinz, Charité Berlin und Prof. Dr. Hans-Ulrich Wittchen, TU Dresden) zum Thema “Learning and Habitization as Predictors of the Development and Maintenance of Alcoholism, bewilligt. Damit können wir unser sehr erfolgreiches Forschungsprogramm weiterführen.
- In einem äußerst kompetitiven bundesweiten Ausschreibungsverfahren des BMBF für „Forschungsnetze für psychische Störungen“ haben wir ferner ein großvolumiges klinisches Forschungsprogramm (PROTECT-AD, 6,5 Millionen) einwerben können. Im Rahmen einer Multicenter-RCT Studie entwickeln wir eine neue Therapieform der „Intensivierten Psychotherapie“ die das optimierte Extinktionslernen in den Vordergrund

EINLEITUNG/INTRODUCTION

- stellt. Hervorzuheben ist, dass wir darüber hinaus in weiteren Netzwerk-Komponenten des Förderprogrammes erfolgreich beteiligt sind und gefördert werden (Sucht, Depression sowie die sog. Querschnittsprogramme).
- Wir feiern auch im Berichtszeitraum eine substantielle Verbesserung der TU Dresden und des Instituts in internationalen Rankings. Seit 2014 werden wir unter den „most highly-cited scientists in the biomedical literature“ gelistet und erhielten zudem mehrere Top-Platzierungen hinsichtlich unserer klinisch-therapeutischen Qualität im Focus Ranking.

Zusammenfassend hat sich das Institut mit seinem Forschungsschwerpunkt „Identifikation von Kausalfaktoren und Schlüsselmechanismen für die Entwicklung psychischer Störungen, um verbesserte, gezielte Interventionsprinzipien für Prävention, Therapie und Rehabilitation abzuleiten“ nun strukturell nachhaltig konsolidiert und ausdifferenziert. Schwerpunkt und Leitthema bleibt es, die Klinische Psychologie als „Mutterwissenschaft“ der Psychotherapie zu etablieren.

Für diese beeindruckende Bilanz sind wir allen Mitarbeiterinnen und Mitarbeitern ebenso wie dem freundschaftlichen und kollegialen Umfeld in der Psychologie und der TU Dresden mit ihren herausragenden Entwicklungsoptionen als Ganzes zu Dank verpflichtet. Zugleich ist das Erreichte für uns Auftrag, diese Spitzenpositionen weiter auszubauen und das Fach Psychologie sowie das Institut weiter inhaltlich und strukturell zu stärken.

Dresden 30.09.2017



Hans-Ulrich Wittchen Jürgen Hoyer Katja Beesdo-Baum Corinna Jacobi Tanja Endrass Gerhard Bühringer

Aufgaben, Ziele und Struktur des Instituts

1. Lehre im 2013 neu eingeführten Masterstudiengang „Klinische Psychologie und Psychotherapie“
2. Lehre im Bachelorstudiengang Psychologie sowie im auslaufenden Diplomstudiengang Psychologie
3. sowie Lehre in den weiteren psychologischen Masterstudiengängen Cognitive-Affective Neuroscience (CAN) und Human Performance in Socio-Technical Systems (HPSTS) im Vertiefungsbereich „Klinische Psychologie und Psychotherapie“
 - einschließlich der Betreuung von Diplom-, Bachelor- und Masterarbeiten
4. Postgraduale 3- (bzw. optional 5-jährige) Staatsexamens-Ausbildung zum Heilberuf des „Psychologischen Psychotherapeuten“ nach dem Psychotherapeutengesetz. Seit 2015 sind wir durch das Sächsische Staatsministerium für Soziales auch für den Ausbildungsgang in Kinder- und Jugendlichenpsychotherapie (Vertiefung Verhaltenstherapie) staatlich anerkannt (organisiert über: IAP-TU Dresden GmbH).
5. Postgraduale Ausbildung „European Graduate School in Addiction“ Research (Doktoranden-Schule; ESADD seit 2009)
6. Fort- und Weiterbildung
7. sowie Wissenschaft und Forschung auf dem Gesamtgebiet des Faches.



Professor Wittchen ist zum 31.03.2017 in den „Ruhestand“ gewechselt. Frau Professor Beesdo-Baum hat die Leitung des Instituts als Direktorin übernommen. Prof. Dr. Philipp Kanske wurde zum 01.08.2017 auf die Professur für Klinische Psychologie und Behaviorale Neurowissenschaft berufen.

Struktur und Aufgaben

Zur Erfüllung dieser Aufgabe hat sich das Institut in 4 Arbeitsbereichen organisiert:

- Arbeitsbereich 1: Lehre und Ausbildung
- Arbeitsbereich 2: Institutsambulanz und Tagesklinik (patientenbezogene Aufgaben)
- Arbeitsbereich 3: Wissenschaft und Forschung
- Arbeitsbereich 4: Kongresse, Tagungen, Fort- und Weiterbildung

AUFGABEN, ZIELE UND STRUKTUR/MISSION, GOALS AND STRUCTURE

Das Institut ist an zwei benachbarten Standorten untergebracht. Alle patientenbezogenen Aufgaben für den Master-Studiengang und die Psychotherapeutenausbildung sowie die Professur Behaviorale Psychotherapie (Prof. Dr. Jürgen Hoyer) sind im Gebäude Hohe Straße 53 konzentriert, das ausschließlich der klinischen, d. h. direkt patientenbezogenen Forschung und Lehre gewidmet ist. Präklinische und epidemiologische Forschungsaufgaben, das Neuroimaging Center (NIC), ebenso wie die Lehre im Master-Studiengang sind zusammen mit Sekretariat und Administration sowie allen anderen Professuren des Institutes im Gebäude Falkenbrunnen untergebracht.

Forschungsthemen werden ungeachtet der jeweiligen Zuordnung der Mitarbeiter zu Projekten oder Funktionsbereichen in flexiblen themenbezogenen klinischen und/oder präklinischen Arbeitsgruppen unter der Verantwortung der jeweiligen Arbeitsgruppenleiter bearbeitet. Alle Mitarbeiter sind entsprechend flexiblen Arbeitsgruppen zugeordnet. Die Arbeitsgruppen stehen unter der Verantwortung von Arbeitsgruppenleitern, die zumeist für mehrere Projekte inhaltliche und wirtschaftliche Verantwortung tragen.

Alle Mitarbeiter, auch die Kollegen aus Drittmittel-finanzierten Forschungsprojekten, beteiligen sich direkt oder indirekt an der Lehre im Masterstudiengang „Klinische Psychologie und Psychotherapie“ und dem Aufbaustudium „Psychologische Psychotherapie“ sowie an Versorgungs- und Forschungsaufgaben im Bereich der Institutsambulanz und Tagesklinik. Dieses Organisationsprinzip ermöglicht eine eng verzahnte anwendungs- wie auch forschungsbezogene Lehre und Ausbildung der Studierenden wie auch der Postgraduierten (Promovenden, Ausbildungskandidaten). Zugleich wird dadurch allen Mitarbeitern die Gelegenheit zu einer breiteren Qualifizierung und Kompetenzerweiterung gegeben.

Darüber hinaus leisten Mitarbeiter des Instituts auch Exportleistungen innerhalb der Psychologie in Dresden, z. B. im Zusammenhang mit Klinischen Modulen für die Masterstudiengänge Psychologie: Cognitive-Affective Neuroscience (CAN) und Human Performance in Socio-Technical Systems (HPSTS), wie auch in anderen Fachbereichen (z. B. Sozialpädagogik, Sozialarbeit und Wohlfahrtswissenschaften sowie Lehramt). Ferner beteiligen sie sich auch an außeruniversitären Angeboten.

Arbeitsbereiche und Arbeitsgruppen:

1. Arbeitsbereich: Lehre und Ausbildung

- *Forschungs- und anwendungs-/praxisorientierte Lehre für Studierende* im Masterstudiengang Klinische Psychologie und Psychotherapie sowie in anderen Psychologie-Studiengängen (Bachelor, CAN, HPSTS, auslaufender Diplomstudiengang) verbunden mit Unterstützung und Betreuung von Diplom-, Bachelor- und Masterarbeiten sowie Dissertationen. Pro Studienjahr nehmen 120 Studierende das Bachelorstudium Psychologie an der TU Dresden auf. 60 Studierenden kann ein Studienplatz im Masterstudiengang „Klinische Psychologie und Psychotherapie“ bereitgestellt werden; weiteren 30 ein Platz im Wahlpflicht-Vertiefungsmodul Klinische Psychologie in Verbindung mit den anderen Masterstudiengängen. Die Wahl von Modulen der Klinischen Psychologie und Psychotherapie in den anderen Masterstudiengängen (CAN/HPSTS) ist überdurchschnittlich hoch. Die Lehre wird durch ein integriertes Lehrbuch und computerisiertes Lernprogramm-Konzept unterstützt und strukturiert.

- *Ausbildung zum Psychologischen Psychotherapeuten*: Die IAP-TU Dresden GmbH, unter dem Dach des Instituts für Klinische Psychologie und Psychotherapie, bildet Psychologische Psychotherapeutinnen und Psychotherapeuten für Erwachsene sowie für Kinder und Jugendliche nach dem Psychotherapeutengesetz aus. Die 3- bzw. 5-Jährige Ausbildung schließt mit Examen und Approbation ab und berechtigt zum Erwerb der Fachkunde in Verhaltenstherapie. Die Ausbildung zum Kinder- und Jugendlichenpsychotherapeuten (KJP) ist im „Gesetz über die Berufe des Psychologischen Psychotherapeuten und des Kinder- und Jugendlichenpsychotherapeuten (PsychThG)“ geregelt. Es regelt unter anderem die Zugangsvoraussetzung für die Ausbildung zum KJP und die staatliche Anerkennung der Ausbildungsstätten. Die Ausbildungsinhalte sind in der „Ausbildungs- und Prüfungsverordnung für Kinder- und Jugendlichenpsychotherapeuten (KJPsychTh-APrV)“ geregelt.

Postgraduierten Curriculum „Suchtforschung“: Im Zeitraum von 2009 bis 2015 konnten wir aus allen EU-Ländern Bewerber/Bewerberinnen für das **Postgraduierten Curriculum „Suchtforschung“** aufnehmen. Dieses 2-jährige Curriculum für max. 15 Teilnehmer pro Jahrgang wurde durch die „Dresden International University“, in der Regel berufsbegleitend zur Anfertigung einer Promotion, unter Leitung von Professor Dr. Gerhard Bühringer durchgeführt und von der VW-Stiftung gefördert.

 <p>TECHNISCHE UNIVERSITÄT DRESDEN www.tu-dresden.de</p>	 <p>TECHNISCHE UNIVERSITÄT DRESDEN www.tu-dresden.de</p>	
<p>Berufsperspektive Psychologischer Psychotherapeut (Verhaltenstherapie)</p> <p>Der Beruf des Psychologischen Psychotherapeuten (PP) ist ein Heilberuf mit inspirierenden Herausforderungen und guten Zukunftschancen im gesamten Gesundheitssystem.</p> <p>Psychologische Psychotherapeuten können wählen, ob Sie in der eigenen Praxis, einem Privatunternehmen, einer Klinik oder einer öffentlichen Einrichtung arbeiten möchten und ob sie allein oder zusammen mit anderen Experten wie Ärzten, Erziehern, Pädagogen oder Lehrern bei Patienten aller Altersgruppen tätig werden.</p> <p>Unsere Ausbildung an der IAP ist innovativ, integrativ und aufgrund der umfassenden Anbindung an die therapeutischen Grundlagen- und Anwendungsforschung des Instituts richtungsweisend sowie state-of-the-art. Sie qualifiziert über die Approbation gleichermaßen an der Psychotherapie-Praxis und/ oder an der psychologischen Forschung Interessierte zur eigenverantwortlichen Diagnostik und Therapie psychischer und psychosomatischer Störungen.</p> <p>Die Einbettung in das Institut für Klinische Psychologie und Psychotherapie der TU Dresden ermöglicht zudem vielfältige Optionen hinsichtlich der kosteneffizienten Gestaltung und Kooperation mit unseren Partnern. Damit haben Absolventen der IAP in allen psychotherapeutischen Berufsfeldern besonders gute Chancen auf eine spannende und verantwortungsvolle berufliche Position.</p>	<p>IAP - TU Dresden GmbH Institutsambulanz und Tagesklinik für Psychotherapie der TU Dresden</p> <p>Staatlich anerkannt durch das Sächsische Staatsministerium für Soziales</p> <p>Geschäftsführung: Prof. Dr. Hans-Ulrich Wittchen Ambulanzleitung: Prof. Dr. Jürgen Hoyer Studiengangsleitung: Dipl.-Psych. Anja Gerschler</p> <p>Kursmanagement: Heike Terbonsen</p> <p>Telefon: 0351-463 36979 Fax: 0351-463 36955 E-Mail: studiengang.ppt@mailbox.tu-dresden.de</p> <p>Internet: http://www.iap-dresden.de</p> <p>Adresse: Studiengang „Psychologische Psychotherapie“ am Institut für Klinische Psychologie und Psychotherapie der TU Dresden Hohe Str. 53 01187 Dresden</p>	<p>Studiengang „Psychologische Psychotherapie“ IAP – TU Dresden</p> <p>Institutsambulanz und Tagesklinik für Psychotherapie der Technischen Universität Dresden</p>   <p>Telefon: 0351 - 463 36979 studiengang.ppt@mailbox.tu-dresden.de http://www.iap-dresden.de</p>

2. Arbeitsbereich: Institutsambulanz und Tagesklinik (Leitung Prof. Dr. Jürgen Hoyer)

Die Institutsambulanz und Tagesklinik ist integraler Bestandteil des Instituts. Sie ist verantwortlich für die formale und inhaltliche Sicherstellung des geregelten Patientenzugangs für die Lehre und alle klinischen (d. h. am Patienten durchgeführten) Forschungsprojekte (u. a. Therapieforschung). Der Bereich ist hinsichtlich der sich nicht unmittelbar auf den Masterstudiengang bezogenen Aufgaben privatrechtlich organisiert (Institutsambulanz und Tagesklinik der TU Dresden, IAP-TU Dresden GmbH) und umfasst alle patientenbezogenen Aufgaben, d. h. die kassenrechtlich ermächtigte Ambulanz und Tagesklinik für Forschung und Lehre sowie die Ausbildungsambulanz für Kandidaten des Aufbaustudienganges.

3. Arbeitsbereich: Forschung

„Klinische Psychologie und Psychotherapie“ bezeichnet diejenige Teildisziplin der Psychologie, die sich mit **psychischen Störungen** und den **psychischen Aspekten somatischer Störungen/Krankheiten** in der Lehre, in der Grundlagen- und klinischen Forschung sowie der praktischen Umsetzung der Erkenntnisse befasst. Wesentliche Teilgebiete des Faches sind: Ätiologie und Pathogenese, Klassifikation, Diagnostik, Epidemiologie, Intervention (*Prävention, Psychotherapie, Rehabilitation*), *Gesundheitsversorgung und Evaluation*.

Unser Institut deckt das Gesamtgebiet der Klinischen Psychologie und Psychotherapie, einschließlich Gesundheitspsychologie ab. Dabei sind wir stark forschungsorientiert und gleichermaßen der Grundlagen- und Anwendungsforschung im Rahmen eines Mehrebenenansatzes verpflichtet (neurobiologische, kognitiv-affektive, behaviorale und sozial-interaktionelle Betrachtungsebene). In der TU Dresden arbeiten wir eng mit dem Schwerpunkt „Cognitive-Affective Neuroscience“ der Fachrichtung Psychologie sowie darüber hinaus mit den medizinischen Nachbardisziplinen in der Medizinischen Fakultät zusammen.

Charakteristikum des Instituts ist seine projektbezogene Forschungsorientierung mit vielfältigen Projekten hinsichtlich:

- der Entwicklung, Ableitung und Überprüfung verbesserter ätiologischer und pathogenetischer Modelle für psychische Störungen,
- der Untersuchung des Zusammenhangs psychischer mit somatischen Störungen,
- der Ableitung verbesserter diagnostischer Methoden und -modelle, sowie verbesserter Klassifikationsysteme,
- der Ableitung und Evaluation verbesserter Therapieprinzipien (Ziel: Warum und wie wirken psychologische Interventionen?)
- der Ableitung, Erprobung und Umsetzung neuer Versorgungsstrategien und -modelle.

4. Arbeitsbereich: Kongresse, Tagungen, Fort- und Weiterbildung

In diesem Bereich sind neben Beratung und Gutachten, diverse Fort- und Weiterbildungsangebote gebündelt, z. B. im Zusammenhang mit Trainingsseminaren anlässlich der Dresdener „Verhaltenstherapiewoche“, Kollaborativ-Aktivitäten im Zusammenhang mit dem Robert-Koch Institut beim Deutschen Epidemiologischen Gesundheitssurvey (DEGS) oder internationalen Projekten (World Mental Health), wie auch anderen nationalen und internationalen Tagungen (AGNP, ECNP, DGPPN etc.).

Seit dem Sommer 2014 wurde federführend von Dr. Samia Härtling und DP Lucie Scholl an unserem Institut der 9. Workshopkongress für Klinische Psychologie und Psychotherapie vorbereitet. Der Kongress fand im Mai 2015 unter dem Thema „Wie viel Psychologie steckt in der Psychotherapie?“ in Dresden statt und konnte einen Brückenschlag zwischen Grundlagenforschung und klinischer Praxis zu leisten. Mit über 100 Workshops, Symposien und Posterclustern ist der Workshopkongress eine in dieser Form einzigartige Veranstaltung in Deutschland.

Arbeitsgruppen und Arbeitsgruppenleiter (Stand: 30.09.2017)

AG 1 Epidemiology and Health Services Research 85

Leitung: Prof. Dr. Katja Beesdo-Baum, Dr. Lars Pieper, Prof. Dr. Jürgen Rehm & Prof. Dr. Hans-Ulrich Wittchen

AG 2 Experimental Clinical Psychology and Neuroimaging 101

Leitung: Prof. Dr. Hans-Ulrich Wittchen, Dr. Markus Mühlhan, Prof. Dr. Ulrike Lüken & Prof. Dr. Katja Beesdo-Baum

AG 3 Women's and Infant's Health 109

Leitung: Jun.-Prof. Dr. Julia Martini, PD Dr. Susanne Knappe, & Prof. Dr. Hans-Ulrich Wittchen

AG 4 ROAMER - A Roadmap for Mental Health and Well-Being Research in Europe 117

Leitung: Prof. Dr. Hans-Ulrich Wittchen & PD Dr. Susanne Knappe

AG 5 Stress- and Trauma-Related Disorders 120

Leitung: Dr. Sebastian Trautmann, Dr. Judith Schäfer, Prof. Dr. Hans-Ulrich Wittchen

AG 6 Addiction Research 123

Leitung: Prof. Dr. Gerhard Bühringer, since 2016 Prof. Dr. Tanja Endrass, Dr. Anja Kräplin, Dr. Silke Behrendt & Prof. Dr. Jürgen Rehm

AG 7 Behavioral Health and Behavioral Medicine 135

Leitung: Prof. Dr. Hans-Ulrich Wittchen & Dr. Lars Pieper

AG 8 Eating Disorders & E-Mental-Health 145

Leitung: Prof. Dr. Corinna Jacobi & Dr. Ina Beintner

AG 9 Clinical Research 157

Leitung: Prof. Dr. Jürgen Hoyer & Prof. Dr. Katja Beesdo-Baum

AG 10 Psychotherapy Research 165

Leitung: Prof. Dr. Hans-Ulrich Wittchen, Prof. Dr. Jürgen Hoyer & Dr. Andre Pittig

AG 11 Mechanisms of Personalized Prevention 179

Leitung: Prof. Dr. Katja Beesdo-Baum & PD Dr. Susanne Knappe

AG 12 Diagnostic Issues & Psychometrics 182

Leitung: Prof. Dr. Hans-Ulrich Wittchen, Prof. Dr. Katja Beesdo-Baum, PD Dr. Susanne Knappe & Prof. Dr. Jürgen Hoyer

Studium der Klinischen Psychologie und Psychotherapie

Besucheranschrift/Kontakt

Institut für Klinische Psychologie und Psychotherapie
Technische Universität Dresden
Chemnitzer Str. 46
01187 Dresden
Web: <https://psy2.psych.tu-dresden.de/i2/klinische/index.html>

Beteiligte Professuren/Lehrstühle

Klinische Psychologie & Psychotherapie: Prof. Dr. Hans-Ulrich Wittchen
Behaviorale Epidemiologie: Prof. Dr. Katja Beesdo-Baum
Behaviorale Psychotherapie: Prof. Dr. Jürgen Hoyer
Klinische Psychologie und Behaviorale Neurowissenschaft:
Prof. Dr. Philipp Kanske (ab WS 2017)
Essstörungen/E-Mental-Health: Prof. Dr. Corinna Jacobi
Suchtforschung: Prof. Dr. Tanja Endrass
Arbeitsgruppe Abhängiges Verhalten, Risikoanalyse und
Risikomanagement (Sen.-Prof. Dr. Gerhard Bühringer)

Wissenschaftliche Studiengangskoordination

Prof. Dr. Katja Beesdo-Baum
Tel.: +49 (351) 463 36989

Lehrplanung und Beratung

Dr. Samia Härtling
Elternzeitvertretung: 03/2017-02/2018 Dipl.-Psych. Charlotte Frech
Tel.: +49 (351) 463 36963

Studienbeginn: jährlich im Oktober



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Master-Studiengang
Klinische Psychologie
und Psychotherapie

Forschungsstark,
Anwendungsorientiert,
Studentennah
- Exzellent

Das Institut für Klinische Psychologie und Psychotherapie bietet Lehre in folgenden Studiengängen der TU Dresden an:

- Bachelor-Studiengang Psychologie
- Master-Studiengang Klinische Psychologie und Psychotherapie
- Master-Studiengang Psychologie: Cognitive-Affective Neuroscience (Wahlpflichtmodule)
- Master-Studiengang Psychologie: Human Performance in Sociotechnical Systems (Wahlpflichtmodule)
- Bachelor-Studiengang Sozialpädagogik, Sozialarbeit und Wohlfahrtswissenschaften (Nebenfach)
- Lehramt (Nebenfach)
- Studium Generale (Vorlesungen)

Bachelor-Studiengang Psychologie

Seit dem Wintersemester 2010/11 gibt es an der TU Dresden den Bachelor-Studiengang Psychologie mit 120 Studienplätzen. Schwerpunkte sind der Erwerb von Basiswissen und -kompetenzen in Psychologie und den wichtigsten Anwendungsbereichen, einschließlich der Klinischen Psychologie. Im Studienablauf des Bachelor-Studiums werden im 5. und 6. Semester im Rahmen des Moduls „Klinische Psychologie, Psychotherapie, Gesundheitspsychologie“ drei Vorlesungen angeboten („Einführung in die Klinische Psychologie“, „Forschungs- und Anwendungsfelder der Klinischen Psychologie“ und „Gesundheitspsychologie“). Außerdem bieten wir spannende Themen für Bachelor-Arbeiten unter persönlicher und fachlicher Betreuung durch Mitarbeiterinnen und Mitarbeiter des Instituts an.

Master-Studiengang Klinische Psychologie und Psychotherapie

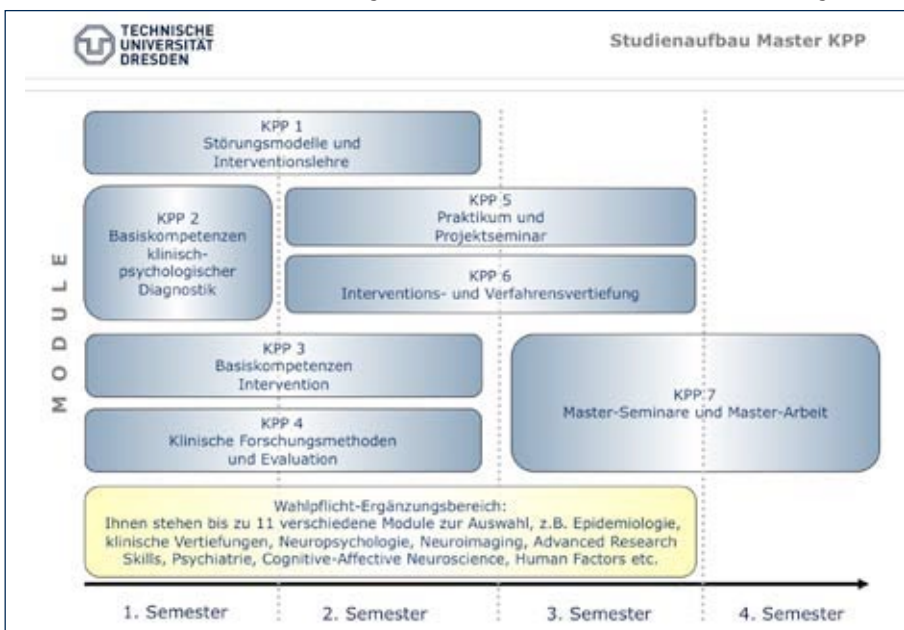
Bachelor-Absolventen können in Dresden seit dem Wintersemester 2013/14 in einem von insgesamt drei Master-Studiengängen studieren: Cognitive-Affective Neuroscience (CAN; 30 Studienplätze), Human Performance in Sociotechnical Systems (HPSTS; 45 Studienplätze) und Klinische Psychologie und Psychotherapie (KPP; 60 Studienplätze). Dresden ist damit eine der wenigen deutschen Universitäten, die mehr Master- als Bachelor-Studienplätze anbieten. So trägt die TU Dresden dazu bei, den häufig beklagten Engpass beim Übergang zum Masterstudium zu entschärfen. Wie die seit Einführung der Masterstudiengänge stabil hohen Bewerberzahlen von über 800 pro Jahr für den KPP-Master zeigen, ist die Nachfrage nach unserem attraktiven, spezialisiertem Studiengang enorm hoch, so dass nur etwa die besten 10% der Studierenden eine Zulassung erhalten.

Zielsetzungen des Master-Studiengangs KPP: Die Studierenden...

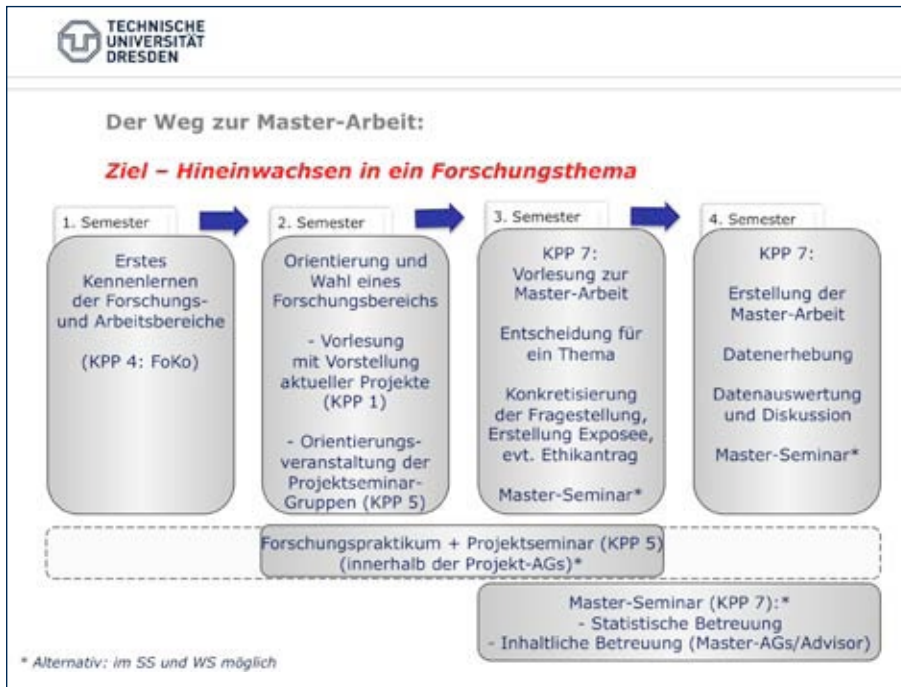
- kennen und verstehen über das Bachelor-Niveau hinausgehend zentrale Ansätze, Theorien und Befunde der Klinischen Psychologie, Psychotherapie und der Gesundheitspsychologie vor dem Hintergrund grundlegender Gesetzmäßigkeiten und Methoden sowie potenzieller Anwendungen.
- sind auf dieser Basis in der Lage, eigenständige Ideen für Forschungsfragen und -projekte zu entwickeln, diese methodisch angemessen durchzuführen und auszuwerten sowie deren Ergebnisse kritisch reflektiert darzustellen.
- sind in der Lage, die beschriebenen Fähigkeiten und Fertigkeiten auch in neuartigen interdisziplinären Forschungs- und Praxiszusammenhängen anzuwenden, so etwa in den Schnittfeldern zwischen kognitiv-affektiven Neurowissenschaften, Klinischer Psychologie und Psychotherapie, Human Performance sowie angrenzenden Feldern der Life Sciences.
- sind befähigt, Informationen aus unterschiedlichen inhaltlichen und methodischen Quellen zu integrieren und dabei mit der Komplexität der jeweils behandelten Sachverhalte aus dem Bereich der psychologischen Wissenschaft auch dann adäquat und (methoden-)kritisch umzugehen, wenn diese Informationen unvollständig oder widersprüchlich sind. Gleichzeitig verfügen sie über das Rüstzeug, soziale und ethische Aspekte ihres Handelns in Bezug auf die psychologische Forschung und Praxis verantwortlich zu reflektieren.
- verfügen über die Fähigkeit, die Logik, die Ergebnisse und Schlussfolgerungen ihrer klinisch-psychologischen Tätigkeit angemessen und eindeutig zu kommunizieren und fachlich vorgebildeten Personen sowie Laien verständlich zu machen.
- besitzen auf Basis des Studiums diejenigen Lernfähigkeiten, die es ihnen gestatten, sich fortgesetzt selbstgeleitet und autonom inhaltliches und methodisches Wissen aus dem Bereich der Klinischen Psychologie anzueignen.
- Der Studiengang schließt mit dem Master of Science (M. Sc.) in Psychologie: Klinische Psychologie und Psychotherapie ab. Die Absolventen sind durch breites klinisch-psychologisches Wissen, durch die Kenntnis wissenschaftlicher Methoden, durch ihre Kompetenz zur Abstraktion und Transfer dazu befähigt, nach entsprechender Einarbeitungszeit in der Berufspraxis vielfältige und komplexe Aufgabenstellungen im Bereich der Klinischen Psychologie und Psychotherapie sowie deren Anwendungsfelder zu bewältigen.
- Zudem erfüllen sie die fachlichen Voraussetzungen für die Aufnahme der postgradualen Weiterbildung zum „Psychologischen Psychotherapeuten“ bzw. „Kinder- und Jugendlichenpsychotherapeuten“ (nach Psychotherapeutengesetz - PsychThG).

Inhalt und Aufbau des Master-Studiengangs

Der Master-Studiengang „Klinische Psychologie und Psychotherapie“ ist modular über 4 Semester aufgebaut. In sieben Modulen des Pflichtbereiches erwerben die Studierenden alle nötigen Kenntnisse und Kompetenzen zur Diagnostik, Gesprächsführung, Störungsmodellen, Interventionsverfahren sowie klinischen Forschungsmethoden und Evaluation. Zur Einführung des Master-Studiengangs gab es zwei Vertiefungstracks innerhalb des Klinischen Curriculums (einer stark forschungsorientiert, der andere stärker anwendungsorientiert) sowie zwei Wahlpflicht-Ergänzungsbereiche (Cognitive-Affective Neuroscience und Human Performance in Socio-Technical Systems). Seit dem Wintersemester 2014/15 wird ein breiter Wahlpflichtbereich aus insgesamt elf Wahlpflichtmodulen angeboten, aus denen die Studierenden mindestens drei Module auswählen. Die Studierenden haben somit die Möglichkeit, ihre individuellen Interessen in Klinischer Psychologie und Psychotherapie sowie verwandten Teilbereichen weiter zu vertiefen und/oder breite Kenntnisse und Kompetenzen aus anderen Psychologie-Studiengängen der TU Dresden zu erwerben.



Insgesamt ist der KPP-Studiengang forschungsorientiert ausgerichtet. Neben einer intensiven Methoden- und Statistikausbildung erhalten die Studierenden Einblicke in aktuelle Forschungsprojekte im Rahmen der Lehrveranstaltungen oder im Rahmen von Forschungspraktika. Dabei wird stets eine enge Verzahnung von Grundlagen- und Anwendungsforschung deutlich. Im Rahmen der forschungsorientierten Kolloquien, Vorlesungen sowie Projektseminaren haben die Studierenden frühzeitig im Studium (ab dem 1./2. Semester) Gelegenheit, sich mit den Forschungsfeldern des Instituts vertraut zu machen und entsprechende Kontakte zu den Dozenten und Arbeitsgruppen für Forschungspraktika und Abschlussarbeitsprojekte zu knüpfen.



Neben einem hoch attraktivem Lehrangebot für die Studierenden des KPP-Masterstudiengangs vom ersten bis zum vierten Semester ermöglichen das Curriculum (weitestgehender Verzicht auf studiumsinterne Teilnahmevoraussetzungen) und die Prüfungsorganisation (stets Angebote von Wiederholungsprüfungen) „Mobilitätsfenster“ im Studium für externe Praktika und Auslandssemester. Für individuelle Fragen zur Studienablaufplanung bzw. Möglichkeiten der Studienunterbrechung, -wiederaufnahme und Anerkennung von extern erworbenen Leistungen steht den Studierenden stets die Studiengangsberatung zur Verfügung.

Akademische Selbstverwaltung

Masterstudiengang Klinische Psychologie und Psychotherapie (KPP - Sekretariat: Regine Schwartz):

Wissenschaftliche Studiengangskoordination: Prof. Dr. Katja Beesdo-Baum

Studentische Studiengangskoordination: Victoria Kress, bis einschl. SS 2017; ab WS 2017/18 Roula Jamous

Eignungsfeststellungs- und Auswahlausschuss: Prof. Dr. Hans-Ulrich Wittchen, Prof. Dr. Katja Beesdo-Baum, Prof. Dr. Corinna Jacobi, Dr. Samia Härtling

Prüfungsausschuss: Prof. Dr. Jürgen Hoyer (Vorsitz) Prof. Dr. Katja Beesdo-Baum (Stellvertretender Vorsitz), Prof. Dr. Alexander Strobel, Dr. Markus Mühlhan, Kirsten Schmelzer

Studienfachberatung und Lehrkoordination: Dr. Samia Härtling/Dipl.-Psych. Charlotte Frech

Praktikumsbeauftragter: Prof. Dr. Jürgen Hoyer

KPP – Vertreter in Kommissionen und Ausschüssen der Fachrichtung Psychologie:

Fachkommission: Prof. Dr. Katja Beesdo-Baum, Prof. Dr. Jürgen Hoyer, Dr. Michael Höfler

Studienkommission: Prof. Dr. Katja Beesdo-Baum, Prof. Dr. Corinna Jacobi

Kommission Qualitätsmanagement und Lehre: Dr. Samia Härtling, Dipl.-Psych. Charlotte Frech

Bibliothekskommission: Prof. Dr. Katja Beesdo-Baum

Studienablaufplan für den Masterstudiengang Klinische Psychologie und Psychotherapie (gemäß Studienordnung mit amtlicher Bekanntmachung vom 22.08.2015)

Modulnr.	Modulname	1. Semester V/S/E	2. Semester V/S/E	3. Semester V/S/E	4. Semester V/S/E	LP
Pflichtbereich						
KPP1	Störungsmodelle und Interventionslehre	V Störungsmodelle und Intervention (Klinische Psychologie II) V Allgemeine und spezielle Psychotherapielehre	V Forschungsfragen der Klinischen Psychologie und Psychotherapie PL			9
KPP2	Basiskompetenzen klinisch-psychologischer Diagnostik	E Standardisierte Diagnostik PL S Funktionale und Behaviorale Status- und Prozessdiagnostik V Psychopathologie PL				9
KPP3	Basiskompetenzen Intervention	E Gesprächsführungstechniken	E Standardmethoden (Interventionspraktikum, 4 SWS) PL S Angewandte Statistik im klinischen Kontext PL			9
KPP4	Klinische Forschungsmethoden und Evaluation	S Aktuelle klinisch-psychologische Forschungsfragen V Studienplanung, -methodik und -auswertung				9
KPP5	Praktikum und Projektseminar		E <Projektseminar>	E <Projektseminar> P Praktikum PL *		17
KPP6	Interventions- und Verfahrensvertiefung	S <störungs-/verfahrensspezifisch>	S <störungs-/verfahrensspezifisch> S <störungs-/verfahrensspezifisch> PL **			9
KPP7	Masterseminar			V Master-Vorlesung E Master-Seminar PL **	E Master-Seminar PL **	4
					Master-Arbeit*	30
Wahlpflichtbereich (24 LP)						
KPP-WP1	Behaviorale Epidemiologie und Intervention	V <Wahlpflicht> S <Wahlpflicht> S <Wahlpflicht> PL				9
KPP-WP2	Klinische Psychologie des Kindes- und Jugendalters		S <Wahlpflicht> S <Wahlpflicht> PL			6
KPP-WP3	Anwendungskontexte der Klinischen Psychologie		S <Wahlpflicht>	V <Wahlpflicht> S <Wahlpflicht> PL		9
KPP-WP4	Neuropsychologie		V <Wahlpflicht>	S <Wahlpflicht> PL		6
KPP-WP5	Advanced Research Skills		S <Wahlpflicht>	V <Wahlpflicht> PL		6
KPP-WP6	Neuroimaging in der Klinischen Psychologie			V <Wahlpflicht> S <Wahlpflicht> PL		6
KPP-WP7	Psychiatrie		V <Wahlpflicht>	V <Wahlpflicht> PL		6
KPP-WP8	Cognitive-Affective Neuroscience		V <Wahlpflicht> PL	V <Wahlpflicht> PL V <Wahlpflicht> PL		9
KPP-WP9	Developmental Neuroscience			V <Wahlpflicht> PL S <Wahlpflicht> PL		6
KPP-WP10	Human Factors	V <Wahlpflicht> PL S <Wahlpflicht> PVL	V <Wahlpflicht> PL			9
KPP-WP11	Occupational Health Psychology		V <Wahlpflicht> PL S <Wahlpflicht> PVL			6
LP		30	30	28	32	120

Legende des Studienablaufplans: V = Vorlesung, S = Seminar, E = Erweitertes Seminar, LP = Leistungspunkte, PL = Prüfungsleistung, PVL = Prüfungsvorleistung

* Praktikum 2x6 Wochen bzw. 210 Arbeitsstunden (gesamt 420 Arbeitsstunden); ** Die Prüfung wird jedes Semester angeboten. Für KPP-Prüfungen werden stets Wiederholungsprüfungen im darauf folgenden Semester angeboten. In Abhängigkeit des individuellen Studienverhaltens (z. B. Wahl im Wahlpflichtbereich) variiert der Arbeitsaufwand in den einzelnen Semestern. Exemplarische Studienablaufpläne für gleichverteilte Prüfungsleistungen über alle Semester sowie für Mobilitätsfenster stehen zur Verfügung.

Überblick über das Lehrprogramm im Wintersemester 2015/2016

Tag	Ort	1 7:30-9:00	2 9:20-10:50	3 11:10-12:40	4 13:00-14:30	5 14:50-16:20	6 16:40-18:10	7 18:30-20:00
MONTAG	FAL 156		Gruppe 1: Hoyer: E Gesprächsführung KPP 3 Trautmann: E Klinische Diagnostik KPP 2				Wittchen S Depression KPP 6	
	FAL 157		Gruppe 2: Jacobi/Dias: E Gesprächsführung KPP 3 Härtling: E Klinische Diagnostik KPP 2					
	FAL 158		Beesdo-Baum V Einf. Behaviorale Epidemiologie KPP-WP1		Höfler V Studienplanung & method. KPP 4	Wittchen V Störungsmodelle & Intervention KPP 1		
	ext.		Wittchen V Einf. Klinische Psychologie KP ASB 120	Proseke S (HPSTS 3) KPP-WP10 BZW 255	Knappe V Forsch.- felder KP ASB 28			
DIENSTAG	FAL 156		Gruppe 3: Schäfer: E Gesprächsführung KPP 3 Wieder: E Klinische Diagnostik KPP 2		Hoyer S Status- und Prozessdiagnostik KPP 2 Gr. 1		Jacobi E Master-Seminar Gr. 1 KPP 7	
	FAL 157		Gruppe 4: Vollert: E Gesprächsführung KPP 3 Härtling: E Klinische Diagnostik KPP 2		Furka S Status- und Prozessdiagnostik KPP 2 Gr. 2		Bühringer E Master-Seminar Gr. 2 KPP 7	
	FAL 158			Jacobi V Master-Arbeit 14-tägig Beginn: 13.10.		Mühlhan V Neuroimaging KPP WP6	Höfler E Master-Seminar KPP 7 Gr. 3 & Gr. 4 im Wechsel	
	ext.		Schlag V/S (HPSTS 4) KPP- WP10 HSZ 0105	Schlag V/S (HPSTS 4) KPP- WP10 HSZ 0105	Höfler S Adv. Statist. KPP-WP5 SR A	Goschke V (CAN1) KPP-WP8 ASB 120	Pannasch V (HPSTS5) KPP-WP10 BZW A251	
MITTWOCH	FAL 156		Passow S Dev. motiv. neuroscience & impl. for clin. disorders KPP-WP9 Gr.1					
	FAL 157		Jacobi S Essstörung KPP 6		Mühlhan S Neuroimaging KPP WP6			
	FAL 158						Jurjanz V Psychopathol. KPP 2	
	ext.		Wegge V (HPSTS1) KPP-WP10 BZW A253	Wittchen S Forschungsfragen KPP 4 SR A	Jungbauer S (HPSTS 1) KPP-WP10 BZW A154		Kemter-Hofmann Praktiker stellen sich vor – fakultativ ASB 328	
DONNERSTAG	FAL 156		Bühringer S Therapie von Substanzstörungen KPP 6 Am 22.10./29.10./10.12./14.01./28.01.				Asselmann S Klin. Entwick- lungs-epidemiolog. KPP-WP1	
	FAL 157						Oeste S KPP-WP4	
	FAL 158		Groch S Epidemiologie und Intervention KPP-WP1			Hoyer V Psychothera- pielehre KPP 1	Kiebel S (CAN 5) KPP-WP8	
	ext.		Körndle V (HPSTS3) KPP-WP10 BZW A251	Thurm S Clin. neuro- scienc. KPP- WP9 Gr.2 BZW A151	Kirschbaum V (CAN2) KPP-WP8 BZW A253	Li V (CAN3) KPP-WP9 ASB 328	Li S Dev. cogn. neuroscience KPP-WP9 Gr.3 BZW A151	
FREITAG	FAL 156		Hoyer Projektseminar Gr. 1 KPP 5					
	FAL 157		Knappe Projektseminar Gr. 2 KPP 5					
	FAL 158		Rehm Projektseminar Gr. 3 KPP 5	Kiebel V (CAN5) CANE/ KPP-WP8		Blockseminare	Blockseminare	Blockseminare
	ext.		Jacobi/Bühringer Projektseminar Gr. 4 KPP 5 FAL SR A					
Block- und Teilblockveranstaltungen:								
Neudeck (ext. LA): Konfrontationsverfahren (KPP 6),								
Rehm: Meta-Analyse (KPP 5)								
Hölzel (ext. LA): Psychoonkologie (KPP-WP3)								
Conell (ext. LA): Psychotische Störungen (KPP-WP3)								
Dauer (ext. LA): Forensische Psychiatrie und Psychologie (KPP-WP3)								
Pfnennig: Psychiatrie (KPP-WP7)								
Bachelor Psychologie			Master KPP Pflichtbereich			Master KPP Wahlpflichtbereich		

Überblick über das Lehrprogramm im Sommersemester 2016

Tag	Ort	1 7:30-9:00	2 9:20-10:50	3 11:10-12:40	4 13:00-14:30	5 14:50-16:20	6 16:40-18:10	7 18:30-20:00
MONTAG	FAL 156		Härtling KPP3 E Verhaltenstherapeutische Interventionsverfahren Gr. 1		Mühlhan CAN-WP4 ES Klinische Diagnostik Gr. 1 Wittchen / Schäfer CAN-WP4ES Gesprächsführung Gr. 1			
	FAL 157		Hoyer/Thurau KPP3 E Verhaltenstherapeutische Interventionsverfahren Gr. 2		Asselmann CAN-WP4 ES Klinische Diagnostik Gr. 2 Jacobi / Hütter CAN-WP4ES Gesprächsführung Gr. 2			
	FAL 158				Craske Neuroscience driven psychol. treatments for anxiety & depression	Wittchen KPP6 S Panikstörung und Agoraphobie		
	ext.							
DIENSTAG	FAL 156		Jacobi KPP3 E Verhaltenstherapeutische Interventionsverfahren Gr. 3			Hoyer KPP5 Projekt-Seminar Gr. 1	Hoyer KPP6 S Psychotherapie und Fallseminar	
	FAL 157		Anacker KPP3 E Verhaltenstherapeutische Interventionsverfahren Gr. 4			Groch KPP5 Projekt-Seminar Gr. 2		
	FAL 158					Heinig KPP5 Projekt-Seminar Gr. 3		
	ext.			Armbruster V KPP-WP8/ CAN4 ASB 28		Jacobi KPP5 Projekt-Seminar Gr. 4 SR A	Rößner V Psychiatrie KPP-WP7 Uniklinikum	
MITTWOCH	FAL 156				Knappe KPP-WP2: S Einf. Psych. Stör. KiJu-Alter		Trautmann KPP6 Entspannung	
	FAL 157							
	FAL 158		Mühlhan KPP1 V Forschungs- & Anwendungsfelder					
	ext.			Wittchen KPP4 S Akt. Forsch.- Frage SR A	Wegge V KPP- WP11/ HPSTS -WP5 BZW A253		Tutor (Sczypior) Tutorium Wissenschaftliches Schreiben BZW A2E1	
DONNERSTAG	FAL 156		Höfler KPP4 S Angewandte Statistik Gr. 1	Höfler KPP4 S Angewandte Statistik Gr. 2	Knappe KPP-WP2: S Diagnostik KiJu-Alter		Oeste KPP-WP4 V Neuropsychologie	
	FAL 157							
	FAL 158		Bühringer KPP6 Pathologisches Glücksspiel 07.04. / 28.04. / 16.06. / 30.06. / 07.07.					
	ext.		Wegge/Jungbauer S KPP-WP10/ HPSTS1/2 BZW A2E1/BZW A151		Wegge V KPP-WP10/ HPSTS-2 ASB 28	Hoyer KP V Gesundheits- psychologie ASB 120		
FREITAG	FAL 156		Höfler KPP7 Master-Seminar Gr. 1					
	FAL 157		Bühringer KPP7 Master-Seminar Gr. 2					
	FAL 158		Vollert KPP7 Master-Seminar Gr. 3					
	ext.		Rehm KPP7 Master-Seminar Gr. 4 SR A			Craske Women in Science April 29th / May 27th / June 24th Für ausgewählte Teilnehmerinnen SR A		
Einladung zur Eleonore-Treffitz-Gastprofessorin-Vorlesung Michelle Craske								
Conell (ext. LA): Psychotische Störungen (KPP6)								
Pixa: KPP6 Behandlung cannabisbezogener Störungen								
Langer (ext. LA): Psychologie im Großschadensfall/Notfallpsychologie (KPP-WP3)								
Roesner: Vorlesung Kinder- und Jugendpsychiatrie (KPP-WP7)								
Bachelor Psychologie			Master KPP Pflichtbereich			Master KPP Wahlpflichtbereich		

LEHRE UND AUSBILDUNG/ABSCHLUSSARBEITEN/THESES

ABGESCHLOSSENE HABILITATIONEN UND DISSERTATIONEN, ABSCHLUSSARBEITEN UND LAUFENDE VORHABEN

Abgeschlossene Habilitationen

Mitarbeiter(in)	Titel	Mentor	Jahr
Dr. Knappe, Susanne	Strategies and challenges for improving the diagnostics of anxiety disorders	Prof. Wittchen	2016

Laufende Habilitationsvorhaben

Mitarbeiter(in)	Titel	Mentor	Jahr
Asselmann, Eva	Environmental adversities and risk for anxiety disorders: Assessing the interplay with familial and individual vulnerability and risk factors	Prof. Beesdo-Baum	...
Behrendt, Silke	Determining the developmental specificity of risk factors for substance use disorders over the life span	Prof. Bühringer	...
Trautmann, Sebastian	The consequences of traumatic stress for the development and treatment of mental disorders: From epidemiology to mechanisms	Prof. Wittchen, Prof. Beesdo-Baum	...
Kische, Hanna	Sex hormones as biomarkers for adolescent anxiety and depressive disorders	Prof. Beesdo-Baum	...
Pieper, Lars	Ambulatory biobehavioral correlates of psychopathology - Physical activity pattern, cardiac activity and geo-positioning in combination with ambulatory assessment methodology in daily life	Prof. Beesdo-Baum	...

Abgeschlossene Dissertationen

Mitarbeiter(in)	Titel	Betreuer	Jahr
Asselmann, Eva	The role of fearful spells as risk factors for panic pathology and other mental disorders: A prospective longitudinal study among adolescent and young adults from the community	Prof. Beesdo-Baum	2014
Baer, Iris	Nicotine dependence in context of exposure therapy for panic disorder and agoraphobia: Patients impairment, therapy outcome and change in nicotine consumption	Dr. Einsle	2015
Evens, Ricarda	The relationship between dopamine depletion and cognitive and motivational flexibility in Parkinson's disease	Prof. Lüken	2017
Hilbert, Kevin	Neurostructural correlates and cortisol responses in generalized anxiety disorder versus other anxiety conditions and depression: Evidence for specificity	Prof. Beesdo-Baum	2017
Jahnke, Sara	Understanding and challenging stigmatization of people with pedophilia	Prof. Hoyer	2015
Mack, Simon	The burden from and care of mental disorders in the German adult population	Prof. Wittchen, Prof. Jacobi F.	2015
Schäfer, Judith	Attentional processing and trauma-related psychopathology	Prof. Wittchen	2017
Trautmann, Sebastian	Substance use and substance use disorders associated with military deployment to Afghanistan: Who is at risk?	Dr. Behrendt, Dr. Schönfeld	2015
Völker, Ulrike	Internetgestützte Prävention bei jungen Frauen mit subklinischen Essstörungen	Prof. Jacobi C.	2015

Laufende Dissertationsvorhaben

Mitarbeiter(in)	Titel	Betreuer	Jahr
Berwanger, Johanna	Emotion regulation and its contribution to the development and maintenance of psychopathology in adolescents and young adults	Prof. Beesdo-Baum	...
Dittmer, Nina	Enhanced or impaired executive functions in patients with Parkinson's disease? An investigation of the effects of disease and treatment	Prof. Jacobi C.	...
Heinig, Ingmar	Optimierung des Extinktionslernens bei Angststörungen	Prof. Wittchen	...
Hiekel, Jana	Illicit drug use in a community sample of youth in Dresden (Medical Department, TU Dresden)	Prof. Beesdo-Baum	...
Hütter, Kristian	Risikofaktoren für Essstörungen - eine Metaanalyse	Prof. Jacobi C.	...
Kassem, Mona	Trauma and posttraumatic stress disorder in a community sample of adolescents and young adults (Medical Department, TU Dresden)	Prof. Beesdo-Baum	...
Kotter, Roxana	Charakteristika und Entwicklung gesperrter Glücksspieler aus dem Sperrsystem deutscher Spielbanken	Prof. Bühringer	...
Kuitunen-Paul, Sören	Validation of diagnostic and consumption information on alcohol use disorders within the standardized CIDI interview	Prof. Wittchen, Prof. Bühringer	...
Manthey, Jakob	Epidemiology of alcoholic cardiomyopathy	Prof. Wittchen	...
Nacke, Barbara	Tailored online health promotion and eating disorder prevention for women	Prof. Jacobi C.	...
Neumann, Maria	Individuumsbezogene Prädiktoren für Entwicklung und Verlauf problematischen Cannabiskonsums in der Allgemeinbevölkerung und in der Psychotherapie	Prof. Bühringer	...
Ollmann, Theresa	Genome-wide methylation patterns of anxiety – and depressive disorders in an adolescent population sample	Prof. Beesdo-Baum	...
Paul, Martin	n. n.	Prof. Jacobi C.	...
Pester, Maximilian	Eating behavior and eating disorders in adolescents and young adults from the general population (Medical Department, TU Dresden)	Prof. Beesdo-Baum	...
Petzoldt, Johanna	Maternal anxiety disorders and excessive infant crying	Prof. Wittchen, Jun.-Prof. Martini	...
Probst, Charlotte	Das sozioökonomische Profil alkoholbedingter Krankheitslast in Südafrika	Prof. Rehm, Prof. Parry, Prof. Wittchen	...
Schmidt, Andre	n. n.	Prof. Bühringer	...
Schmidt-Handtke, Juliane	n. n.	Prof. Jacobi C.	...
Schulz, Anja	Social anxiety and online sexual solicitation of minors	Prof. Hoyer	...
Schweden, Tabea	Depersonalisation und Derealisation bei Prüfungs- und Sozialer Angst	Prof. Hoyer	...
Seidl, Esther	Cognitive control in anxious vs healthy subjects: An ecological momentary and experimental assessment approach	Prof. Beesdo-Baum	...
Stankevich, Yuliya	Behavioral and neural correlates of cognitive and motivational control in major depression and Parkinson's disease	Prof. Lücken	...
Vollert, Bianka	Internet-gestützte Selbsthilfe zur Überbrückung der Wartezeit auf ambulante Psychotherapie bei Patientinnen mit Essstörungen	Prof. Jacobi C.	...
Venz, John	n. n.	Prof. Beesdo-Baum	...
Voß, Catharina	Suicidal behavior across the life span -Risk and protective factors	Prof. Beesdo-Baum	...
Weber, Fanny	Pathological worry and associated physiological and neurobiological dysregulation	Prof. Wittchen, Prof. Strobel, Dr. Mühlhan	...
Westphal, Dorte	n. n.	Prof. Wittchen	...
Wieder, Gesine	Vocally encoded emotional arousal - Application of an innovative technique in the context of exposure-based CBT for panic disorder and agoraphobia	Prof. Wittchen	...

Abgeschlossene Diplomarbeiten

Diplomand(in)	Titel	Gutachter	Betreuer	Jahr
Bauer, Charlotte	Patientenperspektiven zur Erfassung psychischer Beschwerden beim Hausarzt	PD Dr. Knappe, Dr. Härtling	PD Dr. Knappe	2014
Bittner, Elizabeth	Depression mit und ohne Panikattacken bei Hausarztpatienten	Prof. Beesdo-Baum, Dr. Härtling	Prof. Beesdo-Baum	2015
Bohl, Martha	Priming-Effekte auf die Inhibitionsleistung bei Nikotinabhängigkeit	Prof. Bühringer, Prof. Beesdo-Baum	Dr. Kräplin	2015
Böhlke, Nadja	Selbst- und Fremdwahrnehmung früher Merkmale des riskanten Glücksspiels	Prof. Bühringer, Dr. Kräplin	Dipl.-Psych. Neumann	2015
Csiki, Hajnalka	Kognitive Beeinträchtigung bei Patienten mit Multipler Sklerose: eine Querschnittsstudie an der TU Dresden	Prof. Wittchen, Dr. Pieper	Dr. Pieper	2014
Dering, Anna	Erlebte Behandlungsbarrieren bei Hausarztpatienten mit Depression	Prof. Beesdo-Baum, Prof. Wittchen	Prof. Beesdo-Baum	2015
Elias, Franziska	Prüfung der Wirksamkeit eines innovativen kognitiv-behavioralen Therapiemanuals zur Behandlung von Insomnie: Einfluss auf erlebte Schlafqualität	Dr. Einsle, Dr. Balck	Dr. Marx	2014
Feuerle, Theresa	Pilotstudie zur Beobachterübereinstimmung zwischen Selbst- und Fremdeinschätzung von Behandlungsintegrität anhand validierter Ratingskalen	Prof. Hoyer, PD Dr. Knappe	Dr. von Consbruch	2015
Frech, Charlotte	Predictors of traumatic stress problems in survivors of torture	Prof. Beesdo-Baum, Dr. Trautmann	Salcioglu, Ebru	2016
Frohberg, Julia	Mutter-Kind-Beziehung bei Patientinnen einer Mutter-Kind-Tagesklinik	Dr. Bittner, Prof. Beesdo-Baum	Dipl.-Psych. Winkel, Dr. Bittner	2015
Grabautzki, Christian	Klassifikation belastender Ereignisse deutscher Soldaten im Auslandseinsatz und Assoziation zu Posttraumatischer Belastungsstörung und Störung durch Alkoholkonsum	Prof. Wittchen, Dr. Martini	Dr. Trautmann	2015
Hennig, Maria	Assoziation zwischen Multiple Sklerose und Angststörungen: Eine Analyse anhand von Daten der MS-Caregiver Burden Studie	Prof. Beesdo-Baum, Dr. Pieper	Dr. Pieper	2015
Herzog, René	Trennungsangststörungen bei Erwachsenen - Häufigkeit, Korrelate, Beeinträchtigungen mit und ohne Depressionen	Prof. Beesdo-Baum, PD Dr. Knappe	Prof. Beesdo-Baum	2016
Hetzel, Stanislav	Gibt es „ Supershrinks“ und wenn ja, was zeichnet sie aus?	Prof. Hoyer, Prof. Jacobi F.	Prof. Hoyer	2016
Höser, Ruth Sophie	Generalisierte Angststörung - Verbessert die Berücksichtigung behavioraler Symptome die GAS-Diagnose?	Prof. Beesdo-Baum, Prof. Wittchen	Dipl.-Psych. Knothe, Prof. Beesdo-Baum	2015
Hua, Erren	Kognitive Funktionen und Alkoholabhängigkeit: Assoziation zwischen basalen und höhergeordneten Funktionen bei Patienten und Kontrollgruppe	Prof. Bühringer, Dr. Dshemuchadse	Dipl.-Psych. Kuitunen-Paul	2015
Huang, Guanyu	Behavioral avoidance in high worrier: Evidence in an approach-avoidance task	Prof. Beesdo-Baum, Prof. Hoyer	Dipl.-Psych. Hilbert	2015
Hüter, Laura	Does low trait resilience mediate the association between unfavorable parental rearing and anxiety disorders?	Prof. Beesdo-Baum, Dr. Pieper	Prof. Beesdo-Baum	2015
Huth, Antonia	Der Zusammenhang von Schmerzstörung und Depression bei Morbus Parkinson	Dr. Pieper, Dr. Riedel	Dr. Riedel	2015
Jacob, Anne	Bereitschaft zur Teilnahme an Gruppentherapie bei depressiven Patienten	Prof. Hoyer, Dr. Härtling	Dipl.-Psych. Furka, Prof. Hoyer	2017
Jadkowski, Robin	The alcohol dependence scale (ADS): Psychometric properties a German sample of detoxified alcohol-dependent patients	Prof. Bühringer, Dr. Rehm	Dipl.-Psych. Kuitunen-Paul,	2016
Jäger, Sophie	Prädiktoren für Remission bei Eurythrophobie	Dr. Härtling, Dr. Einsle	Dr. Härtling	2015

LEHRE UND AUSBILDUNG/ABSCHLUSSARBEITEN/THESES

Diplomand(in)	Titel	Gutachter	Betreuer	Jahr
Keil, Gerda	Reconsolidation of fear memories in subclinical anxiety and anxiety disorders - A systematic review	Dr. Lüken, Dr. Härtling	M. Sc. van den Berg	2015
Kern, Sarah	The role of effort-reward imbalance in mental health care utilization: Results from a German representative population sample	Prof. Jacobi F., Prof. Beesdo-Baum	Prof. Jacobi F., Prof. Beesdo-Baum	2015
Kleindienst, Julia	Der Zusammenhang von alkoholbezogenen Erwartungen, Trinkmotiven und Rückfall bei alkoholabhängigen Patienten	Prof. Bühringer, Dr. Kräplin	Dipl.-Psych. Kuitunen-Paul	2015
Kotter, Roxana	Schlafprobleme bei Soldaten der Bundeswehr in Zusammenhang mit Angststörungen	Prof. Wittchen, Dr. Härtling	Dipl.-Psych. Heinrich	2015
Kühnert, Maxi	Moderierende Effekte von Misshandlungserfahrungen in der Kindheit auf dem Zusammenhang zwischen traumatischen Erlebnissen und Depression/PTBS	Prof. Wittchen, Dr. Pieper	Dr. Trautmann	2015
Lentz, Angelika	Positive Nebenwirkungen und Konsequenzen von Psychotherapie: eine Literaturübersicht	Prof. Hoyer, Prof. Jacobi F.	Prof. Hoyer	2015
Lubinova, Janka	Erfassung von Angstindikatoren bei Kindern und Jugendlichen hinsichtlich einer MRT-Erstuntersuchung	Dr. Mühlhan, Dr. Lehmke	Dipl.-Psych. Jaite, Dr. Mühlhan	2014
Melzig, Saskia	Erfassung der Aufmerksamkeitsleistung bei Multipler Sklerose mittels PRP-Paradigma - Eine Pilotstudie	Dr. Pieper, Dr. Ziemssen	Dr. Pieper	2015
Müller, Julia	Die Spezifität des partnerschaftlichen Kommunikationsverhalten bei Patienten mit Panikstörung und Agoraphobie	Dr. Einsle, Dr. Härtling	Dipl.-Psych. Wieder	2015
Müller, Marlen	Psychosoziale Risikofaktoren bei koronaren Herzerkrankungen- Prädiktiver Wert des Health-49-Fragebogens	Dr. Pieper, Dr. Härtling	Dr. Pieper	2015
Mundhenke, Victoria	Ohne Risiko kein Erfolg? Der Zusammenhang zwischen der Bereitschaft unerwünschte Ergebnisse im Rahmen einer Psychotherapie in Kauf zu nehmen und dem Therapieergebnis	Dr. Härtling, Dr. Einsle	Dr. Härtling	2015
Nestler, Ulrike	The impact of self-efficacy on the mother-child-relationship in mothers with depressive and anxiety disorders	PD Dr. Knappe, Prof. Hoyer	PD Dr. Knappe	2014
Neufeld, Maria	Unrecorded alcohol in Russia. A qualitative interview study on drinking patterns, contexts and behaviors	Prof. Rehm, Prof. Wittchen	Prof. Rehm	2015
Nicklisch, Constanze	Emotionsregulation und soziales Funktionsniveau bei Angstpatienten: Eine Pilotstudie in Protect-AD	Prof. Wittchen, Dr. Härtling	Dipl.- Psych. Heinig	2016
Ossapofsky, Alina	The role of self-efficacy for the mother-child-relationship in women with depressive and anxiety disorders	PD Dr. Knappe	PD Dr. Knappe	2014
Pepernick, Laura	Adhärenz in der Online-Prävention von Essstörungen: Eine explorative Studie an Frauen aus der Allgemeinbevölkerung	Dipl.-Psych. Beintner, Prof. Jacobi C.	Dipl.-Psych. Beintner	2015
Pielenz, Annemarie	Schädlicher Alkoholkonsum - Das AUDIT-Screening bei jungen Männern unter Alkohol-/Placebogabe	Prof. Bühringer, Dr. Behrendt	Dipl.-Psych. Kuitunen-Paul	2014
Rähler, Delia	Charakterisierung des Zusammenhangs von Barorezeptorsensitivität, Aufmerksamkeitsprozessen und physiologischer Erregung	Dr. Hagen, Dr. Zaunseder	Dr. Zaunseder, Dr. Mühlhan	2014
Reimann, Julia	Prospective memory performance in young children: The role of cue focality and executive functions	Dr. Altgassen, Dr. Martini	Dipl.-Psych. Kretschmer-Trendowicz	2014
Rößler, Tina	Cognitive control abilities under different levels of worrying: Is there a relationship to worry, pervasiveness and controllability?	Prof. Beesdo-Baum, Dr. Pieper	Prof. Beesdo-Baum, Dipl.-Psych. Hilbert	2015
Rumin, Elena	Zusammenhänge allgemeiner und störungsspezifischer Schweregradindikatoren bei Angststörungen	PD Dr. Knappe, Prof. Wittchen	Dipl.- Psych. Heinig	2016
Rummler, Josephine	Prüfung der Wirksamkeit eines innovativen kognitivbehavioralen Therapiemanuals von Insomnie: Einfluss auf erlebte Tagesaktivität	Dr. Einsle, Dr. Balck	Dr. Marx	2014

LEHRE UND AUSBILDUNG/ABSCHLUSSARBEITEN/THESES

Diplomand(in)	Titel	Gutachter	Betreuer	Jahr
Schneider, Annett	Die Bedeutung mütterlicher Copingstrategien für den Zusammenhang zwischen mütterlichen Angst- und/oder depressiven Störungen vor der Schwangerschaft und dem Auftreten frühkindlicher Regulationsstörungen	PD Dr. Knappe, Dr. Martini	PD Dr. Knappe	2016
Schneider, Romy	Das Kohärenzgefühl der Mutter als Schutzfaktor bei der Entstehung frühkindlicher Regulationsstörungen – Eine Untersuchung am Beispiel von Müttern mit Angst- und/oder depressiven Störungen vor der Schwangerschaft.	Dr. Martini, Dr. Bittner	Dipl.-Psych. Petzoldt	2015
Sellschopp, Magdalena	Moderatoren der internetgestützten Nachsorge bei Bulimia nervosa	Dipl.-Psych. Beintner, Prof. Jacobi C.	Dipl.-Psych. Beintner	2015
Siepmann, Judith	Defizite der Emotionsregulation als Moderator der Assoziation zwischen belastenden militärischen Einsatzereignissen und PTBS- sowie Depressionssymptomen: Eine Untersuchung deutscher Bundeswehrsoldaten	Prof. Wittchen, Dr. Pieper	Dr. Trautmann	2015
Steinberg, Lina	Der Zusammenhang von Abhängigkeitsschwere und Inhibitionsleistung bei Nikotinabhängigkeit	Dr. Kräplin, Prof. Bühringer	Dr. Kräplin	2015
Stumpf, Anna	Charakterisierung der autonomen Stressregulation unter unterschiedlichen orthostatischen Bedingungen	Dr. Zaunseder, Dr. Hagen	Dr. Mühlhan, Dr. Zaunseder	2016
Thieme, Juliane	Short-term effects of an Internet-based prevention program for anorexia nervosa: A randomized controlled trial	Prof. Jacobi C., Dr. Härtling	Dipl.-Psych. Hütter	2015
Tischer, Nina	Assoziationen der Risikofaktoren Rauchen, Alkoholkonsum und Adipositas und deren Zusammenhang mit der Inanspruchnahme medizinischer Versorgungsdienstleistungen im Primärärztlichen Bereich	Dr. Pieper, Prof. Wittchen	Dr. Pieper	2017
Tzschoppe, Sandra	Adipositas und Depression - querschnittliche Assoziation zweier hochprävalenter Erkrankungen in der primärärztlichen Versorgung	Dr. Pieper, Prof. Wittchen	Dr. Pieper	2015
Vollert, Bianka	Zusammenhang zwischen mütterlichen Angst- und depressiven Störungen und der Entwicklung frühkindlicher Fütterstörungen bei Mädchen und Jungen	Dr. Martini, Dr. Härtling	Dipl.-Psych. Petzoldt	2014
Wagner, Tilmann	Stigma-Management bei Personen mit pädophilen Neigungen: Mit welchen Konsequenzen ist die direkte Offenlegung einer pädophilen Neigung im Vergleich zu anderen Stigma-Management-Strategien assoziiert?	Prof. Hoyer, Prof. Beier	Dr. Jahnke	2015
Warth, Dorethee	Unterschiede zwischen Abbrechern und Nicht-Abbrechern sozialtherapeutischer Behandlung im Jugendstrafvollzug und Gründe für den Abbruch	Prof. Dahle, Dr. Mühlhan	Prof. Dahle	2016
Weißler, Katja	Die vermittelnde Wirkung der mütterlichen Emotionsregulation zwischen präkonzeptionellen Angst- und/oder depressiven Störungen der Mutter und frühkindlichen Regulationsstörungen	PD Dr. Knappe, Dr. Martini	Dr. Martini	2016
Wersch, Paul	Depersonalisationssymptome während sozialem Stress vor und nach Verhaltenstherapie: Ergebnisse bei Patienten mit Sozialer Phobie	Prof. Hoyer, Dr. Härtling	Prof. Hoyer	2015
Wolf, Clara	Die Rolle der Stimmgrundfrequenz des Therapeuten in der Kognitiv-Behavioralen Therapie von Panikstörung mit Agoraphobie	Dr. Härtling, Dr. Einsle	Dipl.-Psych. Wieder	2015
Wolff, Sina	Die Bedeutung symptomspezifischer Subgruppen für die Effektivität interozeptiver Exposition im Rahmen einer manualisierten Konfrontationsbehandlung bei Panikstörung mit Agoraphobie	Dr. Einsle, Prof. Gerlach	Dipl.-Psych. Westphal, Dr. Einsle	2014
Ziebell, Sabrina	Diagnostik sexueller Funktionsstörungen: Erprobung eines strukturierten Interviews anhand videographierter Modellszenarien	Prof. Hoyer, Dr. Roland	Dipl.-Psych. Schierz	2015

LEHRE UND AUSBILDUNG/ABSCHLUSSARBEITEN/THESEN

Laufende Diplomarbeiten

Diplomand(in)	Titel	Gutachter	Betreuer	Jahr
Brodocz, Magdalena	Moderatoren der Wirksamkeit Internet-gestützter Nachsorge bei Bulimia nervosa	Dipl.-Psych. Beintner, Prof. Jacobi C.	Dr. Beintner	...
Reinhardt, Anne Kathrin	Validierung eines prognostischen und diagnostischen Online-Screenings für Essstörungen	Dr. Beintner	Dr. Beintner	...

Abgeschlossene Masterarbeiten

Masterand(in)	Titel	Gutachter	Betreuer	Jahr
Baelßer, Felina	Zum Zusammenhang von Sicherheitsverhalten und Depersonalisationserleben während mündlicher Prüfungen bei Studierenden mit und ohne Prüfungsangst	Prof. Hoyer, Dr. Härtling	M. Sc. Schweden	2015
Bassett, Tyler Ray	Depersonalization and derealization during everyday encounters: A comparison study of social anxiety disorder, major depression and healthy controls	Prof. Hoyer, Dr. Pittig	Prof. Hoyer	2016
Bauer, Lisa	Reduziert eine verbesserte Fähigkeit zur Aufmerksamkeitslenkung die Schwere der Depersonalisationssymptomatik bei Prüfungsangst?	Prof. Hoyer, Dr. Härtling	M. Sc. Schweden	2016
Bender, Franziska	Suchtrelevante Persönlichkeitseigenschaften, Trinkmotive und alkoholbezogene Probleme: Zusammenhänge bei Studenten einer deutschen Fernuniversität	Prof. Bühringer, Dr. Pieper	Dipl.-Psych. Kuitunen-Paul	2015
Bender, Helena	Die Assoziation zwischen elterlicher Psychopathologie der Eltern und Symptomen der Posttraumatischen Belastungsstörung nach traumatischen Ereignissen	Prof. Wittchen, Dr. Härtling	Dr. Trautmann	2015
Blomberg, Barbara	Entscheidungsbasiertes Lernen von Angst und Vermeidung - Überprüfung eines neuen laborexperimentellen Paradigmas im Vergleich mit operanter Konditionierung	Prof. Hoyer, Dr. Pittig	Dr. Pittig	2016
Böhme, Anne	Der Einfluss von gestörtem Schlaf auf die Entwicklung einer Bipolaren Störung: Eine Metaanalyse	Prof. Beesdo-Baum, Prof. Pfennig	Prof. Beesdo-Baum	2016
Borger, Kristina	The impact of instructed fear on goal-directed decisions	Prof. Hoyer, Dr. Pittig	Dr. Pittig	2015
Burschka, Simone	Validierung eines strukturierten Interviews zur Diagnostik sexueller Funktionsstörungen bei Frauen nach DSM-5 - Ergebnisse einer Pilotstudie	Prof. Hoyer, Dr. Mühlhan	Dipl.-Psych. Schierz	2015
Čolić, Jasmin	Übertragung von manualisierter KVT in die psychotherapeutische Praxis: Führt sie zu einer kürzeren Dauer der Therapie?	Prof. Hoyer, Dr. Pittig	Prof. Hoyer	2015
Dehler, Jule	Decision based learning of fear and avoidance - Development of a new experimental paradigm	Prof. Hoyer, Dr. Pittig	Dr. Pittig	2016
Dehmiyani, Alice Jasmin	Korrelate der Generalisierten Angststörung mit einem Fokus auf behaviorale Symptome	Prof. Beesdo-Baum, Dr. Pieper	Dipl.-Psych. Knothe	2015
Dick, Lena	Wesensmerkmale bei Studierenden mit sozialen Ängsten	PD Dr. Knappe, Prof. Beesdo-Baum	PD Dr. Knappe	2016
Diel, Kerstin	Auslöser und Konsequenzen von Suizidversuchen bei Jugendlichen und jungen Erwachsenen	Prof. Jacobi F.	M. Sc. Voss	2016
Donner, Laura	Sleep quality and nocturnal olfactory stimulation in PTSD patients: An exploratory intervention trial	Dr. Trautmann	Dr. Trautmann	2016
Dygon, Agnieszka	Häufigkeit von Sorgen und Generalisierten Angststörung in der deutschen Allgemeinbevölkerung	Prof. Beesdo-Baum, Prof. Hoyer	Prof. Beesdo-Baum	2016
Eich, Carolin	Test-Retest Reliabilität der DSM-5 Forschungsversion der Composite International Diagnostic Interview: Wie zuverlässig wird die Zusatzcodierung Panikattacken bei psychischen Störungen gemessen?	Prof. Beesdo-Baum, PD Dr. Knappe	Prof. Beesdo-Baum	2016

LEHRE UND AUSBILDUNG/ABSCHLUSSARBEITEN/THESES

Masterand(in)(in)	Titel	Gutachter	Betreuer	Jahr
Eidam, Valerie	Erhöht gesellschaftliche Benachteiligung das Risiko für psychische Störungen? Der Zusammenhang von Gender, Staatsbürgerschaft und sozialem Status mit psychischer Gesundheit	Prof. Hoyer, Dr. Höfler	Prof. Hoyer	2016
Emmerich, Olivia Lucia Marie	EveryBody fit - An online health promotion and eating disorder prevention program for overweight and obese women	Dr. Beintner, Prof. Jacobi C.	Dr. Beintner	2017
Erth, Alexandra	Zusammenhänge zwischen performance anxiety und Prüfungsängstlichkeit sowie deren Korrelationen zu sozialer Angst und Depressivität	Prof. Hoyer, Dr. Pittig	M. Sc. Schweden	2016
Fengler, Elfie	Die Rolle mütterlicher Angst- und depressiver Störungen für den Aufmerksamkeitsfokus des Kindes im Still-Face-Paradigma	Dr. Asselmann, Dr. Martini	Dr. Asselmann	2016
Findeis, Charlotte	Risikomerkmale von Frauen mit gravierender Straffälligkeit - Ein Stichprobenvergleich in Abhängigkeit der Vollzugsform	Dr. Mühlhan, Prof. Dahle	Dr. Mühlhan	2016
Fournés, Valerie	Zusammenhang von Traumatisierung mit dem Erfolg ambulanter Psychotherapie von Depression und Angststörungen	Dr. Trautmann, Dr. Pittig	Dr. Trautmann	2016
Gibbels, Charlotte	Die Reliabilität der DSM-5-Forschungsversion des Composite International Diagnostic Interview (CIDI) bei der Diagnostik der generalisierten Angststörung	Prof. Beesdo-Baum, Prof. Wittchen	Prof. Beesdo-Baum	2016
Grill, Lisa	Der Zusammenhang von sozialen Ängsten mit Bildungserfolg und Indikatoren der Krankheitslast	PD Dr. Knappe, Dr. Härtling	PD Dr. Knappe	2016
Grove, Maren	Effekte transkranieller Gleichstromstimulation auf die kognitive Kontrolle emotionaler Reize bei der Borderline-Persönlichkeitsstörung	Dr. Härtling, Prof. Wittchen	Dr. Härtling	2016
Günther, Susanne	Barrieren in der psychotherapeutischen Routinepraxis - Was behindert den Einsatz von expositionsbasierten Interventionen?	Prof. Hoyer, Dr. Pittig	Dr. Pittig	2016
Hadji, Sarina	Akzeptanz und Wirksamkeit eines Anti-Diät-Programms für Frauen mit Übergewicht: Eine Pilotstudie	Dipl.-Psych. Beintner, Prof. Jacobi C.	Dipl.-Psych. Beintner	2015
Handrick, Jadwiga	Behaviorale und neurophysiologische Korrelate Kognitiver Flexibilität bei Kindern und Jugendlichen mit einer Zwangsstörung	PD Dr. Knappe, Dr. Rössner	Dr. Wolff	2016
Heier, Lisa Henrike	everyBody basic - Ein Online-Kurzprogramm zur Gesundheitsförderung	Dr. Beintner, Dr. Pieper	Dr. Beintner	2017
Hengen, Kristina	Macht virtuelles Geld mutig? Die Erprobung der Spider Approach Task im Behavioral Approach Test	Prof. Hoyer, Dr. Pittig	Dr. Pittig	2015
Henschke, Eva	Positive Nebenwirkungen von Psychotherapie - Eine Interviewstudie	Prof. Hoyer Dr. Härtling	Prof. Hoyer	2016
Hinz, Lydia	Motivatoren für den Einstieg in regelmäßiges Glücksspiel und den Entschluss zum Ausstieg in Form von Spielersperre	Prof. Bühringer, Dr. Kräplin	Dipl.-Psych. Kotter	2017
Hofmann-Siegert, Teresa	Welcher Zusammenhang besteht zwischen Partnerschaftscharakteristiken, wahrgenommenem Stress und Merkmalen des Neugeborenen?	PD Dr. Knappe, Dr. Martini	PD Dr. Knappe	2015
Hommel, Kerstin	Association between impairment and service utilization in anxiety disorders in a community sample	Prof. Beesdo-Baum, Prof. Wittchen	M. Sc. Mack	2015
Hufenbach, Max	Sorgen und Emotionsregulation: Wie unterscheiden sich High- und Low-Worrier hinsichtlich ihrer Emotionsregulation und wie sind diese durch Persönlichkeitsvariablen moderiert?	Dr. Mühlhan, Dr. Härtling	Dipl.-Psych. Weber	2016
Huste, Laura	Neuronal functioning in individuals with generalized anxiety disorder while anticipating future threats compared to individuals with social phobia, major depression and non-patients	Prof. Beesdo-Baum, Dr. Wolfensteller	Dipl.-Psych. Hilbert	2016

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Masterand(in)	Titel	Gutachter	Betreuer	Jahr
Huttarsch, Isabel	Die ante- und postnatale Vater-Kind-Bindung im Kontext der elterlichen Paarbeziehung	PD Dr. Knappe, Dr. Martini	PD Dr. Knappe	2016
Irrgang, Sabrina	Der Einfluss früher Traumatisierung auf die stressbedingte Alpha-Amylase-Sekretion bei Patienten mit Alkoholabhängigkeit	Dr. Mühlhan, Dipl.-Psych. Schäfer	Dr. Mühlhan	2015
Kadrić, Firdeus	Psychometrische Eigenschaften der Standardized Assessment of Personality - Abbreviated Scale (SAPAS) bei Personen mit und ohne Alkoholabhängigkeit	Prof. Wittchen, Prof. Hoyer	Dipl.-Psych. Kuitunen-Paul	2017
Karczewski, Ruth	Dispositioneller Optimismus bei chronischen Krankheiten: Eine Untersuchung der Stabilität des Konstruktes	PD. Dr. Friedemann, Dr. Pieper	Dr. Pieper	2015
Karrer, Teresa	Meta-analysis of PET and SPECT imaging studies of adult age differences in the dopamine system	Dr. Mühlhan, Dr. Samanez-Larkin	Dr. Mühlhan	2016
Kästner, Senta	Tridimensional Personality Questionnaire und Angststörungen in Adoleszenz und jungem Erwachsenenalter	Dr. Pieper, Prof. Wittchen	M. Sc. Voss	2015
Kelbel, Janna	Der Einfluss von Tanz- und Körperpsychotherapie auf „Body Self-Efficacy“ und „Embodied Intersubjectivity“ bei Schizophrenie und Autismus	Dr. Härtling, Dipl.-Psych. Koch	Dr. Härtling	2015
Kim, Darina	Entwicklung eines Fragebogens zu Einstellungen zur Expositionstherapie und deren Anwendung bei Angststörungen in der klinischen Praxis	Prof. Hoyer, Dr. Pittig	Dr. Pittig	2015
Klemm, Patrick	Zielaufrechterhaltung bei Nikotinabhängigkeit	Dr. Kräplin, Prof. Bühringer	Dr. Kräplin	2015
Kolaczynski, Ina Maria	Zusammenhang von suizidalem Verhalten bei Jugendlichen und jungen Erwachsenen mit den Symptomclustern nach DSM-5 bei Posttraumatischer Belastungsstörung	Dr. Pieper, Dr. Trautmann	M. Sc. Voss	2017
Kröling, Sophie	Protektive Faktoren und ihr Zusammenhang zu einsatzbezogenen Symptomen der Posttraumatischen Belastungsstörung und Major Depression	Prof. Wittchen, Dr. Kemter-Hofmann	Dr. Trautmann	2015
Kropfeld, Oriane	Life goals of chronic pain patients	Prof. Bühringer	Prof. Bühringer,	2015
Krügel, Sophia	Empathie und Psychopathie bei sadistischen Pädophilen im Dunkelfeld	Prof. Hoyer	Prof. Hoyer	2016
Kühne, Mieke	Primingeffekte auf Entscheidungsverhalten bei Nikotinabhängigkeit	Dr. Kräplin, Prof. Bühringer	Dr. Kräplin	2015
Kuipers, Lucia Yolanda	Soziale Unterstützung - Ein Prädiktor für Abstinenz und Rückfall in einem ambulanten Tabakentwöhnungsprogramm? - Unter Einbeziehung der Selbstwirksamkeitserwartung	Prof. Bühringer, Dr. Pieper	Dipl.-Psych. Kuitunen-Paul	2016
Larzarides, Claudia	Epigenetische Einflüsse des SCL6A4 Gens auf die regionale Spezifität und funktionelle Integrität neuraler Areale als Beispiel intermediärer Prozesse der Gen-Umwelt-Interaktion	Dr. Mühlhan, Dr. Alexander	Dr. Mühlhan	2015
Latysheva, Anna	Post-event processing in everyday life of patients with social phobia and/or depression and healthy controls	Prof. Hoyer, Dr. Härtling	Prof. Hoyer	2016
Leuner, Carla	A 10 year follow-up of worry exposure and applied relaxation in the treatment of generalized anxiety disorder	Prof. Beesdo-Baum, Prof. Hoyer	Prof. Beesdo-Baum	2016
Liebig, Tina	Die Rolle mütterlicher Angst - und depressiver Störungen für die kindliche Affektivität im Still-Face-Paradigma	Dr. Asselmann, Dr. Martini	Dr. Asselmann	2016
Mack, Judith	Quality of life in residential child care	Dr. Härtling, Dr. Rößner	Dr. Härtling	2016
Maicher, Birgit	Psychometric properties of the German version of the resilience scale for adolescents (READ) and its association with psychopathology in an undergraduate university sample	Prof. Beesdo-Baum, Dr. Pieper	M. Sc. Voss	2016

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Masterand(in)	Titel	Gutachter	Betreuer	Jahr
Marcjasz, Matthäus	Die Rolle von Selbstaufmerksamkeit und Post-Event Processing im Zusammenhang mit dem Erleben von Depersonalisation/Derealisation bei prüfungsängstlichen und nichtprüfungsängstlichen Studierenden während mündlicher Prüfungen	Prof. Hoyer, Prof. Wolfradt	M. Sc. Schweden	2015
Markull, Wiebke	Der Zusammenhang von BMI und Viszeralfettmaßen mit gesundheitsbezogener Lebensqualität: Eine querschnittliche Untersuchung an 55.000 Hausarztpatienten der DETECT-Studie	Dr. Pieper, Prof. Wittchen	Dr. Pieper	2015
Mathiebe, Josephine	Wirksamkeit einer frühen spezifischen kognitiv-verhaltenstherapeutischen Gruppenintervention auf die affektive Symptomatik von Hochrisikopersonen für die Entwicklung einer bipolaren Störung	Dr. Härtling, Prof. Wittchen	Dr. Härtling	2016
Merker, Daniela	Exploring the structure of psychological distress in adolescents and young adults: A network approach	Dr. Pieper, Dr. Höfler	M. Sc. Voss	2016
Miksch, Anna Franziska	Belastungs-, Beanspruchungs- und Ressourcenerleben bei in der Flüchtlingsarbeit tätigen Ehrenamtlichen aus Dresden und Umgebung	Dr. Härtling	Dr. Härtling	2016
Müller, Bianca	Kurz- und langfristige Effekte der Spider Approach Task auf Angstreaktionen spinnenängstlicher Personen	Prof. Hoyer, Dr. Pittig	Dr. Pittig	2015
Müller, Hannah Sophie	PTBS- und Depressions-Symptome nach traumatischen Ereignissen bei Soldaten der Bundeswehr: Die Rolle körperlicher Beschwerden	Dr. Trautmann, Prof. Wittchen	Dr. Trautmann	2016
Neubauer, Annegret	The role of dopamine in cognitive flexibility in patients with Parkinson's disease	Dr. Kräplin, Dr. Lüken	Dipl.-Psych. Evens	2015
Opoka, Sandra Martha	The effect of deep brain stimulation on cognitive flexibility in patients with Parkinson's disease	Dr. Mühlhan, Dr. Strobel	Dipl.-Psych. Evens	2015
Peggy, Adam	Trinkmuster und Veränderungsmotivation von Älteren mit Alkoholstörung zu Therapiebeginn: Welche Rolle spielt die Depressivität?	Dr. Behrendt, Prof. Bühringer	Dr. Behrendt	2016
Pralat, Christin	Belohnungsverarbeitung beim idiopathischen Parkinsonsyndrom unter Berücksichtigung von Depressivität und Impulsivität	Dr. Kräplin, Dr. Lüken	Dipl.-Psych. Stankevich	2015
Prkno, Maria	Psychische Gesundheit und psychosoziale Funktionsfähigkeit bei gesperrten Glücksspielern in Deutschland	Prof. Bühringer, Dr. Kräplin	Dipl.-Psych. Kotter	2017
Puls, Hans-Christian	Einflusselterliche Psychopathologie und Partnerschaftsmerkmale, Analyse des Väterdatensatzes	PD Dr. Knappe, Dr. Martini	PD Dr. Knappe	2016
Reuter, Johanna	Annäherung versus Vermeidung: Interindividuelle Einflüsse auf Verhalten in Annäherungs- und Vermeidungskonflikten	Dr. Pittig, Prof. Hoyer	Dr. Pittig	2017
Reuther, Hannah	Implizites Vermeidungsverhalten bei sozial ängstlichen Kindern und ihren Eltern - Welche Rolle spielen die Väter?	Dr. Pieper	PD Dr. Knappe, M. Sc. Voss	2017
Rothe, Nicole	Kognitive Kontrollfunktionen bei abhängigen Verhaltensweisen	Dr. Kräplin, Prof. Bühringer	Dr. Kräplin	2016
Röwer, Britta	Characteristics of smoking with drawal in participants of a face-to-face smoking cessation program	Prof. Bühringer, Dr. Härtling	Dipl.-Psych. Kuitunen-Paul	2016
Sand, Anne	Stigmatisierung bei Soldatinnen der Bundeswehr - Soziodemographische Korrelate und Zusammenhänge zur Psychopathologie und Inanspruchnahme psychologischer Hilfsangebote	Dr. Trautmann, Prof. Wittchen	Dr. Trautmann	2015
Sarnowsky, Stephan	Entwicklung eines einfachen Modells zur Vorhersage von Rückfall nach Psychotherapie bei Sozialer Angststörung: 2-Jahres-Follow-up einer Multicenterstudie	Prof. Hoyer, PD Dr. Knappe	Prof. Hoyer	2015

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Masterand(in)	Titel	Gutachter	Betreuer	Jahr
Sattig, Eva Magdalena	Einfluss eines Stressregulationstrainings auf psychopathologische Symptomatik und traumatische Belastungsfolgen bei Auszubildenden zum/r Notfallsanitäter/in	Dr. Dörfel, Dr. Pieper	Dr. Pieper	2016
Schell, Lea Anne	Depressivität, Ängstlichkeit und PTBS-Symptomatik nach traumatischen Ereignissen: Die Rolle von separativem negativen Denken	Dr. Trautmann, Prof. Wittchen	Dr. Trautmann	2016
Schmidt, Cornelius	The experience of exhaustion measured by indirect calorimetry	Dr. Miller, Dr. Mühlhan	Dr. Miller	2016
Schmitt, Sabine Irmgard	How do males with and without pedophilic interests perceive children's personality and emotional competence?	Prof. Hoyer, Dr. Leising	Prof. Hoyer	2016
Schomöller, Kathrin	Familiäre Schutz- und Risikofaktoren in der Beziehung zwischen adversen Lebensereignissen und prämenstruellen Symptomen	Prof. Beesdo-Baum, Dr. Martini	Dr. Hoyer	2015
Schönfeld, Mandy	Moderatoren und Mediatoren der Wirksamkeit des internetgestützten Präventionsprogramms Student Bodies-AN	Prof. Jacobi C., Dipl.-Psych. Beintner	Dipl.-Psych. Hütter	2015
Schröder, Franziska Sophie	Treatment sensitivity of social anxiety symptoms: Which can we change and which not?	Prof. Hoyer, Dr. Härtling	Prof. Hoyer	2016
Schulz, Lena Rebekka Henriette	Psychometrische Überprüfung der deutschen Version der Obsessive Compulsive Drinking Scale (OCDS-G) an einer Stichprobe alkoholabhängiger Patienten	Prof. Bühringer, Prof. Wittchen	Dipl.-Psych. Kuitunen-Paul	2016
Seifert, Madeleine	Erinnertes elterliches Erziehungsverhalten und dessen Zusammenhang mit prä- und postnataler Bindung	PD Dr. Knappe, Dr. Martini	PD Dr. Knappe	2015
Simon, Maria	Die Rolle mütterlicher Angst- und depressiver Störungen für selbstregulierendes und distanzierendes Verhalten des Kindes im Still-Face-Paradigma	Dr. Asselmann, Dr. Martini	Dr. Asselmann	2016
Slomka, Peter	Der Zusammenhang von traumatischen Ereignissen und Suizidalität: Ergebnisse einer repräsentativen Querschnittsstudie bei im Ausland eingesetzten Soldaten der Bundeswehr	Dr. Trautmann, Prof. Wittchen	Dr. Trautmann	2016
Steding, Julius	Executive functioning in major depression: A meta-analysis of functional MRI studies	Prof. Beesdo-Baum, Dr. Härtling	Dipl.-Psych. Hilbert	2016
Stein, Elisa	Exploring insular cortical thickness alterations in schizophrenia patients and their relationship to negative symptomatology	Dr. Ehrlich, Dr. Mühlhan	Dr. Mühlhan	2015
Störel, Margarete	Effektivität kognitiver Verhaltenstherapie bei Generalisierter Angststörung in einer Hochschulambulanz und Prädiktoren des Therapieergebnisses	Prof. Beesdo-Baum, Prof. Hoyer	Prof. Beesdo-Baum	2015
Taghdiri, Soudeh	Association of alcohol consumption with glucose homeostasis: A systematic review and meta-analysis	Prof. Beesdo-Baum	Prof. Rehm	2017
Titze, Benita	Die Wirkung zielbasierter Anreize auf das Annäherungsverhalten bei Betroffenen	Prof. Hoyer, Dr. Pittig	Dr. Pittig	2016
Trübenbach, Pia	Adhärenz im Internet-gestützten Präventionsprogramm Student Bodies-AN: Eine explorative Studie an Frauen mit erhöhtem Risiko der Entwicklung einer Anorexia nervosa	Prof. Jacobi C., Dr. Beintner	Dipl.-Psych. Vollert	2016
Trümer, Katrin	Suizidalität bei Patientinnen und Patienten in der hausärztlichen Versorgung: Häufigkeit und Korrelate	Prof. Beesdo-Baum, Dr. Pieper	Prof. Beesdo-Baum	2016
Wedekind, Linda	Über den Zusammenhang von Traumatisierungen und Persönlichkeitsstörungen bei männlichen Inhaftierten mit (angeordneter) Sicherungsverwahrung im Freistaat Sachsen	Dr. Mühlhan, Dipl.-Psych. Meischner-Al-Mousawi	Dr. Mühlhan, Dipl.-Psych. Meischner-Al-Mousawi	2015

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Masterand(in)	Titel	Gutachter	Betreuer	Jahr
Willmitzer, Theresia	Die Rolle von therapierelevanten Zweifeln und stimmlich enkodiertem emotionalem Arousal in der Kognitiven Vorbereitung	Dr. Pieper, Dr. Härtling	Dipl.-Psych. Gesine Wieder	2017
Windemuth, Katharina	Diagnosing generalized anxiety disorder by using machine learning classifier on neuroimaging data	Prof. Beesdo-Baum, Dr. Enge	Dipl.-Psych. Hilbert	2016
Zenker, Monique	Understanding individual differences in affective and physiological responses to interpersonal discounting	Dr. Mühlhan, Ph.D. Joormann	Dr. Mühlhan	2016

Laufende Masterarbeiten

Masterand(in)	Titel	Gutachter	Betreuer	Jahr
Aust, Elisa	Veränderungen exekutiver Funktionen und ihre neurophysiologischen Korrelate bei Multipler Sklerose	Dr. Beste, Dr. Mühlhan	M. Sc. Mückschel	...
Benz, Anika	Long-term characteristics and symptomatology in help-seeking individuals at risk for bipolar disorders	Prof. Beesdo-Baum, Prof. Pfennig	Prof. Pfennig	...
Bock, Sophia Kirsten	Kann Annäherungsverhalten trotz Furcht durch positive Verstärker bei gesunden Menschen antrainiert werden?	Dr. Pittig Prof. Hoyer	Dr. Pittig	...
Clever, Christina	Does the utilization of health promotion programs improve the outcome of hypertension in the long-term? – Results of the DETECT study	Prof. Beesdo-Baum	Dr. Pieper	...
Franzke, Tino	Parental involvement in the psychotherapy of anxious children and adolescents – A systematic review and meta-analysis	PD Dr. Knappe	PD Dr. Knappe	...
Freitag, Laura	Alcohol use in trajectories and probabilistic reversal learning during adolescence	Prof. Smolka, Prof. Endrass	M. Sc. Fröhner	...
Fritz, Johanna	Die Rolle von Emotionsregulation und Psychologischer Flexibilität in der Behandlung von Depersonalisation bei Prüfungsangst	Prof. Hoyer, Prof. Beesdo-Baum	M. Sc. Schweden	...
Gartner, Corinna	Associations of daily life depressive symptomatology and online/real-life social interaction – An ecological momentary assessment study in a community sample of adolescents and young adults	Dr. Pieper, Dr. Höfler	M. Sc. Voss	...
Helbig, E.	Zusammenhänge zwischen familiären Faktoren und Trait-Resilienz. Ergebnisse einer repräsentativen Studie bei Jugendlichen und jungen Erwachsenen	Prof. Beesdo-Baum	Dr. Asselmann	...
Hierhage, Mario	Zusammenhang zwischen Emotionsregulation und Furchtlernen	Dr. Pittig, Prof. Hoyer	Dr. Pittig	...
Kayali, Özlem Feray	Modulation of action control among binge drinking young adults - An EEG study	Dr. Stock, Prof. Endrass	Dr. Stock	...
Kerscher, Lisa	Prädiktoren von Drop-Out in der Expositionstherapie	Dr. Pittig, Prof. Wittchen	Dr. Pittig	...
Koch, Franziska	Vermeidendes Entscheidungsverhalten und Defizite in der implizierten Emotionsregulation bei Posttraumatischer Belastungsstörung	Dr. Pittig, Dr. Härtling	Dr. Pittig	...
Konrad, Annika	Wirksamkeit einer verhaltenstherapeutischen Kurzintervention zur Reduktion von Depersonalisation bei Prüfungsangst	Prof. Hoyer, Dr. Pittig	M. Sc. Schweden	...
Kopp, Marie	Sind Herzrate und Herzratenvariabilität objektive Marker für das Erleben von Depersonalisation während einer Leistungssituation?	Prof. Hoyer, Prof. Kirschbaum	M. Sc. Schweden	...
Krahl, Judith	Die Auswirkung von Stress auf das Essverhalten im Tagesverlauf	Dr. Pieper	Dr. Pieper	...
Missel, Lena	Der weibliche autistische Phänotyp: Eine faktoranalytische Untersuchung von Autismusspezifischen und -assoziierten Merkmalen	Prof. Beesdo-Baum, Dr. Wolf	Dr. Wolf	...

LEHRE UND AUSBILDUNG/ABSCHLUSSARBEITEN/THESEN

Masterand(in)	Titel	Gutachter	Betreuer	Jahr
Molina, Lena	Bewegungs- und Aktivitätsmuster und Durchführbarkeit von Ambulatory-Assessment-Studien: Eine Machbarkeitsanalyse mit Angstpatienten	Prof. Wittchen	Dipl.-Psych. Čolić	...
Motzel, Alexandra	Die kritische Masse und der Goldstandard: Validierung der Alkoholkonsumangabe im Composite International Diagnostic Interview (CIDI) anhand tagesgenauer Trinktagebücher (TLFB)	Prof. Sedlmaier, Dipl.-Psych. Kuitunen-Paul	Dipl.-Psych. Kuitunen-Paul	...
Neubacher, Kolja	Creating and clustering of task space: Studying decision making using a combined experimental-computational approach	Prof. Endrass, Prof. Kiebel	M. Sc. Fröhner	...
Pfab, Sioned	Suchtrelevante Persönlichkeitseigenschaften, Trinkmotive und alkoholbezogene Probleme: Zusammenhänge bei 18 - jährigen Männern	Prof. Wittchen, Dr. Pieper	Dipl.-Psych. Kuitunen-Paul	...
Pirko, Selmo	n. n.	Prof. Rehm, Prof. Knaevelsrud	Prof. Rehm	...
Psenner, Alexandra	Suizidale Absicht im Jugend- und jungen Erwachsenenalter: Welche Rolle spielen Gewalt in der Kindheit und Impulsivität?	Dr. Hoyer, Dr. Pittig	M. Sc. Voss, Dr. Hoyer	...
Rademacher, Anna	Der Zusammenhang zwischen Phosphatidylethanol (Peth)-Konzentration im Blut und selbstberichtetem Alkoholkonsum bei alkoholabhängigen Patienten im stationären Entzug	Prof. Endrass	Dipl.-Psych. Kuitunen-Paul	...
Rathemacher, Christine Johanna	Gewinn oder Sicherheit? - Auswirkung, positiver und aversiver Konsequenzen auf Entscheidungsverhalten	Dr. Pittig, Scherbaum, Stefan	Dr. Pittig	...
Richter, Lisa	Der Verlauf der Veränderungsmotivation während einer manualisierten Expositionstherapie	Dr. Pittig, Prof. Wittchen	Dr. Pittig	...
Röhlinger, Jana	Veränderungen im Arbeitsgedächtnis bei Parkinsonpatienten mit leichten kognitiven Einschränkungen	Prof. Beesdo-Baum, Dr. Bezdíček	Dr. Bezdíček	...
Schmelzer, Kirsten	Merkmale und Untergruppen von Teilnehmern des Rauchfrei-Programms an der TU Dresden (2007-2015)	Prof. Bühringer, Dr. Kräplin	Dipl.-Psych. Kuitunen-Paul	...
Staab, Katrin	Die Widerlegung angstbezogener Erwartungen in der expositionsbasierten Verhaltenstherapie von Angststörungen	Dr. Pittig, Prof. Wittchen	Dr. Pittig	...
Sura, Charis	Association of irritability and depressive symptoms in adolescents and young adults	Prof. Beesdo-Baum, PD Dr. Knappe	M. Sc. Voss, M. Sc. Berwanger	...
Wallrabenstein, Sabrina	A pilot randomized controlled trial of a stress management program with and without social skill training	Prof. Beesdo-Baum, Prof. Kirschbaum	Prof. Beesdo-Baum	...
Wolf, Christina	Fearful discounting in anxious individuals: A pilot study	Dr. Pittig, Prof. Scherbaum	Dr. Pittig	...
Wunderlich, Lisa	Untersuchung des Korrelationseffektes von Unsicherheitsintoleranz und Vermeidung	Prof. Beesdo-Baum, Dr. Hoyer	Dipl.-Psych. Seidl	...
Ziem, Max	Putting the rose-coloured glasses aside: Do „supershinks“ assess therapeutic change more conservatively?	Prof. Hoyer, Prof. Leising	Prof. Hoyer	...
Zimmerer, Sarah	The impact of fear conditioning on discounting decisions	Dr. Pittig, Prof. Scherbaum	Dr. Pittig	...

Abgeschlossene Bachelorarbeiten

Bachelorand(in)	Titel	Gutachter	Betreuer	Jahr
Altus, Caroline	Zur Untersuchung der subjektiven Bewertung von Depersonalisation bei prüfungsängstlichen und nicht-prüfungsängstlichen Studierenden	Prof. Hoyer, Dr. Pittig	Prof. Hoyer,	2016
Balyschew, Viktoria	Familiäre Transmission der Alkoholkonsumstörung und Mediation der Alkoholkonsumstörung der Kinder durch ADHS der Kinder	Dr. Behrendt, Prof. Bühlinger	Dr. Behrendt	2017
Bandelin, Arite	Psychologische Inflexibilität als Mediator zwischen traumatischen Erfahrungen in der Kindheit und internalisierenden bzw. externalisierenden Störungen im Erwachsenenalter: Ergebnisse einer Hochrisiko-Stichprobe	Prof. Wittchen, Dr. Mühlhan	Dipl.-Psych. Schäfer	2015
Barrelet, Clara Sophie	Wie bewerten Nutzerinnen Onlineprogramme zur Prävention von Essstörungen und ernährungsbedingten Erkrankungen?	Dipl.-Psych. Beintner, Prof. Jacobi C.	Dipl.-Psych. Beintner	2015
Bellinger, Franziska	Prädiktoren der Remission von problematischem und pathologischem Glücksspielen - Ein systematisches Review	Prof. Bühlinger, Dr. Kräplin	Dipl.-Psych. Neumann	2015
Bollendorf, Tamara	Modification of neural activation by pharmacotherapy and psychotherapy in individuals with major depressive disorder	Prof. Beesdo-Baum, Dr. Härtling	Dipl.-Psych. Hilbert	2016
Börner, Gerda	Depersonalisation und Derealisation bei Prüfungsangst	Prof. Hoyer, Dr. Härtling	M. Sc. Schweden	2015
Böttner, Ute	Personality traits and alcohol consumption in 18- to 19- year-old	Dr. Smolka, Prof. Bühlinger	Dipl.-Psych. Jünger	2014
Bröckel, Kyra	Zusammenhang von prospektivem Gedächtnis und Substanzstörungen	Dr. Behrendt, Dr. Kräplin	Dr. Behrendt	2016
Bruntsch, Sarah	Extinction learning - A possible mechanism of exposure therapy for anxiety disorders?	Prof. Hoyer, Dr. Härtling	M. Sc. van den Berg	2015
Dammann, Viola Nelly	Eine inhaltsanalytische Auswertung des UE-ATR und Zusammenhänge der Ergebnisse mit soziodemographischen Variablen	Dr. Härtling, Dr. Einsle	Dr. Härtling	2015
Di Maio, Sally	Korrelate sozialer Kontrolle im Kontext der Steigerung körperlicher Aktivität	Prof. Hoyer	Prof. Hoyer	2015
Ditschke, Juliana	Wie häufig berichten Personen mit und ohne psychische Störung traumatische Ereignisse? Eine Untersuchung in der deutschen Allgemeinbevölkerung.	Prof. Wittchen, Prof. Beesdo-Baum	Dr. Trautmann	2015
Döbler, Antonia-Sophie	Faktorielle Struktur des Tridimensional Personality Questionnaire bei jungen Erwachsenen in einer Bevölkerungsstichprobe	Prof. Beesdo-Baum, Dr. Strobel	M. Sc. Venz	2015
Dölle, Caroline	Unterschiede der Lebensqualität zwischen behandlingssuchenden, älteren Frauen und Männern mit einer Alkoholkonsumstörung nach DSM-5	Dr. Behrendt, Prof. Bühlinger	Dr. Behrendt	2017
Dotzler, Claudia	Evaluation des internetgestützten Präventionsprogramms Student Bodies-AN hinsichtlich der langfristigen Wirksamkeit	Prof. Jacobi C., Dr. Pieper	Dipl.-Psych. Hütter	2016
Drauscke, Miriam	Zusammenhang von Schlafproblemen und psychischen Störungen bei Soldaten der Bundeswehr	Prof. Wittchen, PD Dr. Knappe	Dipl.-Psych. Heinrich	2014
Dressler, Lisa	Zufriedenheit von Patienten mit Sozialer Phobie mit manualisierter versus nicht-manualisierter Therapie	Prof. Hoyer, Dr. Pittig	Prof. Hoyer, Dr. Pittig	2015
Drignath, Sebastian	Wie viele Studien ignorieren das Problem gemeinsamer Ursache von Mediator und Therapieoutcome?	Dr. Höfler, Prof. Hoyer	Dr. Höfler	2017
Drossel, Anne	Häufigkeit von suizidalen Gedanken in der primärärztlichen Versorgung in Deutschland	Dr. Pieper, Dr. Asselmann	M. Sc. Voss	2016
Dschietzig, Anne	Validierung des Inventars zur Erfassung negativer Effekte in der Psychotherapie (INEP)	Dr. Härtling, Dr. Einsle	Dr. Härtling	2014
Eltner, David	Eine systematische Literaturübersicht zum Thema: Anwendungsfelder und Wirksamkeit des Gruppentrainings sozialer Kompetenzen	PD Dr. Knappe, Prof. Beesdo-Baum	PD Dr. Knappe	2016

LEHRE UND AUSBILDUNG/ABSCHLUSSARBEITEN/THESEN

Bachelorand(in)	Titel	Gutachter	Betreuer	Jahr
Engert, Julia	Literaturreview: Interventionen zur Trennungsangst von Kindern, Jugendlichen und Erwachsenen	PD Dr. Knappe, Prof. Beesdo-Baum	PD Dr. Knappe	2016
Erler, Luisa	Welcher Zusammenhang besteht zwischen Angst- und depressiven Störungen und dem Ausmaß sozialer Unterstützung in Prä- und Postpartalzeit	Prof. Hoyer, Dr. Martini	Dr. Asselmann	2014
Escobar, Kevin Padrón	Effekte von Intertrial-Intervallen bei der Extinktion von Angst	Dr. Pittig	Dipl.-Psych. Heinig	2016
Esquevin, Anne-Louise	Functional disability in anxiety disorders and comorbid unipolar depression	Prof. Beesdo-Baum, Prof. Wittchen	M. Sc. Mack	2015
Ewert, Diana	One's own worst critic: Self-concept and therapy through the lense of social anxiety	Dr. Härtling, Prof. Wittchen	Dr. Härtling	2016
Foth, Franka	Epidemiologie der Intermittierenden Explosiblen Störung: Ergebnisse einer epidemiologischen Querschnittsstudie Jugendlicher und junger Erwachsener	Prof. Beesdo-Baum, PD Dr. Knappe	Prof. Beesdo-Baum	2017
Freitag, Laura	Zusammenhang der Barorezeptorsensitivität und Herzfrequenzvariabilität mit Belastungsfaktoren und Persönlichkeitseigenschaften	Dr. Mühlhan, Dr. Enge	Dr. Mühlhan	2015
Fritz, Johanna	Inanspruchnahmen ambulanter Psychotherapie in Deutschland	Prof. Beesdo-Baum, Prof. Jacobi F.	M. Sc. Mack	2015
Geissler, Susanne	Role of relaxation techniques in preventive interventions - A systematic review	Prof. Beesdo-Baum, Dr. Pieper	Dr. Pieper	2015
Graf, Mike	Moderne und mobile Medien in der Depressionsbehandlung	Prof. Hoyer, Dr. Härtling	Dipl.-Psych. Furka	2015
Groß, Julia	Differential effects of psychotherapy versus pharmacotherapy on numeral activation patterns in anxiety disorders - A systematic review	Prof. Beesdo-Baum, PD Dr. Knappe	Dipl.-Psych. Hilbert	2016
Heidemann, Sophie	Vorhersagen von Depression mittels in der Adoleszenz erhobener Verhaltensparameter	Dr. Hoyer, Prof. Beesdo-Baum	Dr. Hoyer	2015
Helbig, Friederike	Evaluation der Spezialambulanz für Alkohol, Cannabis, Pathologisches Glückspielen und Raucherentwöhnung an der TU Dresden	Prof. Hoyer, Dr. Behrendt	Prof. Hoyer, Dipl.-Psych. Pixa	2015
Herzog, Kristina	Suicidal behavior in community youths from Dresden: Prevalence and associated factors	Dr. Pieper, Dr. Trautmann	M. Sc. Voss	2017
Heumann, Carolin	Der Zusammenhang von Schlafprobleme und belastenden Einsatzereignissen bei Soldaten der Bundeswehr	Prof. Wittchen, Dr. Pieper	Dipl.-Psych. Heinrich	2015
Hoferichter, Esther	Die Rolle der therapeutischen Allianz in der KVT bei Panikstörung mit Agoraphobie für Rationalverständnis und Therapiemotivation	Dr. Härtling, Dr. Einsle	Dipl.-Psych. Wieder	2016
Höft, Sabrina	Die Bedeutung stressbedingter physiologischer Veränderungen zur Vorhersage psychischer Störungen - Ein systematisches Review	Dr. Pieper, Dr. Schmiedgen	Dr. Hoyer	2015
Jachmann, Cordula	Interventions for test anxiety - A systematic review including empirical studies from 2005 to 2015	Prof. Hoyer, PD Dr. Knappe	M. Sc. Schweden	2016
Jackson, Danielle Lydia	How much do primary care patients drink? And how much does the GP think they are drinking? - Alcohol drinking amounts estimated by patients and their GPs	Prof. Rehm, Dr. Pieper	Dipl.-Psych. Manthey, Dipl.-Psych. Kuitunen-Paul	2016
Jakob, Max	Vergleich von itembasierter versus summenscorebasierter Rückfallvorhersage durch „Selbstwirksamkeitserwartung“ im Rahmen eines strukturierten Gruppenprogramms zur Tabakentwöhnung	Prof. Bühringer, Prof. Endrass	Dipl.-Psych. Kuitunen-Paul	2017
Jaschinsky, Yvonne	Die Wirksamkeit von Interventionen zur Stressreduktion in nicht-klinischen Stichproben - Ein Überblick zu Befunden aus Metaanalysen und Reviews	Prof. Jacobi C., Dipl.-Psych. Beintner	Prof. Jacobi C.	2016
Junghänel, Michaela	Always look on the bright side of life? Assoziationen zwischen Resilienz, Emotionsregulation und emotionsbezogenen Aufmerksamkeitsverzerrungen bei Soldaten der Bundeswehr	Prof. Wittchen, Dr. Mühlhan	Dipl.-Psych. Schäfer	2015

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Bachelorand(in)	Titel	Gutachter	Betreuer	Jahr
Kant, Lisa-Sophie	Der prädiktive Wert einzelner Items des Fragebogens zu Prämenstruellem Syndrom und Prämenstrueller Dysphorischer Störung für die Diagnosen Prämenstruelles Syndrom und Prämenstruelle Dysphorische Störung	Prof. Beesdo-Baum, Dr. Behrendt	Dr. Hoyer	2015
Kanzler, Victoria	The impact of spousal loss on drinking patterns of older adults - A systematic literature review	Dr. Behrendt, Prof. Bühringer	Dipl.-Psych. Kohlmann	2015
Käther, Natalie	Suizidalität im Jugend- und jungen Erwachsenenalter	Prof. Beesdo-Baum, Dr. Pieper	Dr. Asselmann	2015
Kirchweis, Stefanie	Expositionstherapie bei Angststörungen: Ist die Furchtreduktion mit Habituation vereinbar?	Prof. Hoyer, Dr. Härtling	Dipl.- Psych. Heinig	2015
Kirmse, Karolina	Assoziationen zwischen subjektiver Schlafqualität „reinen“ versus komorbiden Angst- und depressiven Symptomen in der primärärztlichen Versorgung	Dr. Pieper, Prof. Wittchen	Dr. Pieper	2014
Kleine, Anne-Kathrin	Zusammenhang Premenstrual Dysphoric Disorder und Major Depressiv Disorder	Prof. Beesdo-Baum, M. Sc. Seibel	Dr. Hoyer	2016
Koch, Franziska	Der Zusammenhang von Persönlichkeit, Trinkmotiven und Alkoholkonsum bei 18-jährigen Männern	Dr. Behrendt, Dr. Härtling	Dipl.-Psych. Kuitunen-Paul	2014
Kopp, Marie	Persönlichkeitsmerkmale als Risiko - oder Schutzfaktor von Angststörungen - Ein systematischer Review	Prof. Beesdo-Baum, Prof. Strobel	M. Sc. Voss	2015
Korn, Annelie	Die Auswirkung des subjektiven Rational, der Wirksamkeitserwartung und des subjektiven Kompetenzzempfindens auf die Durchführung von Exposition bei Angststörungen	Dr. Pittig, Prof. Hoyer	Dr. Pittig	2016
Kress, Victoria	Die subjektive Schlafqualität während der Schwangerschaft in Abhängigkeit von mütterlichen depressiven Störungen in der Vorgeschichte	Dr. Martini, Prof. Wittchen	Dipl.-Psych. Petzoldt	2015
Krienitz, Lisa	Der Zusammenhang zwischen traumatischen Lebensereignissen und suizidalem Verhalten - ein systematisches Review	Dr. Pieper, Dr. Martini	M. Sc. Voss	2015
Kruse, Johanna	Neural correlates of exploration and exploitation in the addicted brain - An fMRI-study	Dr. Smolka, Dr. Mühlhan	Dipl.-Psych. Nebe	2016
Kunze, Mario	Nebenwirkungen von Psychotherapie: Eine systematische Literaturübersicht zu Begriffen und Definitionen	Dr. Härtling, Dr. Einsle	Dr. Härtling	2015
Lebahn, Jane	Zusammenhang von Störungsschweregrad und Angstkomorbidität mit der Lebensqualität bei Angststörungen	PD Dr. Knappe, Prof. Wittchen	Dipl.- Psych. Heinig	2016
Legler, Eric	Objektive Erfassung von Fatigue durch Alertness bei Multiple Sklerose	Dr. Pieper, Dr. Ziemssen	Dipl.- Psych. Paucke	2015
Lemser, Sophie	Schweregradeinschätzung und Ursachenzuschreibung von unerwünschten Ereignissen in der Psychotherapie - Ein Vergleich von Patientenurteil und Raterbeurteilung	Dr. Härtling, Dr. Einsle	Dr. Härtling	2015
Leonhardt, Lieselotte	Ist geringer Selbstwert ein stärkerer Prädiktor für Soziale Phobie als für andere Angststörungen? Ergebnisse einer prospektive-longitudinalen Studie bei Jugendlichen und jungen Erwachsenen	Dr. Asselmann, Prof. Beesdo-Baum	Dr. Asselmann	2015
Li, Yijun	Emotionales Arousal in der Rationalableitung bei der Therapie von Panikstörung mit Agoraphobie und der Zusammenhang mit der Bereitschaft für die Exposition in vivo	Dr. Härtling, Dr. Pieper	Dipl.-Psych. Wieder	2016
Lich, Viola	Der Einfluss von Geschlecht, Beziehungsstatus und Beziehungslänge auf sexuelle Störungen in einer ambulanten Stichprobe	Prof. Hoyer, PD Dr. Knappe	Dipl.-Psych. Schierz	2016
Lux, Sophie	Epidemiological indicators of separation anxiety disorder in adults: A literature review	Prof. Beesdo-Baum	Prof. Beesdo-Baum	2014
Nitschke, Annabell	Ein systematischer Überblick: Prävalenz traumatischer Ereignisse bei Klein- und Vorschulkindern und den daraus resultierenden Traumafolgestörungen	Prof. Beesdo-Baum, Prof. Hoyer	Dr. Ahrens-Eipper, M. Sc. Seibel	2016

LEHRE UND AUSBILDUNG/ABSCHLUSSARBEITEN/THESES

Bachelorand(in)	Titel	Gutachter	Betreuer	Jahr
Maruska, Jan David	Forschungsdesign zur Testkonstruktion für die Erfassung der Gewichtung der Ebenen im Kommunikationsmodell von Schulz von Thun bei der Nachrichteninterpretation	Prof. Hoyer, Prof. Strobel	Prof. Hoyer	2015
Meyer, Esther	Auswirkung unterschiedlicher Anreizsysteme während der Angstexposition auf die Senkung von Vermeidungsverhalten bei Menschen mit Angst vor Spinnen	Dr. Pittig Prof. Hoyer	Dr. Pittig	2016
Michels, Paula Louise	Der desorientierte Bindungsstil - ein Risikofaktor für die Entwicklung einer Borderline Persönlichkeitsstörungen? Ein Literaturreview.	Dr. Härtling, Dr. Martini	M. Sc. Mack	2015
Mönius, Carina	Ein Review zur Diskrepanz zwischen objektiver und subjektiver Stresserfahrung mit Schwerpunkt auf Patienten mit Angst und affektiven Störungen	Prof. Beesdo-Baum, Dipl.-Psych. Kentner- Hofmann	Dr. Hoyer	2015
Mugler, Kristina	Der Einfluss der chronischen tumorassoziierten Fatigue auf die berufliche Rehabilitation von Brustkrebspatienten: Ein systematischer Literaturreview	Dr. Härtling, Dr. Alexander	Dr. Härtling	2016
Muth, Ronja	Cognitive Bias Modification Treatments bei Angst und Depression - Ein Review	Prof. Wittchen	Dipl.-Psych. Schäfer	2017
Müller, Johanna-Lucia	Der Zusammenhang zwischen therapeutischer Adhärenz bei der Rationalableitung, Rationaleinsicht des Patienten und dem Therapieabbruch nach der kognitiven Vorbereitung - Eine Untersuchung zur kognitiven Verhaltenstherapie bei Patienten mit Panikstörung und Agoraphobie	Dr. Trautmann, Dr. Einsle	Dipl.-Psych. Wieder	2016
Müller, Susanne Maja	Wirksamkeit einer multimodalen Schmerztherapie	Prof. Beesdo-Baum, PD Dr. Kaiser	Prof. Beesdo-Baum	2016
Müller, Theresa	Do withdrawal symptoms predict relapse in adult participants of a face-to-face smoking cessation program?	Prof. Bühringer, Dr. Kräplin	Dipl.-Psych. Kuitunen-Paul	2016
Nikolay, Tanja	Beeinträchtigt Early Life Stress die Wirksamkeit Kognitiver Verhaltenstherapie bei Angststörungen?	Dr. Trautmann, Dr. Härtling	Dr. Trautmann	2016
Oeters, David	Aufwachsen als Einzelkind - Schutz - oder Risikofaktor für Soziale Fertigkeiten, Schüchternheit und Soziale Phobie?	Prof. Hoyer, PD Dr. Knappe	Prof. Hoyer	2017
Padro'n Escobar, Kevin	Effekte von intertrial Intervallen bei der Extinktion von Angst	Dr. Pittig, Prof. Wittchen	Dipl.- Psych. Heinig	2016
Pauli, Majra	Der Zusammenhang von Experiential Avoidance und PTSD-Symptomatik nach traumatischen Ereignissen - Eine longitudinale Studie bei Soldaten der Bundeswehr	Dr. Trautmann, Prof. Wittchen	Dr. Trautmann	2016
Perterer, Benjamin	Unsicherheitsintoleranz und Ambiguitätsintoleranz - Eine faktoranalytische Untersuchung zur Trennbarkeit der Konstrukte mittels Fragebogenitems	Prof. Beesdo-Baum, Dr. Härtling	Prof. Beesdo-Baum	2015
Pfarr, Anna-Lisa	The role of parental cognitions in sleeping problems in toddlers and young children - A systematic review	Dr. Härtling, Dr. Martini	Dr. Härtling	2016
Probst, Andrea	Zeigen ehemalige Psychotherapiepatienten ein besseres Gesundheitsverhalten?	Prof. Jacobi F., Prof. Hoyer	Prof. Jacobi F.	2016
Recker, Cornelius	Der Zusammenhang zwischen Insulinresistenz und Depression - Eine querschnittliche Betrachtung	Dr. Pieper, Prof. Hoyer	Dr. Pieper	2016
Reincke, Henriette	Geschlechterunterschiede in Annäherungs-Vermeidungs-Konflikten	Dr. Pittig, Prof. Hoyer	Dr. Pittig	2016
Richter, Dennis	Wie beeinflussen Selbstzweifel und negative Einstellungen auf Seiten der Psychotherapeuten die Anwendung von Expositionstherapie bei Angststörungen?	Dr. Pittig, Prof. Hoyer	Dr. Pittig	2017
Richter, Lena	Aspekte des Therapeutenverhaltens als Wirkfaktoren in der Motivierenden Gesprächsführung zur Intervention bei Alkoholstörungen und problematischem Alkoholkonsum	Dr. Behrendt, Prof. Bühringer	Dr. Behrendt	2016

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Bachelorand(in)	Titel	Gutachter	Betreuer	Jahr
Richter, Lisa	Traumatische Ergebnisse der Inzidenz von Angststörungen - Eine prospektiv-longitudale Studie bei Jugendlichen und jungen Erwachsenen	Prof. Beesdo-Baum, Dr. Pieper	Dr. Asselmann	2015
Röndings, Rebecka	Trainingsverläufe bei Patienten mit idiopathischen Parkinsonsyndrom in virtual-realitybasierten Aufgaben zum räumlichen Lernen und Gedächtnis	Prof. Li, Dr. Mühlhan	Dr. Thurm	2015
Roskinski, Nikolai	Validierung des Kurzfragebogens zur Sexualität (KFS) anhand einer unspezifischen Stichprobe	Prof. Hoyer, Dr. Mühlhan	Dipl.-Psych. Schierz	2016
Rössl, Valentin	Prevalence and course of anxiety disorders - A systematic review	Dr. Pieper, Prof. Beesdo-Baum	Dr. Pieper	2016
Roth, Jeaninne	Auswertung der Daten der KV-Ambulanz zur Erstversorgung von Geflüchteten im Raum Dresden	Dr. Härtling, Prof. Schellong	Dr. Härtling	2016
Rothe, Nicole	Der Zusammenhang zwischen Beziehungszufriedenheit, partnerschaftlicher Kommunikation und Trennungsangst bei Patienten mit Panikstörung und Agoraphobie	Dr. Einsle, Dr. Knappe	Dipl.-Psych. Wieder	2014
Sack, Judith	The association between maternal depressive symptoms and infant sleeping problems: A systematic review	Prof. Wittchen, PD Dr. Knappe	Dipl.-Psych. Petzoldt	2017
Schmuck, Adele	Qualität von Befürchtungen in Expositionsübungen und ihre inhaltlichen Passungen zur Diagnose	Dr. Pittig, Prof. Hoyer	Dr. Pittig	2015
Schommartz, Iryna	Attentional bias and posttraumatic stress disorder: A systematic review	Prof. Wittchen, Dr. Mühlhan	Dipl.-Psych. Schäfer	2015
Schutkowski, Nadja-Katharina	Prävalenz von Zwangsstörungen in Deutschland und die Häufigkeit von Zwangsgedanken und -handlungen	Prof. Wittchen, Prof. Beesdo-Baum	Dipl.- Psych. Heinig	2015
Seuffert, Julian	Der Zusammenhang zwischen langfristigem Therapieerfolg und dem Verständnis des Therapierationalen sowie der Motivation bei der Rationalableitung in der Kognitiven Verhaltenstherapie bei Panikstörung und Agoraphobie	Dr. Härtling, Dr. Trautmann	Dipl.-Psych. Wieder	2016
Siegl, Marie-Kristin	Der Zusammenhang zwischen sozialer Phobie und suizidalem Verhalten bei Jugendlichen und jungen Erwachsenen: Ein systematisches Review	Dr. Pieper, PD Dr. Knappe	M. Sc. Voss	2015
Siegmund, Cornelia	Neuronale Korrelate von Lernen und Gedächtnis unter Stress: Eine Überichtsarbeit	Dr. Wolfensteller, Dr. Mühlhan	Dr. Wolfensteller	2016
Söhlemann, Anabel	Attention deficit hyperactivity disorder in a community sample of adolescents and young adults: Prevalence, comorbidities and association with school grades	Prof. Beesdo-Baum, Prof. Wittchen	Prof. Beesdo-Baum	2017
Staab, Katrin	Die querschnittliche Assoziation zwischen körperlicher Aktivität und Depression - Ergebnisse einer Klinisch-epidemiologischen Querschnitts- und prospektiven Längsschnittstudie in der primärärztlichen Versorgung (DETECT)	Dr. Pieper, Prof. Wittchen	Dr. Pieper	2015
Stephan, Maja	Die Rolle der therapeutischen Empathie für die Therapie von Panikstörung mit Agoraphobie - Ein systematisches Review	PD Dr. Knappe, Dr. Trautmann	Dipl.-Psych. Wieder	2016
Sura, Charis	Prevalence and recognition of depression in primary care: A systematic review	Prof. Beesdo-Baum, Prof. Wittchen	Prof. Beesdo-Baum	2015
van de Schepop, Rüdiger	Sind Kompetenz- oder Performanzdefizite assoziiert mit ungeschicktem Verhalten bei sozial ängstlichen Menschen? Eine systematische Literaturübersicht	Dr. Härtling, PD Dr. Knappe	Dr. Härtling	2016
von Bloh, Laura	Inhibition und Zielaufrechterhaltung bei Nikotinabhängigkeit	Prof. Bühringer, Dr. Härtling	Dr. Kräplin	2014
Welling, Eva Maria	Vergleich subjektiver und genitaler sexueller Erregung bei Frauen mit sexuellen Appetenz- und Erregungsstörungen	Prof. Hoyer, Dr. Härtling	Dipl.-Psych. Schierz	2016
Wessels, Daniela Christiane	What doesn't kill us make us...what exactly? What is the relation between traumatic events and changes in trait resilience?	Prof. Wittchen, Dr. Mühlhan	Dipl.-Psych. Schäfer	2016

LEHRE UND AUSBILDUNG/ABSCHLUSSARBEITEN/THESEN

Bachelorand(in)	Titel	Gutachter	Betreuer	Jahr
Wideburg, Sabrina	The relationship between maternal peripartum depression and anxiety and infant feeding problems: A systematic review of the years 2000-2015	Jun.-Prof. Dr. Martini, Prof. Wittchen	Dipl.-Psych. Petzoldt, Jun.-Prof. Dr. Martini	2015
Will, Jana	Die Rolle körperlicher Aktivität für die Entwicklung inzidenter Angststörungen. Eine prospektiv-longitudinale Studie bei Jugendlichen und jungen Erwachsenen	Dr. Asselmann, Prof. Beesdo-Baum	Dr. Asselmann	2016
Wulf, Vanessa	Preventive interventions for externalizing behavior in childhood. A systematic Review	Prof. Beesdo-Baum, Dr. Pieper	MPH Groch	2015
Wülker, Ann Carolin	Intensität und Bewusstsein emotionalen Erlebens bei Patienten mit Generalisierter Angststörung: Ein systematischer Literatur-Review	Dr. Kräplin, Prof. Wittchen	Dipl.-Psych. Weber	2017
Zehlein, Laura	Konfliktüberwachung bei Rauchern mit Nikotin-abhängigkeit nach DSM-IV im Vergleich zu Niemalsrauchern	Prof. Bühringer, Dr. Behrendt	Dr. Kräplin	2015
Ziem, Max	Sex differences in structural and functional neuro-anatomy in major depression: A systematic review of neuroimaging studies	Prof. Beesdo-Baum, Dr. Martini	Dipl.-Psych. Hilbert	2015
Ziesch, Claudia	Ausgewählte Verlaufsmerkmale der Depression und ihr Zusammenhang mit Partnerschaftsqualität	PD Dr. Knappe	PD Dr. Knappe	2017
Zscheschang-König, Myriam	Hilf dem Therapeuten, dir zu helfen! - Der Zusammenhang von Zweifeln und deren Äußerung in der kognitiven Verhaltenstherapie bei Panikstörung mit Agoraphobie mit der Therapeutischen Allianz	Dr. Härtling, Dr. Einsle	Dipl.-Psych. Wieder	2015

Laufende Bachelorarbeiten

Bachelorand(in)	Titel	Gutachter	Betreuer	Jahr
Dösereck, Esther	Die Rolle des Prediction-Errors in der Expositionstherapie anhand von Fallbeispielen	Dr. Pittig, Prof. Wittchen	Dr. Pittig	...
Fiebig, Johanna	Emotionsmuster und emotionales Arousal bei Panikstörung mit Agoraphobie: Zusammenhang mit Schweregrad und komorbider Depression	Dr. Pittig, Dr. Pieper	Dipl.-Psych. Weber	...
Gründel, Lisette	Sexuelle Symptome im Verlauf der Schwangerschaft und nach der Geburt	Prof. Beesdo-Baum	Dr. Asselmann	...
Helbig, E.	Zusammenhänge zwischen familiären Faktoren und Trait-Resilienz. Ergebnisse einer repräsentativen Studie bei Jugendlichen und jungen Erwachsenen	Prof. Beesdo-Baum	Dr. Asselmann	...
Hein, A.	Rekrutierung für ein Online-Programm zur Prävention von Essstörungen in der Allgemeinbevölkerung: Wen erreichen wir auf welchem Weg?	Dr. Beintner, Dr. Trautmann	Dr. Beintner, Dipl.-Psych. Nacke	...
Koal, Charlotte	Auffälliges Computerspielen und Alkoholkonsum – Welche Assoziationen zeigen sich längs- und querschnittlich bei 18jährigen Männern?	Prof. Beesdo-Baum	Dipl.-Psych. Kuitunen-Paul	...
Michels, Beatrice	Betrachtung der Rolle des Angstabfalls und der Patientenbefürchtung für den Erfolg von Expositionsübungen - Eine Klinische Fallstudie	Dr. Pittig, Prof. Wittchen	Dr. Pittig	...
Möggenried, Anna	Wie wirksam ist die Behandlung zum Kontrollierten Trinken bei Alkoholkonsumstörungen in deutschsprachigen Ländern?	Prof. Endrass	Dipl.-Psych. Kuitunen-Paul	...
Schäfer, Ulrike	Eine inhaltliche Kategorisierung von Befürchtungen in der Expositionstherapie bei Angststörungen	Dr. Pittig, Prof. Wittchen	Dr. Pittig	...
Schmidtke, Sonja	n. n.	PD Dr. Knappe	PD Dr. Knappe	...
Untisz, Catharina	Prävalenz von Nicht-suizidalem selbstverletzendem Verhalten bei Jugendlichen und jungen Erwachsenen im Raum Dresden	Dr. Hoyer, Prof. Beesdo-Baum	M. Sc. Voss	...
Werner, Isabell	Die Qualität von Befürchtungen im Zusammenhang zu erlebter und erwarteter Angst in Expositionsübungen	Dr. Pittig, Prof. Wittchen	M. Sc. Dehler	...

Staatsexamen-Studiengang Psychologische Psychotherapie

Geschäftsführung:	Professor Dr. Hans-Ulrich Wittchen
Klinische Gesamtleitung:	Prof. Dr. Jürgen Hoyer
Studiengangsleitung:	Dipl.-Psych. Anja Kathleen Gerschler
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	Tel.: +49 (351) 463 36979 Fax: +49 (351) 463 36955 E-Mail: studiengang.ppt@mailbox.tu-dresden.de
Studienbeginn:	jährlich im Oktober
Bewerbungen:	werden ständig entgegengenommen
Postadresse:	IAP-TU Dresden GmbH am Institut für Klinische Psychologie und Psychotherapie TU Dresden Studiengang Psychologische Psychotherapie Chemnitzerstrasse 46 01062 Dresden
Besucheradresse:	Institutsambulanz, Tagesklinik und Aufbaustudiengang Hohe Straße 53 01187 Dresden
Homepage:	Web: www.iap-dresden.de
Organisation und Träger:	Der Aufbaustudiengang ist eine Einrichtung des Instituts für „Klinische Psychologie und Psychotherapie“ unter der Trägerschaft der Institutsambulanz und Tagesklinik für Psychotherapie der Technischen Universität Dresden (IAP-TU Dresden GmbH)



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**Studiengang
„Psychologische Psychotherapie“
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Formale Zulassungsvoraussetzungen sind ein im Inland abgeschlossenes Hochschulstudium im Studiengang Psychologie unter Einschluss des Faches Klinische Psychologie oder ein in einem anderen Staat erfolgreich abgeschlossenes gleichwertiges Hochschulstudium. Ein Wechsel von anderen staatlich anerkannten Ausbildungsinstituten ist unter den o. g. Voraussetzungen zum jeweiligen Ende des Ausbildungsjahres möglich. Studienleistungen, die an diesen Ausbildungsstätten erbracht wurden, werden durch die Ausbildungsleitung geprüft und können auf Antrag anerkannt werden.

Aufbau und Struktur des 3- bzw. 5-jährigen Studienganges entsprechen den Richtlinien des Psychotherapeutengesetzes und der Ausbildungs- und Prüfungsverordnung für Psychologische Psychotherapeuten und berechnen nach erfolgreichem Abschluss zum Antrag auf Approbation als „Psychologischer Psychotherapeut“ (Schwerpunkt Verhaltenstherapie). Das Institut ist Mitglied im Verbund universitärer Ausbildungsinstitute (UniTh) sowie dem Deutschen Fachverband für Verhaltenstherapie e. V. (DVT). Jährlich beginnen im Herbst 15 Teilnehmer ihre Ausbildung.

Viele Studierende des Aufbaustudienganges haben ein großes Interesse an einer wissenschaftlichen Ausrichtung ihrer Karriere. Dieses Ziel wird durch unsere Mitarbeiter und unsere Infrastruktur gefördert und unterstützt und der hohe Anteil von 43 promovierten Ausbildungsteilnehmern ist Erfolg und Ansporn zugleich. Eine Besonderheit ist, dass die Aufbaustudenten die Möglichkeit haben, als Studientherapeuten unter besonders intensiven Lernbedingungen an Therapiestudien mitzuwirken. Bisher hat der Aufbaustudiengang 236 Teilnehmer aufgenommen, von denen bereits 133 die Ausbildung erfolgreich beendet haben. Derzeit sind 91 Ausbildungsteilnehmer immatrikuliert.

Ausbildungscurriculum, Infrastruktur und Kooperationen

Der **theoretische Teil** der Ausbildung (Hohe Straße 53) umfasst neben 200 Stunden Grundausbildung auch 400 Stunden anwendungsbezogene Inhalte, welche durch einen lehrbezogenen Qualitätszirkel evaluiert werden. Dazu wurde ein eigenes Rückmelde- und Evaluationssystem entwickelt, mit dem jede Lehrveranstaltung und jeder Dozent zeitnah nach quantitativ-statistischen und qualitativen Maßstäben bewertet wird. Die Ausbildungsteilnehmer haben über das Curriculum hinaus die Möglichkeit, an wissenschaftlichen Projekten des Instituts für Klinische Psychologie und Psychotherapie mitzuarbeiten sowie einschlägige Seminare und Vortragsangebote zu besuchen. Seit 2002 haben alle Ausbildungsteilnehmer ferner die Möglichkeit zu Sonderkonditionen an den „Dresdner Verhaltenstherapiewochen“ teilzunehmen. In der Institutsambulanz und in der integrierten Ausbildungsambulanz stehen den Ausbildungskandidaten neben technisch aufwändig ausgestatteten Seminarräumen 25 Therapieräume zur Durchführung der Ausbildungstherapien unter Videokontrolle zur Verfügung sowie Vor- und Nachbereitungsarbeitsplätze.

Die diagnostischen Untersuchungen erfolgen weitgehend computerisiert (11 PC Arbeitsplätze). Für die **praktische Ausbildung** und die ambulante praktische Tätigkeit wurden erfolgreich Kooperationen mit verschiedensten Versorgungseinrichtungen in Sachsen und mit praktisch tätigen, besonders qualifizierten Supervisoren aufgebaut (siehe Kapitelende). Der Weiterbildungsverbund „Psychologische Psychotherapie“ der TU Dresden, in dem leistungsstarke psychiatrische Kliniken und ambulante Einrichtungen der Region zusammengeschlossen sind, sichert für die Teilnehmer des Aufbaustudienganges die klinische praktische Tätigkeit (Psychiatrisches Jahr).

Die Ausbildungstherapien werden unter Anleitung und Supervision ebenfalls in der Hohen Str. 53 durchgeführt. Neben externen Supervisoren stehen Kursbetreuer und Haus-Supervisoren zeitnah als Ansprechpartner zur Verfügung. Die Ausbildungsteilnehmer werden routinemäßig dazu angeleitet, die an der Institutsambulanz entwickelten standardisierten Diagnose-, Dokumentations- und Qualitätssicherheits-Standards anzuwenden und haben die Möglichkeit die in klinisch-therapeutischen Forschungsprojekten des Instituts für Klinische Psychologie und Psychotherapie neu entwickelten innovativen Psychotherapieverfahren kennen zu lernen.

Die Institutsambulanz betreut jährlich über 1500 Patientinnen und Patienten, so dass die Ausbildungsteilnehmer während der praktischen Ausbildung ein großes Störungsspektrum kennenlernen können. Besondere Behandlungsschwerpunkte liegen in den Bereichen Angststörungen und Depressionen, Akute und Posttraumatische Belastungsstörungen, Somatoforme und Schlafstörungen, Suchtprobleme und Essstörungen. Spezialambulanzen und innovative Therapiemodelle runden das attraktive Ausbildungsangebot ab.

Dozentenliste 2016/2017

Frau Dr. S. Ahrens-Eipper (Halle)	Herr Dr. C. Koban (Bochum)
Frau Dipl.-Psych. K. Anacker (Dresden)	Frau Dr. P. Krause (Dresden)
Frau Dr. R. Bauer (Dresden)	Herr Dipl.-Psych. R. Kroymann (Dresden)
Herr Prof. Dr. M. Berking (Marburg)	Frau Dr. Y. Kulbartz-Klatt (Berlin)
Herr Prof. Dr. F. Balck (Dresden)	Herr Dr. C. Kulke (Dresden)
Frau Prof. Dr. K. Beesdo-Baum (Dresden)	Herr Dr. T. Lang (Bremen)
Frau Dr. S. Behrendt (Dresden)	Frau Dipl.-Psych. A. Mordt-Stoll (Dresden)
Frau Dipl.-Psych. S. Bojanowski (Berlin)	Herr Prof. Dr. S. Mühlig (Chemnitz)
Frau Dr. A. Boos (Dresden)	Herr Dr. P. Neudeck (Köln)
Frau Dr. D. Dörfel (Dresden)	Herr Dr. H. Niemann (Leipzig)
Herr Prof. Dr. G. Eifert (Port Angeles, USA)	Herr Dr. A. Poldrack (Dresden)
Frau Dr. F. Einsle (Dresden)	Herr Dr. H. Richter (Dresden)
Herr Dr. C. Flückiger (Bern)	Herr PD M. Rinck (Nijmegen)
Frau Dipl.-Psych. C. Fröhlich (Saßnitz)	Herr Dr. J. Roth (Berggießhübel)
Herr Prof. Dr. S. Gauggel (Aachen)	Herr Dr. N. Sassim (Dresden)
Frau Dipl.-Psych. A. Gerschler (Dresden)	Herr Dipl.-Psych. Henning Schmitz-Peiffer (Dresden)
Herr Prof. Dr. J. Hoyer (Dresden)	Frau Dr. S. Schönfeld (Dresden)
Herr Prof. Dr. B. Jabs (Dresden)	Frau Dipl.-Psych. Ulrike Schulze (Struppen)
Frau Prof. Dr. C. Jacobi (Dresden)	Herr Dr. P. Schuster (Dresden)
Herr Prof. Dr. F. Jacobi (Berlin)	Herr PD Dr. K. Seikowski (Leipzig)
Frau Dr. J. Junge-Hoffmeister (Dresden)	Herr Dr. R. F. Tauber (Bad Lausick)
Frau Dr. A. Keller (Dresden)	Herr Dr. R. T. Vogel (Ingolstadt)
Herr Prof. Dr. S. Klingberg (Tübingen)	Frau Dipl.-Psych. D. Westphal (Dresden)
Frau Dr. B. Knab (München)	Herr Prof. Dr. H. Znoj (Bern)
	Herr Dr. D. Zedlick (Glauchau)

Supervisorenliste 2016/2017

Herr Prof. Dr. F. Balck	Universitätsklinikum Dresden, Lehrstuhl für Medizinische Psychologie
Frau Prof. Dr. K. Beesdo-Baum	TU Dresden, Institut für Klinische Psychologie und Psychotherapie
Frau Dr. A. Boos	Dresdner Fortbildungszentrum für Traumatherapie
Frau Prof. Dr. F. Einsle	SHR Fachhochschule für Gesundheit, Gera
Frau Dipl.-Psych. Anja K. Gerschler	Institutsambulanz und Tagesklinik für Psychotherapie an der TU Dresden GmbH
Herr Prof. Dr. J. Hoyer	TU Dresden, Institut für Klinische Psychologie und Psychotherapie
Frau Prof. Dr. C. Jacobi	TU Dresden, Institut für Klinische Psychologie und Psychotherapie
Frau Dipl.-Psych. R. John	Freie Praxis, Dresden
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Frau Dr. P. Krause	Freie Praxis, Dresden
Herr Dipl.-Psych. R. Kroymann	Freie Praxis, Dresden
Herr Dr. C. Kulke	Freie Praxis, Dresden
Frau Dipl.-Psych. Lambrette	Freie Praxis, Dresden
Herr Dr. R. Leibbrand	Freie Praxis, Dresden
Herr Dr. P. Neudeck	Freie Praxis, Köln
Herr Dr. A. Poldrack	Dresdner Praxis für Angewandte Psychotherapie (DPAP)
Herr Dr. J. Roth	MEDIAN-Klinik, Berggießhübel
Herr Dr. N. Sassim	Krankenhaus Dresden-Friedrichstadt
Herr Dr. P. Schuster	Freie Praxis, Dresden
Herr Dr. R. Tauber	Sachsenklinik Bad Lausick, Psychosomatik
Frau Dipl.-Psych. U. Schulze	Freie Praxis, Struppen
Herr Dr. R. Vogel	Freie Praxis, Ingolstadt
Frau Dipl.-Psych. D. Westphal	Institutsambulanz und Tagesklinik für Psychotherapie an der TU Dresden GmbH

Kooperationskliniken 2016/2017

Asklepios Fachklinikum Wiesen GmbH, Wildenfels
Diakoniewerk Zschadraß, Klinik für Psychiatrie und Psychotherapie, Colditz
Celenus-Klinik Carolabad, Med. Rehabilitationszentrum für Psychotherapie, Psychiatrie und Psychosomatik, Chemnitz
Elblandkliniken Meißen-Radebeul GmbH, Klinik für Psychiatrie und Psychotherapie Radebeul
Fliedner Krankenhaus Ratingen, Allgemeine Psychiatrie und Psychotherapie, Ratingen
Helios Klinik Schwedenstein, Fachklinik für Psychosomatische Medizin, Pulsnitz
Klinik am Waldschlösschen, Fachklinik für Psychosomatische Medizin, Dresden
Klinik Bavaria, Klinik für Psychotherapie und Verhaltensmedizin, Kreischa
Klinikum Chemnitz gGmbH, Klinik für Psychiatrie, Verhaltensmedizin und Psychosomatik, Chemnitz
Klinikum Pirna GmbH, Klinik für Psychiatrie und Psychotherapie, Pirna
Krankenhaus Dresden-Friedrichstadt, Städtisches Klinikum, Klinik für Psychiatrie und Psychotherapie, Dresden
Krankenhaus Spremberg, Fachbereich Psychiatrie, Psychotherapie und Psychosomatik, Spremberg
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Parkrankenhaus Leipzig-Südost GmbH, Klinik für Psychiatrie, Psychosomatik und Psychotherapie, Leipzig
Psychosomatische Klinik Windach

LEHRE UND AUSBILDUNG/STAATSEXAMENSTUDIENGANG

Rudolf- Virchow-Klinikum Glauchau, Psychiatrische Klinik, Glauchau

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Sächsisches Krankenhaus Hochweitzschen, Fachkrankenhaus für Psychiatrie und Psychotherapie Bethanien, Hochweitzschen

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Vivantes Netzwerk für Gesundheit - Humboldt-Klinikum Klinik für Psychiatrie, Psychotherapie & Psychosomatik, Berlin

Vivantes Klinikum am Urban Berlin, Klinik für Psychiatrie, Psychotherapie und Psychosomatik, Berlin

Warneford Hospital, University of Oxford, Department of Psychiatry, Oxford, U. K.

Institutsambulanz für Forschung und Lehre in Zusammenarbeit mit der IAP-TU Dresden GmbH

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Spezialambulanz Soziale Phobie

Prof. Dr. Jürgen Hoyer

Therapie bei Substanzstörungen

Dipl.-Psych. Anja Pixa

Therapie, Forschung und Lehre:

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Dipl.-Psych. Anja Gerschler
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Dipl.-Psych. Maria Leckscheid
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Ambulanz für Kinder- und Jugendlichenpsychotherapie

PD Dr. Susanne Knappe

Aufgabenspektrum:

- **Sicherung einer anwendungs- und praxisorientierten Lehre im Masterstudiengang Klinische Psychologie und Psychotherapie**
- **Auswahl von Patienten für die praktische Ausbildung im Rahmen des Aufbaustudiums „Psychologischer Psychotherapeut“ gemäß Psychotherapeutengesetz (PTG)**
- **Sicherstellung eines optimalen Patientenzugangs für die Durchführung klinischer Forschungsprojekte**
- **Erprobung neuer und Verbesserung bestehender Interventionen, Strategien und Versorgungsmodelle mittels kontrollierter Therapie- und Evaluationsstudien**
- **Bereitstellung eines hinreichend umfassenden und auf höchster Qualitätsstufe stehenden therapeutischen Versorgungsangebots mit den jeweils aktuellsten und besten therapeutischen Interventionen**
- **Weiterbildung aller Mitarbeiterinnen und Mitarbeiter des Instituts für Klinische Psychologie und Psychotherapie auf der Grundlage des Scientist-Practitioner-Modells**

Die Institutsambulanz bietet umfassende diagnostische und psychotherapeutische Hilfe bei allen Formen psychischer Störungen mit Krankheitswert und unterhält störungsspezifische Spezialangebote, auch und insbesondere bei komorbiden und chronifizierten Krankheitsverläufen.

Arbeitsweise und Ziele

Das Grundprinzip der Institutsambulanz ist es, basierend auf einer besonders sorgfältigen, standardisierten und z. T. computerisierten klassifikatorischen und klinisch-therapeutischen Erstdiagnostik, zu einer optimal abgestimmten Auswahl der Therapiemethoden zu kommen. Es wird für jeden Patienten ein differenzierter und individuell abgestimmter Therapie- bzw. Interventionsplan erstellt und standardisiert dokumentiert. Dazu gehört die Festlegung der bestmöglichen Zeitdauer und Dichte der Therapie.

Es ist ein Charakteristikum, dass wir als Kompetenzzentrum für Differentialdiagnostik häufig auch Patienten an andere Einrichtungen weitervermitteln (Optimierung der Versorgung). Die Therapiedurchführung wird in jedem Einzelfall routinemäßig besonders sorgfältig hinsichtlich der Qualität dokumentiert und wissenschaftlich begleitet. In einzelnen Indikationsbereichen ist die Therapie eng mit der Therapieforschung verbunden, um zukünftig noch bessere Therapien anbieten zu können.

Ein zentrales Ziel der Forschungs- und Lehrambulanz liegt in der wissenschaftlichen Weiterentwicklung psychotherapeutischer Verfahren. Dabei werden sowohl inhaltliche Verbesserungen störungsspezifischer Therapieverfahren als auch innovative, strukturell neue Versorgungsmodelle (z. B. hinsichtlich Anzahl und Dauer der Therapiesitzungen) konsequent verfolgt (siehe hierzu Arbeitsgruppen/Forschungsprojekte).

Das Behandlungskonzept der Institutsambulanz stellt wissenschaftlich begründete, gegenwartsbezogene und problemlösungsorientierte, verhaltenstherapeutische Behandlungskonzepte in den Mittelpunkt. Schwerpunktmäßig kommen je nach Indikation Methoden der Kognitiven Verhaltenstherapie und insbesondere Expositionsverfahren zur Anwendung. Behandelt wird je nach Problemlage in Einzel- und Gruppentherapien, wenn notwendig werden Bezugspersonen mit einbezogen.

Der bei den meisten psychischen Störungen erforderliche Erwerb neuer und hilfreicher Denk-, Erlebens- oder Verhaltensweisen sowie Problemlösungsstrategien bedarf oft nicht nur der üblichen Standardtherapie in Form von 1-3 einstündigen Sitzungen pro Woche. Vor allem bei komplizierteren (z. B. komorbiden und chronischen) psychischen Störungen ist vielmehr häufig eine intensivere Verhaltenstherapie erforderlich. Diese wird in unserer Ambulanz entweder in Form von mehrstündigen Sitzungen an einem Tag oder als intensive Wochenendbehandlung (z. B. bei Berufstätigen oder Auswärtigen) durchgeführt. Nur so ist es in vielen Fällen möglich, das neue Verhalten (Zielverhalten) so zu etablieren, dass es im Alltag ständig verfügbar ist und zuverlässig eingesetzt werden kann.

Eine Besonderheit ist der seit 2009 mit der Deutschen Angestellten Krankenkasse (DAK) etablierte Vertrag zur integrierten Versorgung bei Angst- und Essstörungen (§ 140a SGB V). In beiden Störungsbereichen können Patienten auf dieser sozialrechtlichen Grundlage besonders effizient diagnostiziert und zugewiesen werden, sowie zeitintensiver und damit auch schneller behandelt werden, als dies im Rahmen der Richtlinienpsychotherapie möglich ist.

Weitere Angebote der Institutsambulanz sind:

- Präventionsprojekte und Präventionsberatung (z. B. der Krankenkassen)
- Psychoedukative Kurse für Betroffene und Angehörige
- Zusammenarbeit mit ärztlichen Therapeuten (medikamentöse Kombinationstherapie)
- Zusammenarbeit mit Selbsthilfegruppen
- Differentialdiagnostische Abklärung, Indikationsstellung und Entwicklung eines Gesamtbehandlungsplans
- Hilfe bei Vermittlung anderer Psychotherapeuten sowie der Vermittlung in stationäre Behandlungen
- Innovative Konzepte der Raucherentwöhnung
- Spezielle gruppentherapeutische Angebote (z. B. Gruppentherapie „Verhaltensaktivierung bei Depression“)

Lehre im Diplom-, Bachelor- und Masterstudiengang Psychologie

Die von der Institutsambulanz durchgeführten und dokumentierten Behandlungen, sowie die hier durchgeführten klinischen Studien fließen direkt oder indirekt in die Lehre im Bachelor- und Masterstudiengang Psychologie, Schwerpunkt Klinische Psychologie, ein. Hierzu zählen:

- die Durchführung und Betreuung von Abschlussarbeiten (siehe Liste Diplom-, Bachelor- und Masterarbeiten)
- ein kontinuierliches Angebot von klinisch-psychologischen Praktika
- Patientenkontakte, Fallberichte, angeleitete Übungen, Videodemonstrationen etc. im Rahmen von Lehrveranstaltungen

Neben den Vorlesungen zur „Klinische Psychologie und Psychotherapie“ im Bachelorstudiengang Psychologie sowie im Masterstudiengang „Klinische Psychologie und Psychotherapie“ wurden und werden folgende Lehrveranstaltungen in enger Kooperation mit der Institutsambulanz und ihren Mitarbeiter/innen durchgeführt:

- Basiskompetenzen klinisch-psychologischer Diagnostik (fortlaufend)
- Basiskompetenzen Intervention (fortlaufend im SS)
- Funktionale und behaviorale Status- und Prozessdiagnostik (fortlaufend jedes WS)
- Depression: Ätiologie und Intervention (fortlaufend jedes 2. Semester)
- Panikstörung und Agoraphobie (fortlaufend jedes 2. Semester)
- Essstörungen (intermittierend)
- Generalisierte Angststörung (intermittierend)
- Posttraumatische Belastungsstörung (fortlaufend jedes 2. Semester)
- Soziale Angst und soziale Angststörungen (fortlaufend jedes 2. Semester)
- Sucht und Störungen durch Substanzkonsum (fortlaufend)
- Störungen des Kindes- und Jugendalters (fortlaufend jedes 2. Semester)
- Konfrontationsverfahren: Prinzipien, Vorgehen und Einsatzbereiche (fortlaufend jedes 2. Semester)
- Entspannungsverfahren (fortlaufend jedes 2. Semester)

Die Institutsambulanz ist auch an der weiterführenden Ausbildung von Diplompsychologen/Diplompsychologinnen und Psychologen/Psychologinnen M. Sc. zum staatlich anerkannten „Psychologischen Psychotherapeuten“ beteiligt. Die Ausbildungskandidaten nehmen als Co-Therapeuten an Behandlungen teil und führen nach einer gesonderten Eignungsprüfung auch selbst Therapien unter Supervision eines erfahrenen Therapeuten durch.

Ferner wurden im Rahmen des vom Multimedia-Fonds der TU Dresden geförderten Projekts „Online-Tutorial Klinisch-psychologische Gesprächsführung“ Videos nachgestellter Therapieszenen entwickelt. Diese veranschaulichen bestimmte Gesprächstechniken und fördern den Transfer des theoretisch Gelernten durch wirklichkeitsnahes Material. Das Tutorial enthält Beispiele für a) Grundtechniken der Gesprächsführung und b) für prototypische Problemsituationen in der Therapie. In einem interaktiven Teil haben die Lernenden die Möglichkeit, zwischen verschiedenen Gesprächsstrategien in schwierigen Situationen zu wählen. Wirkung und Konsequenzen der jeweiligen Strategie werden am Beispiel zurückgemeldet.

Entwicklungsperspektiven

Die therapeutischen Mitarbeiter der Institutsambulanz verfolgen in ihren jeweiligen Spezialbereichen die Weiterentwicklung und Optimierung bestehender Therapiestrategien. In den letzten Jahren wurden innovative, verhaltenstherapeutische Konzepte in den Bereichen der Posttraumatischen Belastungsstörung, der substanzbezogenen Störungen (Cannabis), bei der Generalisierten Angststörung und der Panikstörung mit Agoraphobie entwickelt und zum Teil in Monographien und Patientenratgebern veröffentlicht. Aktuelle Beispiele sind Manuale zur Behandlung der Panikstörung, zur modularen Behandlung der Cannabisstörungen sowie das Manual zur Kognitiven Verhaltenstherapie des Stotterns.

Entwicklungen in der ambulanten Versorgung psychischer Störungen gestaltet die Institutsambulanz aktiv mit. Die Änderung der Psychotherapierichtlinie im Jahr 2011 brachte für die Berufsgruppe der Psychologischen Psychotherapeuten eine Erweiterung bezüglich der Indikationen zur Anwendung von ambulanter Psychotherapie. Bei der Behandlung von Menschen mit Substanzstörungen (schädlicher Konsum, Missbrauch, Abhängigkeit von z. B. Alkohol) in ambulanter Psychotherapie ist es nunmehr möglich, auch die Störungsbilder schädlicher Substanzkonsum und Substanzmissbrauch zu behandeln. In unserer Spezialambulanz für Substanzstörungen behandelt Dipl.-Psych. Anja Pixa zusammen mit Ausbildungskandidaten aus dem Aufbaustudiengang Psychologische Psychotherapie gezielt Menschen, deren Probleme in diese Indikationsgruppe fallen. Die Spezialambulanz kann dabei auf umfangreiche Untersuchungen zur ambulanten Verhaltenstherapie bei Cannabisstörungen zurückgreifen und ist eng an die Arbeitsgruppe „Addiction Research“ (siehe Arbeitsgruppen) angebunden.

In den nächsten Jahren werden wir zusätzlich zum bestehenden Schwerpunkt im Bereich der Angststörungen auch versuchen, den Zugang zur effizienten Psychotherapie für Patienten mit Depression zu verbessern. Dazu wird seit 2012 ein systematisches, strukturiertes Behandlungsprogramm in Gruppen („ACTIVATE“) erprobt, welches die neuen Befunde zur Verhaltensaktivierung berücksichtigt (Projekt P8. Verhaltensaktivierung bei Depression – in AG 9 Clinical Research).

Die wichtigste neue Herausforderung ist die Durchführung der Therapiestudien im Rahmen des Verbund-Projekts PROTECT-AD. In dem Teilprojekt „Intensified Psychological Interventions (IPI) for Anxiety Disorders (AD) by Augmented Extinction Learning“ wird untersucht, inwieweit sich Grundlagenbefunde zum Extinktionslernen auf die Therapie bei erwachsenen Patienten übertragen lassen. Über 1000 Patienten (Erwachsene und Kinder) mit verschiedenen Angststörungen, 200 davon an der IAP-TU Dresden GmbH, werden dabei entweder nach einem neuartigen Behandlungsmanual behandelt, das die Befunde zum Extinktionslernen systematisch berücksichtigt und das Vorgehen diesbezüglich optimiert, oder nach den Regeln der bisher bewährten kognitiven Verhaltenstherapie. Eine Beschreibung des Vorgehens und der Studie findet sich in Arbeitsgruppe 10 Psychotherapy Research.

Ambulanz für Kinder- und Jugendlichenpsychotherapie

Kinder und Jugendliche können aus vielfältigen Gründen psychische Probleme entwickeln. Wenn die Probleme sich verstärken, können sie sowohl die Kinder und Jugendlichen selbst, als auch ihre Eltern und ihr Umfeld belasten. Deswegen ist es wichtig, rechtzeitig zu handeln. Je nach Störungsbild und Schweregrad der Symptomatik passen wir die Behandlung speziell an die Bedürfnisse von Kindern und Jugendlichen und ihren Familien an. Vor diesem Hintergrund wurde zum 01.10.2015 die Ermächtigung der Institutsambulanz auf die psychotherapeutische Behandlung von Kindern und Jugendlichen erweitert; auch ein Ausbildungsjahrgang für Kinder- und Jugendlichenpsychotherapeuten ist in Planung.

Die „KiJu-Ambulanz“ wurde räumlich im Falkenbrunnen eingerichtet und stellt neben Einzeltherapieräumen auch Gruppenräume für die Arbeit in Familien zur Verfügung. Unser Team umfasst PD Dr. Susanne Knappe (Leitung, Therapeutin), Silke Elsässer (Therapeutin), Esther Weller (Therapeutin), Dr. Franziska Einsle (Therapeutin, bis 06/2017), M. Sc. Sabine Reichel (Therapeutin in Weiterbildung) und Dipl.-Psych. Claudia Czarske (Therapeutin in Weiterbildung).

Die KiJu-Ambulanz bietet umfassende diagnostische und psychotherapeutische Hilfe bei allen Formen von Verhaltensauffälligkeiten und psychischen Störungen mit Krankheitswert bei Kindern und Jugendlichen von 3 bis 16 Jahren, unter anderem bei: nicht altersgemäßem Einnässen/Einkoten, Trennungsangst-Störungen, Schulangst, Phobien, stressbezogenen Störungen, Depression, Aufmerksamkeits- und Hyperaktivitätsstörungen, Trotz- und sozial unangepasstes Verhalten und Suchtprobleme (Alkohol, Nikotin, Cannabis).

Nach einer sorgfältigen Diagnostik, in die auch Eltern und ggfs. Lehrer und Erzieher eingebunden werden, erfolgt eine detaillierte Problemanalyse. Gemeinsam mit den Kindern und Jugendlichen und ihren Familien wird entschieden, welche Behandlung am besten geeignet ist und wie häufig und wie lange die Behandlung erfolgen soll. Schwerpunktmäßig werden Methoden der kognitiven Verhaltenstherapie angewandt. Wir behandeln je nach Problemlage in Einzel- und Gruppentherapien und beziehen bei Bedarf Angehörige mit ein. Alle Therapien können auch in englischer Sprache stattfinden.

Entwicklungsperspektiven

Das noch junge Team der Ambulanz für Kinder und Jugendliche an der IAP-TU Dresden GmbH engagiert sich auch in der Forschung zum Verständnis und zur Verbesserung der Psychotherapie bei Kindern und Jugendlichen. Einen besonderen Schwerpunkt stellen hierbei Angststörungen dar. Hervorgehoben werden sollte das Projekt „Kinder bewältigen Angst“ (weitere Projekte finden sich im Kapitel Forschung und Arbeitsgruppen). Die frühzeitige Behandlung von Angststörungen bei Kindern und Jugendlichen im Alter von 8 bis 14 Jahren ist Mittelpunkt dieses Projekts im Rahmen des Forschungsverbunds PROTECT-AD, welcher vom Bundesministerium für Bildung und Forschung gefördert wird (siehe Arbeitsgruppe 10). Die Studie prüft, ob die Teilnahme von Eltern an den Angsttherapien der Kinder den Behandlungserfolg beeinflusst. Das angebotene Therapieprogramm umfasst 16 Sitzungen sowie Diagnostik und Nachuntersuchungen. Angesprochen sind Kinder zwischen 8 und 14 Jahren sowie deren Eltern, die in Dresden oder im Umland wohnen und regelmäßig bis zu zweimal wöchentlich Therapietermine wahrnehmen können. Die Teilnehmer erfahren, wie ihre Ängste entstehen und entwickeln gemeinsam mit der Therapeutin Strategien, wie sie diese Furcht bekämpfen können. Schrittweise wird dann in kleinen Mutproben geübt, schwierige Situationen zu meistern. Alle Behandlungen werden von speziell geschulten Therapeuten durchgeführt.

Center for Clinical Epidemiology and Longitudinal Studies (CELOS)

Direktorin:

Prof. Dr. Katja Beesdo-Baum

Leitende Mitglieder:

Dr. Lars Pieper

Dr. Michael Höfler

Prof. Dr. Hans-Ulrich Wittchen



Mission:

To facilitate, promote and to conduct clinical and behavioural epidemiological studies with particular focus on longitudinal and family genetic studies in the community, primary care and clinical cohorts.

- To provide and develop state of the art methods for use in clinical epidemiological and longitudinal research including survey and laboratory-based assessment techniques and diagnostic tools.
- To provide biometric and statistical expertise with particular focus on causal-analytic statistical methods within complex designs.
- To provide state of the art expertise in sampling, survey methodology and field work procedures, data collection and data bank management.

Structure

The Center for Clinical Epidemiology and Longitudinal Studies (CELOS) is a laboratory platform of the Institute of Clinical Psychology and Psychotherapy in the School of Science, located on 156 sqm (6 rooms, adjacent to the Institute). It includes field work-, CATI- and CAPI-administration labs. With the appointment of a new chair of behavioural epidemiology in spring 2014 (Prof. Dr. K. Beesdo-Baum) and the start of a new large-scale cohort study of adolescents and their parents, the CELOS laboratories have been renovated and equipped with novel behavioural, experimental and diagnostic assessment tools. A welcome and waiting area for incoming probands and their accompanying persons as well as a training room for field staff have been established.

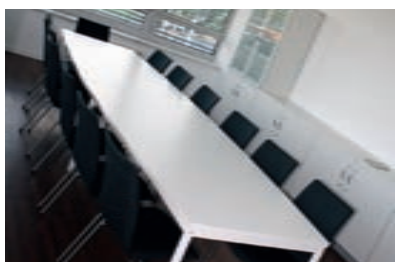
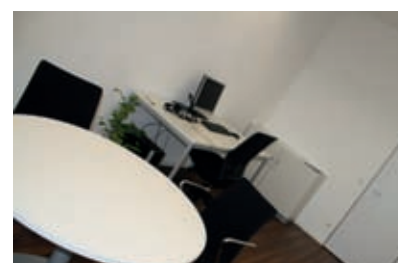
CELOS Infrastructure



CELOS welcome and waiting area



Diagnostic (CAPI) and behavioral-experimental assessment labs



Training and field team meeting room



Survey – Lab 1 (CATI)



Survey – Lab 2 (CATI & field work preparation)

CELOS survey lab

The survey lab is part of the CELOS centre. Its purpose is the field work and computer-assisted telephone interviewing (CATI). It consists of 10 workstations in two rooms. Each work station is separated by partition panels and equipped with a telephone (with headset) connected via USB to a desktop PC or Laptop. Phones are completely controlled by PC, therefore hand-free calling is possible. Calling and data entry runs with a Microsoft Access application. Collected data can be exported in several fileformats and further data processing with standard statistical software (Stata) is possible.



Phone database: information about all contacts, about actual respondent, contact history.

Calendar function to assign and manage appointments for telephone or personal interviews

Software solution for direct data entry during the phone call

Ecological Momentary Assessment Platform

Recently we developed and implemented an Ecological Momentary Assessment System that allows conducting Ambulatory Assessment studies in real life settings (Android App for smartphones and tablets with online administration and storage platform, integration of GPS monitoring, accelerometry and heart rate variability recording).



EMA web administration platform

Computerized questionnaires

Mobile devices

Expertise

The CELOS center has extensive experience in the management of large-scale data banks and multi-center longitudinal data sets (comprising genetic, endocrine, clinical and experimental data with thousands of subjects). Concerning the statistical data processing there is excellent expertise in sampling theory and weighting procedure, as well as statistical expertise, particularly with regard to modeling causal pathways, psychometric analyses, sensitivity and specificity analyses and complex multivariate statistics.

Assessment Unit

Diagnostic tools and psychometrics: Dr. Lars Pieper, Prof. Dr. Hans-Ulrich Wittchen, Prof. Dr. Katja Beesdo-Baum, PD Dr. Susanne Knappe
 Computer assisted interviewing (CAPI, CATI): Dipl.-Math. Jens Strehle
 Survey Lab (CATI): Dr. Lars Pieper
 EMA: Dr. Lars Pieper

Biometrics, Statistics, Data Bank Management

Causal analytic designs and methods: Dr. Dipl.-Stat. Michael Höfler
 Biometrical and statistical issues: Dr. Dipl.-Stat. Michael Höfler, Dipl.-Math. Jens Strehle, M. Sc.-Math. John Venz
 E-CRF, databank management, informatics: Dipl.-Math. Jens Strehle, Dipl.-Psych. Lucie Scholl, M. Sc.-Math. John Venz, Dipl.-Ing. Eckhard Schulz, Torsten Tille, Collaboration with the KKS Dresden

Field Work Unit

Sampling and proband tracking: Dipl.-Psych. Lucie Scholl, M. Sc. Psych. Catharina Voss, Michaela Scharmatzinat
Monitoring: Dr. Lars Pieper; Quality Assurance: 3P Consulting, PD Dr. David Pittrow

Selection of current and past projects supported by CELOS

- Effectiveness and underlying mechanisms of Applied Relaxation as indicated preventive intervention in subjects at increased risk for mental disorders (EASY), n>200, RCT, cross-sectional and longitudinal, 2016-2019; Funding: DFG
- Psychological and Biological Risk Factors of Burnout (ROB) – Standardized diagnostic assessments (CATI), n>100, 2015 - ongoing
- SFB C1 Volitional dysfunction in self-control failures and addictive behaviours. n>300 participants, cross-sectional and longitudinal; Funding: DFG
- Providing Tools for Effective Care and Treatment of Anxiety Disorders (Protect-AD): Outcomes, Mediators and Moderators of Enhanced Extinction Learning, >700 subjects; Funding: BMBF
- Behavior and Mind Health Study (BeMIND), ongoing since 2015: ~1200 adolescents and young adults (14-21) + parents, longitudinal over 3 years; Funding: BMBF
- National Survey on Health Care of Depression in German Primary Care Practices, 2013-2016: >250 physicians, >3500 patients (cross-sectional), >1000 patients longitudinal (3 times, over 1 year); Funding: Federal Ministry of Health
- DFG Research Group FOR1617 “Learning and habitisation as predictors of the Development and Maintenance of Alcoholism”, Z-Project, n=>700 subjects in Dresden and Berlin, cross-sectional and longitudinal; Funding: DFG
- Alcohol dependence in primary care in Europe (APC), 2400 patients in German primary care, 1500 personal interviews, cross-sectional and longitudinal; Funding: Lundbeck GmbH
- German Epidemiologic Health Survey (Deutscher epidemiologischer Gesundheitssurvey) DEGS - Zusatzsurvey psychische Gesundheit, 5000 subjects in 120 sample points, personal interviewing; Funding: BMBF
- Trauma and Stress-related disorders in German Soldiers with and without Foreign Deployment, n=1600 soldiers, cross-sectional and longitudinal; Funding: BMVg
- Prevalence, 1-year incidence and symptom severity of mental disorders in the elderly: Relationship to impairment, functioning (ICF) and service utilisation (MentDis65+); Funding: EU
- DSM-5 dimensional measures for depression and anxiety. n=250, cross-sectional, N=100 longitudinal
- Improving CBT for panic by identifying the active ingredients and understanding the mechanisms of action – a multi-center study (PanicNet). 400 subjects, longitudinal; Funding: BMBF
- Predictors, Moderators and Outcomes of Substitution Treatment (PREMOS), 2.694 patients; Funding: BMBF.
- Improving Alzheimer Dementia Treatment: Epidemiological Appraisal of Doctors, Patients and Caregivers Unmet Needs (IDEA), n=500 physicians and n=2.500 patients; Funding: Novartis GmbH
- The German National Health Interview and Examination Survey - Mental health supplement (BGS): 1998-2005, N=4.181; Funding: BMBF
- EDSP family genetic program (EDSP-FG, 1998-2005, n=2.100; Funding BMBF and NGF
- Allocation in Substitution Treatments (COBRA/ASAT): 2002-present, 2.546 patients, 2 waves; Funding: Schering-Plough, BMBF/BMG
- Smoking and Nicotine Dependence Awareness Study (SNICAS): 2001-2006, 28.000 patients, 813 primary care sites; Funding: GSK and BMBF
- Depression 2000 and GAD-P: 2000-2005, 35.000 patients in over 800 primary care sites; Funding: Organon, Wyeth
- Renocardial Syndrome RCS - heart and kidney in patients in dialysis facilities - A nationwide clinical epidemiological cross-sectional study in dialysis facilities: n=200 physicians and n=1000 patients; Funding: Abbott GmbH
- Severe Asthma: Prevalence and Current Treatment Needs (SAP-Needs), phase I: n=681 physicians and N=13,066 patients, phase II: n=157 physicians and n=570 patients; Funding: Novartis GmbH
- Multiple Sclerosis Patients and their Caregivers Psychopathological and General Burden of Disease (MS Caregiver Burden), structured interview of n=400 multiple sclerosis patients and 400 care givers; Funding: Novartis GmbH
- Expert Based Survey to Investigate the Health Care Situation of Patients with Multiple Sclerosis (MS-Expert), N=2.000 multiple sclerosis healthcare provider, mail and telephone survey; Funding: Novartis GmbH
- Diabetes Cardiovascular Risk-Evaluation: Targets and Essential Data for Commitment of Treatment (DETECT): 2003-present, n=55.000, 3.795 primary care sites, 3 waves; Funding: Pfizer GmbH
- Hypertension and Diabetes Risk Screening and Awareness Study (HYDRA): 2001-2006, n=43.000, 1912 primary care Settings; Funding: Sanofi Aventis GmbH

Neuroimaging Center (NIC)

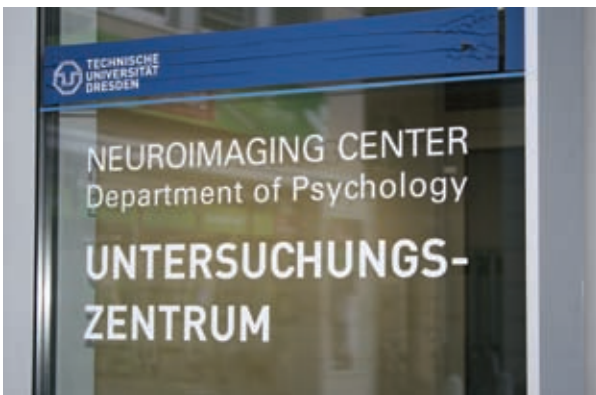
The NIC was established in 2005 via a BMBF (Ministry of Research, Education and Technology) grant within the Institute's successful Addiction Research Network ASAT (Speaker Prof. Dr. Hans-Ulrich Wittchen). Joining forces with the BMBF-endowed Chair of Addiction Research (Prof. Bühringer) and the Chair of General Psychology (Prof. Goschke), and in close cooperation with colleagues from the Medical Faculty, Prof. Wittchen as the Principal Investigator applied for its establishment. The University and an international review board approved our research concept and programme in April 2006. The BMBF provided us with a generous research grant to acquire a 3T-MRI-system (Magnetom Trio A Tim system 3 T [Siemens] with whole body suite). Since December 2006 the NIC is operational. It is located conveniently adjacent to the Institute of Clinical Psychology and Psychotherapy on the Falkenbrunnen Campus. The NIC hosts several add-on labs (e.g. psychophysiology lab, a training lab for anxious subjects – the mock scanner) and is run by a physician and two medical-technical radiology assistants.

Facilities & Tools

Lab Infrastructure: 750 sqm, 22 experimental rooms, 1 psychophysiological lab, 2 preparatory rooms one of which equipped with a mock scanner, 3 rooms staff members, 1 meeting room, lecture hall

System: Magnetom Trio A Tim system 3 T (Siemens); Whole body suite

Further infrastructure: 64 channel EEG (simultaneous recording), Psychophysiology lab, A wide range of stimulation and response units for fMRI, 2 internal and 2 external work stations, endocrinological lab, TMS, Mock scanner



Faculty

The NIC is now managed by a board of Directors, that oversee the center's basic and clinical research groups. The Board of Directors is chaired by Prof. Dr. T. Goschke, Prof. Dr. H.-U. Wittchen, Prof. St. Kiebel and Prof. Dr. M. N. Smolka.

Mission of the NIC and current profile

It is the central aim of the NIC to offer excellent scientific and structural conditions to promote interdisciplinary, multi-level, and multi-method collaborations of research groups. The NIC is dedicated to research on psychological and neurobiological mechanisms underlying the interplay of emotion, motivation, and volition in the regulation of adaptive and non-adaptive behaviour in subjects with and without mental disorders. We are specifically interested in how higher-order cognitive and volitional processes interact with basic emotional and motivational systems in decision-making and action control, and how dysfunctions in the underlying neural circuits contribute to the development of pathological conditions.

Current focus are the projects of the DFG-SFB 940 "Volition and Cognitive Control: Mechanisms, Modulators and Dysfunctions" that involves several large-scale projects from staff members of the Institute and the projects of the DFG Research Group (FOR 1617, together with the Charite in Berlin; Speakers: Prof. Dr. Andreas Heinz (Berlin & Prof. Dr. Hans-Ulrich Wittchen, Dresden) "Learning and Habitization as Predictors of the Development and Maintenance of Alcoholism).

Emphasis of the "BMBF Addiction f-MRI Research Lab" is laid for example upon the question how the lack of impulse control contribute to the developmental pathways in addictive behaviors (for example: changes occurring during the transition from experimental to dependent use of nicotine and cannabis, as well as during discontinuation with and without therapeutic interventions).

NEUROIMAGING CENTER

Other associated work groups focus on the role of vulnerability and risk interactions (family genetic and temperamental dispositions), concurrent anxiety and mood disorders ("Mood and Anxiety Group"), neural mechanism in eating disorders and obesity ("Obesity Group"), as well as neurological and neurosurgical conditions ("Neurological Group").

Several research groups from the Department of Psychology have been formed that are currently conducting comprehensive studies focussing on cognitive-affective interactions in healthy individuals and patients with mental disorders. The Clinical Psychology and Neuroimaging group (Coordinators: Prof. Dr. Hans-Ulrich Wittchen, Prof. Dr. Katja Beesdo-Baum) encompasses several local work groups and external research partners (i.e. Prof. Dr. Tilo Kircher, Dept. of Psychiatry and Psychotherapy, University Hospital Marburg, Prof. Dr. Andreas Ströhle, Dept. of Psychiatry and Psychotherapy, Campus Charité Mitte, Prof. Dr. Alfons Hamm, Ernst Moritz Arndt Universität Greifswald, Daniel S. Pine, M.D., National Institutes of Mental Health). Research activities of this work group focus on the functional neuroanatomy of anxiety and comorbid mood disorders and their neural plasticity following psychological treatment. In particular, the following areas of interest are targeted by ongoing projects:

- a) Neural response and fear circuitry of extinction learning following psychotherapy in adult patients with anxiety disorders (PROTECT-AD)
- b) Differential neuro-biological correlates of emotion- and stress processing in Generalized Anxiety Disorder compared to Major Depression and Social Phobia
- c) Volitional dysfunction in self-control failures and addictive behaviours (CRC940, C1)
- d) Avoidance behavior as a result of one-sided exertion of cognitive control in specific phobia (CRC940, C5)
- e) Neural correlates and predictors of mental health and disease in adolescents and young adults from the community (BeMIND add-on)
- f) Subcortical volumes in Social Anxiety Disorder (ENIGMA)

Current Research Groups and Projects at the NIC	Department	Principal Investigator/ Project Manager
Appetite (Food)	SeSyN	Dipl.-Psych. Franziska Wuttig
Nicotine and Emotion	SeSyN	Dipl.-Psych. Franziska Wuttig
IMAGEN	SeSyN	Dipl.-Psych. Nora Vetter
Emotion. und Motiv. Effekte des Rauchens	SeSyN	Dipl.-Psych. Franziska Wuttig
SFB A7 real-time fMRI-based neurofeedback	SeSyN	Dr. Mark Jacob
Emotionsverarbeitung und Sozialverhalten ADHS	SeSyN/KJP	Dipl.-Psych. Nora Vetter
Die Rolle von Lernvorgängen für die Entwicklung und Aufrechterhaltung der Alkoholabhängigkeit	SeSyN	Dipl.-Psych. Stephan Nebe
SFB B3 Dopaminergic modulation of meta-control parameters and the stability flexibility	SeSyN/AllgPsy	Dipl.-Inf. Lydia Hellrung
SFB B4 Serotonergic modulation of meta-control parameters	SeSyN	Dr. Nils Kroemer
SFB C2 Affective modulation of cognitive control in bipolar disorder	PSY/SeSyN	Prof. Andrea Pfennig Prof. Michael Bauer
BipoLife, Improving Recognition and Care in Critical Areas of Bipolar Disorders	PSY/SeSyN	Prof. Andrea Pfennig Prof. Michael Bauer
TEMA - Validierung eines Testsystems für die Entwicklung von Medikamenten bei Alkoholabhängigkeit	PSY/SeSyN	Prof. Michael Smolka Dr. Ulrich Zimmermann
SFB C4 Fronto-striatal dysregulation of motivational and cognitive flexibility	KlinPsy	Prof. Ulrike Lüken Dipl.-Psych. Ricarda Evens Dipl.-Psych. Yuliya Stankevich
Differentielle neuro-biologische Korrelate der Emotions- und Stressverarbeitung bei Generalisierter Angststörung im Vergleich zu Major Depression und Sozialer Phobie	KlinPsy/BehavEpid	Prof. Katja Beesdo-Baum Dipl.-Psych. Kevin Hilbert
Protect-AD (BMBF) Providing Tools for Effective Care and Treatment of Anxiety Disorders: Outcomes, Mediators and Moderators of Enhanced Extinction Learning	KlinPsy	Prof. Hans-Ulrich Wittchen Dr. Andre Pittig Dipl.-Psych. Ingmar Heinig Dipl.-Psych. Yuliya Stankevich
DFG Research Group FOR1617: Z-Project & Project 1 Longitudinal AUD development	KlinPsy/SeSyN	Prof. Hans-Ulrich Wittchen Prof. Michael N. Smolka Dipl.-Psych. Sören Kuitunen-Paul Dipl.-Psych. Stephan Nebe

Current Research Groups and Projects at the NIC	Department	Principal Investigator/ Project Manager
DFG Research Group FOR1617: Z-Project & Project 2 Learning & AUD treatment	KlinPsy/UKD	Prof. Hans-Ulrich Wittchen Prof. Ulrich Zimmermann Dipl.-Psych. Sören Kuitunen-Paul M. Sc. Christian Sommer
BeMIND Neural correlates and predictors of mental health and disease in adolescents and young adults from the community	KlinPsy/BehavEpid	Prof. Katja Beesdo-Baum
Psychophysiological and neural reactivity during uncertainty and ambiguity processing in high and low worriers	KlinPsy/BehavEpid	Prof. Katja Beesdo-Baum Prof. Ulrike Lücken Dipl.-Psych. Hans Kirschner Dipl.-Psych. Kevin Hilbert Dipl.-Psych. Stephan Nebe
SFB C5 Avoidance behavior as a result of one-sided exertion of cognitive control in specific phobia	KlinPsy/BehavEpid	Prof. Katja Beesdo-Baum Dr. Markus Mühlhan Dipl.-Psych. Kevin Hilbert M. Sc. Esther Seidl
SFB C1 Volitional dysfunction in self-control failures and addictive behaviours	KlinPsy/AllgPsy/ SeSyN	Dr. Martin Krönke
SFB A5 Volitional emotion regulation: The costs of control	DiffPsy	Prof. Alexander Strobel Dipl.-Psych. Kersten Diers Dr. Sabine Schönfeld Prof. Burkhard Brocke
SFB A2 Neurokognitive Prozesse stimulusbasierter und zielgerichteter Handlungskontrolle	AllgPsy	Dipl.-Psych. Katharina Zwosta Dr. Hannes Ruge
SFB A2 Schnelles instruktionsbasiertes Reversal von S-R-Regeln	AllgPsy	Dr. Uta Wolfensteller Dr. Hannes Ruge Dr. Yiquan Shi
SFB B1 Emotional modulation of cognitive control	AllgPsy	PD Annette Bolte Dipl.-Psych. Ulrike Schulz
SFB A2 Decomposing instruction-based learning (Exp. 1)	AllgPsy	Dr. Hannes Ruge Dr. Uta Wolfensteller
SFB A6 Mechanisms of self-control: The role of anticipated emotions and future thinking in reward regulation	AllgPsy	Dr. Stefanie Beck Dr. Uta Wolfensteller
SFB A2 (FP 2) Neurokognitive Prozesse zur Unterstützung flexibler willentlicher Handlungen	AllgPsy	Dr. Hannes Ruge Dr. Uta Wolfensteller
SFB C3, Teil 1 Informations- und Emotionsverarbeitung bei Anorexia Nervosa	KJP	Prof. Stefan Ehrlich
Neurobiological markers for social skills training response in autism spectrum disorders	KJP	Prof. Stefan Ehrlich
Dynamic changes of the structural and functional brain connectome in Anorexia Nervosa	KJP	Prof. Stefan Ehrlich
Measurement of the vocal tract shape for sustained vowels and consonants	AKUS	Peter Birkholz Mario Fleischer
Neurocognitive Foundations of Musical Imagery	DMCL	Dr. Tudor Popescu

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(bis 31.3.2017)**

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Ein kleiner persönlicher Abschiedsgruß nach 17 wunderbaren Jahren in Dresden!

Zum 01.04.2017 habe ich aufgrund des Erreichens der Altersgrenze meine Tätigkeit als Lehrstuhlinhaber und Direktor des Instituts für Klinische Psychologie der Technischen Universität Dresden aufgeben müssen und bin mit meiner weiteren akademischen Affiliation an die Ludwigs-Maximilians-Universität nach München - meiner alten Heimat - gewechselt.

Diese einschneidende Entscheidung war vor allem für mich und unser Institut schmerzhaft. Ich habe über die vergangenen 17 Jahre das Institut - mit anfangs einer Professur und 3 Mitarbeitern am Standort Hohe Straße schrittweise durch viele Forschungs- und Drittmittel aufgebaut und es ist mir nicht leicht gefallen das Institut und meine Mitarbeiterinnen und Mitarbeiter in der Blütezeit und mitten in aufregenden Projekten zu verlassen. Auch das Ende meiner Lehrtätigkeit erlebe ich durchaus mit Wehmut, weil mir die Arbeit mit den Studentinnen und Studenten in den Bachelor- und Masterstudiengängen viel bedeutet und gegeben hat.

Aber - der Zeitpunkt das Institut in die neue und größere Selbstständigkeit zu entlassen - ist gut gewählt. Ich habe den Eindruck, dass wir in den turbulenten letzten 24 Monaten meiner Dienstzeit noch alle Weichen so gestellt haben, dass sich das Institut gesund weiter entwickeln kann. Somit habe ich keine Zweifel, dass das Institut hervorragend aufgestellt ist, die herausragende internationale Stellung und Leistungsbilanz weiter zu entwickeln. Ich hoffe, dass Sie alle die neue Direktorin, Frau Professor Katja Beesdo-Baum, ebenso engagiert, kollegial und proaktiv bei der zukünftigen Leitung des Instituts unterstützen, wie mich.

Zudem bin ich nicht aus der Institutswelt:

- Ich werde weiter alle Qualifikationsarbeiten betreuen und zu einem hoffentlich erfolgreichen Abschluss bringen,
- die laufenden Drittmittel Projekte, insbesondere die BMBF-Schwerpunkt Programme (Laufzeit bis 12/2018), unverändert engagiert leiten
- und zudem als Gesellschafter und Geschäftsführer der IAP-TU Dresden GmbH, unverändert bis zumindest 2023, die Forschungs- und Lehrambulanz des Instituts und die Ausbildungsambulanzen administrativ leiten und weiterentwickeln.

Aufgrund des dankenswerten kollegialen und freundschaftlichen Entgegenkommens des Instituts und der Universitätsleitung bleiben auch vorerst (bis Ende der Projekte), die Raumfragen weitgehend unverändert. Deshalb werde ich auch weiterhin über E-Mail, Telefon und persönlichen Kontakt stabil hier vor Ort in Dresden in meinem alten Dienstzimmer verfügbar sein.

Nun werden sich viele fragen, was sich ändert.

1. Zunächst ändert sich meine akademische Affiliation. Ich bin nun als Professor mit einem 5+5 Jahresvertrag an die Psychiatrische Universitätsklinik der Ludwig-Maximilians-Universität, München zurückgekehrt (mein alter Münchener Lehrstuhl) und baue dort als Leiter ein neues Forschungszentrum für Klinische Psychologie und Psychotherapie auf. Ich hoffe, dass ich von dort auch weiterhin viele Kollaborativ-Projekte mit der TU Dresden und dem Institut auf den Weg bringen werde.
2. In Verbindung damit leite ich zudem als Direktor für Klinische Psychologie und Psychotherapie das MPCB, eine psychiatrische und psychosomatische Fachklinik am Chiemsee, u. a. um dort eine Forschungsstation für intensivierete Psychotherapie bei Angst, Depression und Sucht zu etablieren.

Diese Veränderung bedeutet natürlich „Pendeln zwischen München und Dresden“, eine Disziplin in der ich wie alle, die mich schon lange kennen, wissen-größte Erfahrung habe.

Die TU Dresden und viele Kolleginnen und Kollegen sind mir in meinen 17 Jahren hier sehr ans Herz gewachsen und die Entscheidung nach München zu wechseln ist mir nicht leicht gefallen. Sie können sich alle sicher sein, dass ich mich auch weiterhin immer für die TU Dresden und das Wohlergehen des Instituts einsetzen werde und Sie unterstütze, wo immer ich kann. In der Hoffnung, dass die Bindungen zwischen uns nicht abreißen, verbleibe ich Ihr

Professor Dr. Hans-Ulrich Wittchen
Clinical Psychology and Psychotherapy RG
Department of Psychiatry and Psychotherapy
Ludwig-Maximilians-University Munich



Professur für Behaviorale Psychotherapie/Behavioral Psychotherapy

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Promotionsstudierende

Dipl.-Psych. Anja Schulz

Die W3-Professur Behaviorale Psychotherapie wurde im Jahr 2013 neu geschaffen und Prof. Dr. Jürgen Hoyer wurde zum 01. April 2013 berufen. Der Professur kommen insbesondere in der patientennahen Lehre und Forschung wichtige Schnittstellenfunktionen zu. Der Inhaber der Professur ist in Personalunion auch Leiter der Institutsambulanz und Tagesklinik für Psychotherapie der TU Dresden GmbH und des Aufbaustudiengangs Psychologische Psychotherapie. Ausführliche Darstellungen zu diesen Funktionseinheiten finden sich in gesonderten Kapiteln dieses Berichts.

Credo und Forschungsprogramm der Professur folgen der Leitlinie „vom Funktionsverständnis zum Veränderungswissen“:

- Wie können wir behaviorale und neuronale Funktionsmechanismen noch besser beschreiben, um psychologische Behandlungen zu optimieren?
- Was sind die entscheidenden Wirkmechanismen bei komplexen Interventionsprogrammen?
- Wie kann der Transfer behavioraler Methoden in Ausbildung und Praxis noch besser gelingen?

Lehre

Lehrangebote im Masterstudiengang Klinische Psychologie und Psychotherapie

Sommersemester

- Verhaltenstherapeutische Interventionsverfahren
- Psychotherapie und Fallseminar
- Status- und Prozessdiagnostik

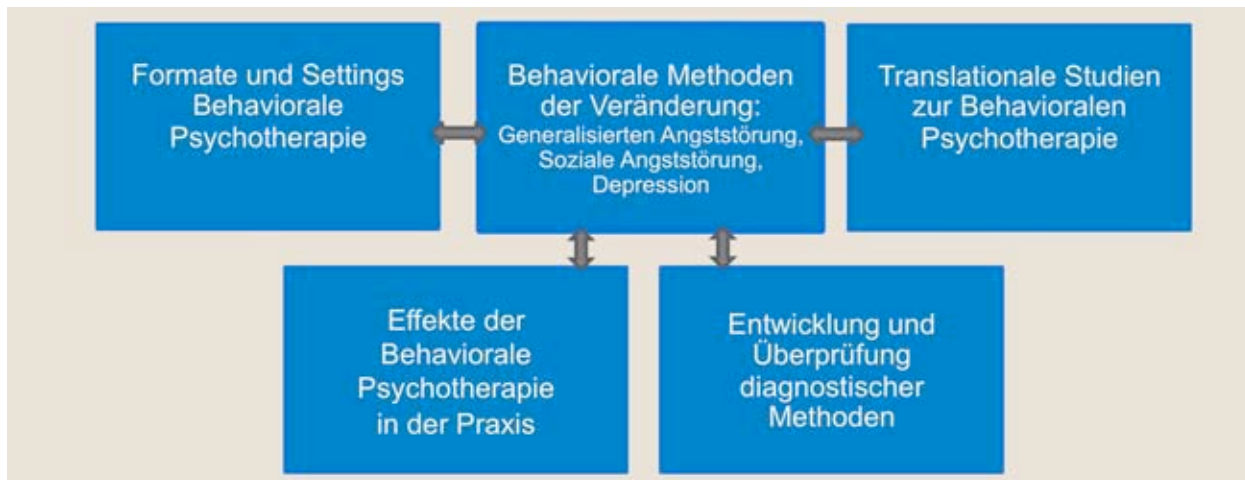
Wintersemester

- Vorlesung Psychotherapielehre
- Gesprächsführung
- Status- und Prozessdiagnostik
- Projektseminar

Prof. Hoyer bietet außerdem jedes Sommersemester die Vorlesung „Gesundheitspsychologie“ für den Bachelor Psychologie und das Studium Generale an. Darüber hinaus betreut die Professur zahlreiche Abschlussarbeiten und Forschungspraktika. Studierende haben so die Möglichkeit Erfahrungen in der anwendungsnahen klinischen Forschung zu sammeln. Es besteht die Möglichkeit, Einblicke in sämtliche Stadien klinischer Forschung zu gewinnen - von der Studienplanung über die Durchführung bis hin zur Auswertung der empirischen Daten.

Forschung

Unsere Forschungskonzeption sieht eine enge Verknüpfung der subjektiv-psychologischen mit der bio- und neuro-psychologischen Ebene vor. Sie verknüpft eine genaue Statusdiagnostik mit longitudinalen Daten. Dem entspricht eine enge Zusammenarbeit des Arbeitsbereichs Behaviorale Psychotherapie mit den angrenzenden Fachgebieten innerhalb und außerhalb der Psychologie (insbesondere der Medizin) und mit Netzwerk- und Verbundstrukturen auf nationaler und internationaler Ebene.



Fünf miteinander verschränkte Forschungsmodule:

- 1) Entwicklung und Prüfung innovativer behavioraler Methoden psychotherapeutischer Veränderungen
- 2) Entwicklung und Überprüfung neuer Formate und Settings behavioraler Psychotherapie
- 3) Translationale Studien zur Behavioralen Psychotherapie (einschl. Design-Entwicklung)
- 4) Naturalistische Studien zur Psychotherapie- und Ausbildungsforschung
- 5) Entwicklung und Überprüfung diagnostischer Methoden zur Messung klinisch relevanter Merkmale

Ausgewählte Forschungsprojekte (s. a. Forschung und Arbeitsgruppen)

Projekt	Förderung/ Kooperationspartner
Transfer expositionsbasierter Interventionsverfahren in die psychotherapeutische Routinepraxis (PROTECT-AD P7)	BMBF, Ostdeutsche Psychotherapeutenkammer
Manualized cognitive therapy versus cognitive-behavioral treatment-as-usual for social anxiety disorder in routine practice: A cluster-randomized controlled trial (SPRAX)	BMBF, Universität Frankfurt, Universität Göttingen
Variability of daily symptoms: its nature and impact	Universität Basel
Neurologische Entwicklungsauffälligkeiten und traumatische Kindheitserfahrungen bei Männern mit Pädophilie oder Sadomasochismus	Universität Jena
Depersonalisation während sozialer und Leistungssituationen	IAP-TU Dresden GmbH
Selbstkontrolle, Depersonalisation und kognitive Leistung	---
Verhaltensaktivierung bei depressiven Syndromen in der Rehabilitation (VADIR)	Seehof-Klinik Teltow und Charite Berlin
Verhaltensaktivierung in Gruppen bei ambulanten Psychotherapiepatienten	IAP-TU Dresden GmbH
Do "supershrinks" assess therapeutic change more conservatively?	IAP-TU Dresden GmbH
What happens after the RCT? CBT for GAD in a naturalistic setting and ten years after a RCT	TU Dresden: Professur Behaviorale Epidemiologie

Schlaglichter und Highlights



Der jährliche Kongress der **European Association for Cognitive and Behavioral Therapies (EABCT)** ist eine zentraler Ort für den internationalen Austausch zwischen Forschern im Bereich der Verhaltenstherapie

(Foto: Rathaussaal in Stockholm, Prof. Jürgen Hoyer, Prof. Silja Vocks, Osnabrück, Prof. Thomas Heidenreich, Esslingen)

Helm-Preis 2016 für die beste Dissertation an der TU Dresden für Dr. Sara Jahnke (mit Prof. Dr. Hans. Wiesmeth)



DAAD-Preis 2016 für den besten ausländischen Studierenden an M. Sc. Jasmin Čolić



Fallsupervision im Rahmen klinischer Studien

Professur für Behaviorale Epidemiologie

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- Fachkommission
- Bibliothekskommission
- Maria-Reiche-Auswahlkommission
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Die Professur für Behaviorale Epidemiologie wurde 2014 neu an der TU Dresden zur Stärkung der epidemiologischen Forschung und Lehre eingerichtet. Sie wurde seit 1.6.2014 im Rahmen einer 3-jährigen Anschubfinanzierung des Bundesministeriums für Bildung und Forschung (BMBF) über das Projekt „The epidemiology of functional and dysfunctional behavioral and psychological factors in mental health and disease“ finanziert. Nach erfolgreicher Zwischenevaluation wurde Ende Mai 2017 eine zweite 3-jährige Förderperiode bewilligt, nach deren Ablauf die Verstetigung der Professur über die TU Dresden bzw. das Land Sachsen erfolgt.



Die Professur ist am Institut für Klinische Psychologie und Psychotherapie der Fachrichtung Psychologie an der Fakultät Mathematik und Naturwissenschaften der TU Dresden angesiedelt und mit der Leitung des seit 2008 etablierten Centers for Clinical Epidemiology and Longitudinal Studies (CELOS) verbunden. Sie ist die einzige Professur dieser Art in Deutschland.



Mitarbeiterinnen und Mitarbeiter der Professur-Juli 2016

1. Lehrangebot

Mit der Etablierung der Professur soll die universitäre Lehre im Bereich Epidemiologie gestärkt werden. Durch die Ansiedlung der Professur im Fachbereich Psychologie der Fakultät Mathematik und Naturwissenschaften besteht an der TU Dresden für Psychologie-Studierende bundesweit die einzigartige Möglichkeit, solide Grundlagen- und Anwendungskennnisse im Fach Behaviorale Epidemiologie zu erwerben. Bereits seit dem WS 2014/15 werden im Rahmen des Wahlpflichtmoduls „Behavioral Epidemiology and Intervention“ Lehrveranstaltungen für Studierende der folgenden Masterstudiengänge im Umfang von 9 ECTS angeboten:

- Klinische Psychologie und Psychotherapie (KPP)
- Psychologie: Cognitive-Affective Neurosciences (CAN)
- Psychologie: Human Performance in Sociotechnical Systems (HPSTS)

Das Lehrangebot ist in enger Anbindung an Forschungsvorhaben wissenschaftlich fundiert und ermöglicht einen praktischen Einblick in die epidemiologische Forschung (z. B. durch Exkursionen ins CELOS).

Zudem haben Studierende die Möglichkeit, im Rahmen von Projektseminaren und Forschungspraktika bzw. Masterseminaren und Abschlussarbeitsprojekten an der Professur für Behaviorale Epidemiologie Kenntnisse und Kompetenzen in der behavioral-epidemiologischen Forschung einschließlich Intervention zu vertiefen. Wir ermöglichen einen praxisnahen Einblick in die klinisch-epidemiologische Forschung und vermitteln Kompetenzen in der Planung, Durchführung und Auswertung epidemiologischer Forschungsprojekte im Zusammenhang mit psychischen Störungen bzw. psychologischen und verhaltensbezogenen Faktoren bei körperlichen Erkrankungen. Durch den Zugang zu den diversen Laboren (z. B. CATI/CAP- Lab, Experimental-Labore) des CELOS, die Anbindung des neu etablierten Centers for Preventive Intervention Studies (CEPRIS) und unsere Projekte im Neuroimaging Center (NIC) sowie der Institutsambulanz für Psychotherapie (IAP) bestehen vielfältige Möglichkeiten von der Grundlagen- bis hin zur translationalen Interventionsforschung.

2. Center for Clinical Epidemiology and Longitudinal Studies (CELOS)

Das CELOS ist eine Laborplattform des Instituts für Klinische Psychologie und Psychotherapie an der Fakultät für Mathematik und Naturwissenschaften an der TU Dresden. Es besteht aus Laboren für die Feldarbeit klinischer und epidemiologischer Studien und umfasst die Infrastruktur für computergestützte persönliche (CAPI), telefonische Interviews (CATI) sowie Alltagsbefragungen (Ecological Momentary Assessment Methoden). Im Rahmen des Aufbaus der neuen Professur für Behaviorale Epidemiologie wurde das CELOS um Laborräume für experimentelle Untersuchungen und die Entnahme von Bioproben ergänzt. Nähere Informationen finden sich unter Strukturen/ Structural Resources, CELOS.

3. Präventionsangebote/Center for Preventive Intervention Studies (CEPRIS)

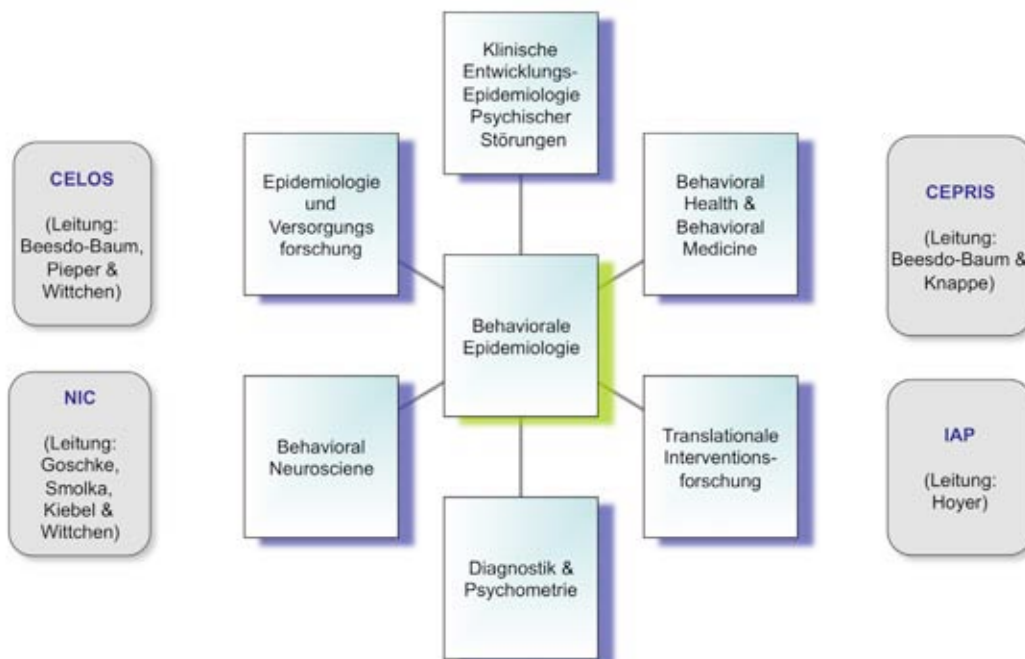
Eines der Ziele der Professur ist, Erkenntnisse aus der epidemiologischen Grundlagenforschung bzgl. Risikofaktoren und Entwicklungsstadien von psychischen Störungen, insbesondere Angst- und depressiven Störungen, in gezielte Interventionen „zu übersetzen“. Für die Entwicklung und Prüfung neuartiger gezielter präventiver Interventionen wurde das CEPRIS aufgebaut. Im Berichtszeitraum konnten durch Mitarbeiterinnen der Professur von der Deutschen Forschungsgemeinschaft (DFG) Förderungen für zwei randomisierte, kontrollierte Studien eingeworben werden, die die präventiven Effekte behavioraler Interventionen sowie deren Wirkmechanismen prüfen. Zudem werden am CEPRIS seit August 2014 bereits etablierte Präventionsprogramme für Kinder, Jugendliche und Erwachsene durchgeführt.

4. Forschung

Die Professur für Behaviorale Epidemiologie beschäftigt sich mit der Häufigkeit, dem Beginn und Verlauf psychischer Störungen in der Bevölkerung sowie den psychologischen und verhaltensbezogenen, einschließlich kognitiv-affektiven Determinanten von Gesundheit und Krankheit, unter Berücksichtigung von Interaktionen mit genetischen und umweltbezogenen Faktoren. Im Fokus stehen:

- Psychische Störungen sowie psychologische und verhaltensbezogene Faktoren bei körperlichen Erkrankungen
- Identifizierung kritischer Entwicklungspfade und Trajektorien
- Identifizierung von Risiko- und Schutzfaktoren
- Prüfung von Kausalitäten im Rahmen translationaler Interventionsstudien (gezielte Prävention und Frühintervention, Therapie)
- Versorgung und Identifizierung von Barrieren für frühe Interventionen und Behandlung

Die Forschungsprojekte an der Professur für Behaviorale Epidemiologie werden in folgenden, partiell überlappenden Arbeitsbereichen durchgeführt und infrastrukturell durch das Center for Clinical Epidemiology and Longitudinal Studies (CELOS), das Center for Preventive Intervention Studies (CEPRIS), die Institutsambulanz für Psychotherapie (IAP-TU Dresden GmbH) sowie das Neuroimaging Center der Fachrichtung Psychologie (NIC) unterstützt.



Die epidemiologischen und translationalen Forschungsprojekte der Professur wurden und werden in Kooperation mit anderen Professuren und Arbeitsgruppen an der TU Dresden durchgeführt, insbesondere Prof. Wittchen (Klinische Psychologie und Psychotherapie), Prof. Hoyer (Behaviorale Psychotherapie, Klinische Forschung), Dr. Behrendt (EDSP/DEGs-Suchtforschung), Prof. Goschke (SFB 940, Volition und kognitive Kontrolle), Prof. Kirschbaum (Biopsychologie, Stressforschung), Prof. Scherbaum (Methoden), Prof. Pfennig (Psychiatrie, Bipolare Störungen, Früherkennung) und Prof. Bergmann (Allgemeinmedizin) sowie mit einer Reihe nationaler und internationaler Arbeitsgruppen (z. B. Danny Pine, NIMH; Ron Kessler, Harvard; Renee Goodwin, Columbia; Mike Rinck, Nijmegen).

Im Folgenden wird ein Überblick über die Forschungsprojekte der Professur und deren Mitarbeiterinnen und Mitarbeiter gegeben; eine ausführliche Darstellung der Projekte findet sich unter AG 1, AG 7, AG 11 bzw. AG12, wo auch alle weiteren Projekte aus dem Bereich Epidemiologie und Versorgungsforschung des Instituts für Klinische Psychologie und Psychotherapie im Berichtszeitraum aufgeführt sind.

Forschungsbereich 1: Klinische Entwicklungsepidemiologie psychischer Störungen

Grundlage dieses Forschungsbereichs sind epidemiologische Kohortenstudien Jugendlicher und junger Erwachsener, die aufgrund ihres prospektiv-longitudinalen Designs und einer umfassenden psychopathologischen Charakterisierung der Teilnehmer sowie der Erfassung einer Vielzahl distaler und proximaler Variablen ermöglichen, entwicklungsensitive Analysen bezüglich des Beginns und Verlaufs psychischer Störungen durchzuführen, ihre Vorläufer und Konsequenzen zu ermitteln sowie zentrale Vulnerabilitäts- und Risikofaktoren zu identifizieren (s. a. AG 1).

The epidemiology of functional and dysfunctional behavioral and psychological factors in mental health and disease (EBP); in dessen Rahmen insbesondere die "Behavior and Mind Health Study" (BeMIND)

(PI: Prof. Dr. Katja Beesdo-Baum; Mitarbeiter: Dr. L. Pieper, Dr. J. Hoyer, M. Sc. C. Voß, Dipl.-Math. J. Venz, Dipl.-Psych. C. Frech; M. Sc. Psych. J. Berwanger; M. Sc. Psych. T. Ollmann; M. Sc. Psych. H. Kische; E. Stolzenburg (MTA), M. Scharmatzinat (MDA); T. Tille (Programmierer); Funding: BMBF; Laufzeit: 1. Förderperiode: 06/2014-05/2017; 2. Förderperiode: 06/2017–05/2020)

Early developmental stages of psychopathology (EDSP): Natural course, etiology, and pathogenesis of mental and substance use disorders (PI: Prof. Dr. Hans-Ulrich Wittchen, Prof. Dr. Roselind Lieb (Co-PI), Prof. Dr. Katja Beesdo-Baum (Co-PI/Work Group Leader Dresden); Dresden workgroup: Dr. E. Asselmann, PD Dr. S. Knappe, Dr. S. Behrendt, Dr. M. Höfler; Duration: 2003-2017; data analysis and publication ongoing)

The role of fearful spells as risk factor for panic pathology and other mental disorders (Doctoral thesis project: Dipl.-Psych. E. Asselmann; Supervision: Prof. Dr. K. Beesdo-Baum; Funding: Studienstiftung des Deutschen Volkes. Duration: 01/2013-12/2014)

Environmental adversities and risk for anxiety disorders: Assessing the interplay with familial and individual vulnerability and risk factors (Habilitation thesis project: Dr. E. Asselmann; Supervision: Prof. Dr. K. Beesdo-Baum, Duration: 2014-2017; Funding: Maria-Reiche-Förderprogramm für Habilitandinnen der TU; Internal funding)

Examining the role of genetic vulnerabilities and environmental stressors for anxiety disorders: Evidence for individual, combined and interactive effects as well as disorder-specificity? (PI: Dr. E. Asselmann; Funding: Alfred-Krupp-Wissenschaftskolleg Greifswald; Duration: 04/2017-09/2017)

Suicidal behavior across the life span-risk and protective factors (Dissertation project: M. Sc. Psych. Catharina Voss; Duration: 05/2015-current)

Geographical monitoring in the „Behavior and Mind Health Study“ (BeMIND) (PI: Dr. Lars Pieper; Dr. Peter Musiat (Flinders University, Adelaide Australia); M. Sc.-Math. J. Venz; Prof. Dr. K. Beesdo-Baum; publication project; Funding: DAAD-IN2D Network; travel grant, Duration: 07/2017-09/2017)

Forschungsbereich 2: Epidemiologie und Versorgungsforschung

In diesem Forschungsbereich werden Häufigkeit, Komorbidität und Krankheitslast psychischer Störungen sowie Fragen der Inanspruchnahme von Gesundheitsdiensten und das Ausmaß leitlinienorientierter Behandlung untersucht (s. AG 1).

Bundesweite Studie zum Versorgungsverlauf bei Depression in Arztpraxen (VERA) (PI: Prof. Dr. Katja Beesdo-Baum, Co-PI: Prof. Dr. Franziska Einsle, Dr. Susanne Knappe; MitarbeiterInnen: Dipl.-Psych. G. Wieder, Dipl.-Psych. L. Knothe, Dipl.-Psych. S. Trautmann, Dipl.-Math. D. Pietzner; Dipl.-Math. J. Venz; Förderung: Bundesministerium für Gesundheit (BMG); Förderzeitraum: 04/2013-04/2016)

The prevalence and disease burden of depression as well as service use and treatment barriers-Analyses of data from the German Health Interview and Examination Survey for Adults-Mental Health Supplement (DEGS1-MH) (PI: Prof. Dr. Hans-Ulrich Wittchen & Prof. Dr. Katja Beesdo-Baum, Mitarbeiter: Dipl.-Math. J. Strehle. Datenanalyse: 12/2013–current, internal funding)

Identifying emotional problems in children in pediatrician practices (PI: Prof. Dr. K. Beesdo-Baum, PD Dr. Susanne Knappe; Cooperation partner: Prof. Dr. Veit Roessner. 2015–current; internal funding)

Forschungsbereich 3: Behavioral Health and Behavioral Medicine

Dieser Forschungsbereich beschäftigt sich mit den komplexen Interaktionen zwischen behavioralen Faktoren und der körperlichen und/oder psychischen Gesundheit von Personen (s. a. AG 7).

Diabetes cardiovascular risk-evaluation: Targets and essential data for commitment of treatment (DETECT) (PI: Prof. Dr. Hans-Ulrich Wittchen, Dr. Lars Pieper; Funding completed; data analysis ongoing)

Alcohol dependence in primary and specialist care in Europe (APC) (PI: Prof. Dr. Jürgen Rehm & Prof. Dr. Hans-Ulrich Wittchen; Staff: Dr. L. Pieper, Dipl.-Psych. J. Manthey, Dipl.-Psych. Ch. Probst; Funding: Lundbeck. Duration: 07/2012–04/2015)

Psychological and biological risk factors of burnout (ROB) (PI: Prof. Dr. Clemens Kirschbaum, Dr. Lars Pieper) Funding: Förderung aus dem Support-the-best Pool der Exzellenzinitiative der TU Dresden; internal funding, Duration: 01/2014–ongoing)

Care situation of adults with congenital heart disease (EMAH) by general practitioners and primary care physicians in Germany [Klärung der Versorgungssituation von Erwachsenen mit angeborenen Herzfehlern (EMAH) durch Allgemeinärzte, Hausärzte oder Allgemein-Internisten] (PI: Prof. Harald Kaemmerer (München), Staff: Dr. L. Pieper, Dr. R. Neidenbacher (München), M. Sc. J. Venz; Funding: Deutsche Herzstiftung; Duration: 01/2017–12/2018)

Forschungsbereich 4: Behavioral Neuroscience

In diesem Forschungsbereich werden anhand experimenteller Paradigmen behaviorale und neurobiologische Korrelate psychischer Störungen untersucht (s. a. AG 2).

Differentielle neuro-biologische Korrelate der Emotions- und Stressverarbeitung bei Generalisierter Angststörung im Vergleich zu Major Depression und Sozialer Phobie (PI: Prof. Dr. Katja Beesdo-Baum; Staff: Dipl.-Psych. K. Hilbert; Kooperationen: Prof. C. Kirschbaum, Dr. S. Schmiedgen, Prof. Dr. U. Lüken, Dr. M. Mühlhan. Förderung: Deutsche Forschungsgemeinschaft (DFG). Förderzeitraum: 01/2014-12/2017)

Psychophysiological and neural reactivity during uncertainty and ambiguity processing in high and low worriers (PI: Prof. Dr. Katja Beesdo-Baum, Prof. Dr. Ulrike Lüken; Staff: Dipl.-Psych. H. Kirschner, Dipl.-Psych. K. Hilbert, Dipl.-Psych. S. Nebe. Funding: Internal Resources (Lehrpreispool); Duration: 05/2010–05/2013; data analysis ongoing)

Neurostructural correlates and cortisol responses in Generalized Anxiety Disorder versus other anxiety conditions and depression: Evidence for specificity (Doctoral thesis project: Dipl.-Psych. Kevin Hilbert, Supervision: Prof. Dr. K. Beesdo-Baum, Prof. Dr. U. Lüken. Funding for data collection (10/2008-10/2013): Anschubfinanzierung FR zentralisierte Forschungsmittel; Forschungspool TU Dresden; Duration thesis: 06/201–07/2017)

Behavioral Avoidance and cognitive control abilities in high and low worriers (PI: Dipl.-Psych. Kevin Hilbert; Staff: G. Huang, T. Rößler, L. Wunderlich. Funding: Internal Resources (Lehrpreispool). Duration: 07/2014–ongoing).

Avoidance behavior as a result of one-sided exertion of cognitive control in specific phobia (PI: Prof. Dr. Katja Beesdo-Baum, Dr. M. Mühlhan; Staff: Dr. J. Hoyer, Dipl.-Psych. K. Hilbert, M. Sc. E. Seidl; Kooperationen: Prof. S. Scherbaum, Dr. U. Wolfensteller, Dr. H. Ruge, Dipl.-Psych. K. Zwosta; Förderung: Deutsche Forschungsgemeinschaft (DFG); Förderzeitraum: 07/2016-06/2020)

Neural correlates and predictors of mental health and disease in adolescents and young adults from the community (Doctoral Stipend: Ms Felicitas Huber; DFG-CRC940, Förderzeitraum: 07/2016-06/2020).

ENIGMA-subcortical volumes in Social Anxiety Disorder (PI: Prof. Dr. Dan Stein (University of Cape Town), Prof. Dr. Nic J.A. van der Wee (Leiden University), Dr. Nynke Groenewold (University of Cape Town), M. Sc. Janna Marie

Bas-Hoogendam (Leiden University); Dresden workgroup: Prof. Dr. Katja Beesdo-Baum, Dipl.-Psych. K. Hilbert.
Duration: 11/2016–ongoing)

Forschungsbereich 5: Diagnostik und Psychometrie

In diesem Forschungsbereich werden diagnostische Instrumente zur Erfassung von psychischen Störungen sowie ihrer behavioralen Teilkomponenten entwickelt und/oder psychometrisch geprüft AG 10).

Development of a measure for the behavioral symptoms of generalized anxiety (PI: Prof. Dr. Katja Beesdo-Baum, Dipl.-Psych. Lisa Knothe; Förderung: Intern; 2013-2016)

Retest-Reliabilität und Validierung des CIDI-5 (PI: Prof. Dr. Katja Beesdo-Baum, Prof. Dr. Hans-Ulrich Wittchen, Dr. Jana Hoyer, M. Sc. Psych. Catharina Voss, Dipl.-Math. Jens Strehle; Förderung Intern: (Anschubfinanzierung durch zentralisierte Forschungsmittel)

Erhebung von Referenzdaten zur Bewegungserkennung und Entwicklung eines ML Algorithmus für die Detektion von Bewegungsmustern aus Beschleunigungssensordaten (PI: Dr. Lars Pieper, Mathias Hölbing; Förderung: Anschubfinanzierung FR zentralisierte Forschungsmittel)

Ein Screeningverfahren zur Erfassung der Prämenstruellen Dysphorischen Störung (PMDS) und des Prämenstruellen Syndroms (PMS) (Dr. Jana Hoyer, M. Sc. Math. John Venz, B. Sc. Lisa-Sophie Kant; Förderung: intern)

Forschungsbereich 6: Translationale Interventionsforschung

In diesem Forschungsbereich wird untersucht, wann, bei wem und wie behaviorale Interventionen am besten durchgeführt werden, um die Entwicklung psychischer Störungen zu verhindern (gezielte Prävention) bzw. eine Chronifizierung und Progression zu vermeiden (Therapie). Während in enger Kooperation mit der IAP die behaviorale Therapie der Generalisierten Angststörungen bereits etablierter Forschungsschwerpunkt ist, ebenso die Untersuchung der Rolle von Komorbiditäten bei psychotherapeutischen Angstbehandlungen, widmet sich die Arbeitsgruppe auch Fragen der populationsbasierten Früherkennung und gezielter Prävention und Frühintervention im Zusammenhang mit psychischen Störungen und gesundheitsrelevanten Verhaltensweisen.

Die Behandlung der Generalisierten Angststörung im Rahmen einer Spezialambulanz (PI: Prof. Dr. Katja Beesdo-Baum, Prof. Dr. Jürgen Hoyer; Funding: internal resources; Duration: 08/2005-ongoing; Cooperation: Institutsambulanz und Tagesklinik für Psychiatrie der TU Dresden GmbH)

A 10 year follow-up of worry exposure and applied relaxation in the treatment of generalized anxiety disorder (PI: Prof. Dr. Katja Beesdo-Baum, Prof. Dr. Jürgen Hoyer; Funding: internal resources. Duration: 2016-2017. Cooperation: Institutsambulanz und Tagesklinik für Psychiatrie der TU Dresden, Prof. Dr. Eni S. Becker; Nijmegen).

The effect of comorbid conditions on treatment outcome in anxiety (PI: Prof. Dr. Katja Beesdo-Baum, Prof. Dr. Hans-Ulrich Wittchen, Prof. Dr. Jürgen Hoyer)

Aufbau eines Zentrums zur Prävention und gezielter Frühintervention im Zusammenhang mit psychischen Störungen und riskanten Gesundheitsverhaltens (Center for Preventive Intervention Studies, CEPRIS) (PI: Prof. Dr. Katja Beesdo-Baum, Dr. Susanne Knappe; Funding: Internal Resources; Duration: 07/2014-ongoing)

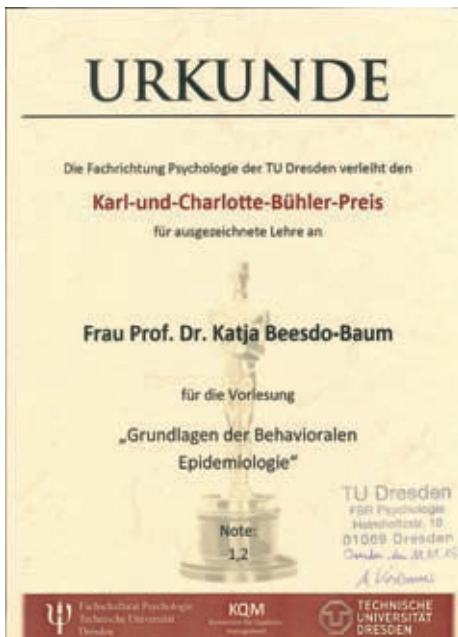
Effectiveness and underlying mechanisms of applied relaxation as indicated preventive intervention in subjects at increased risk for mental disorders (PI: Dr. Eva Asselmann, Prof. Dr. Katja Beesdo-Baum; Funding: Deutsche Forschungsgemeinschaft (DFG); Duration: 09/2016-08/2019)

Indicated prevention of mental disorders in subjects with initial panic symptomatology: Effectiveness and underlying mechanisms of action (PI: Dr. Eva Asselmann, Prof. Dr. Katja Beesdo-Baum; Funding: Deutsche Forschungsgemeinschaft (DFG); Duration: 3 years; Cooperation: Dr. Christiane Pané-Farré (Co-PI), Institut für Psychologie, Universität Greifswald)

A pilot randomized controlled trial of a stress management program with and without assertiveness training (PI: Cand. M. Sc. Sabrina Wallrabenstein, Prof. K. Beesdo-Baum; Funding: internal resources; Duration: 7/201–6/2017; Cooperation: Cand.-M. Sc. Psych. Matthias Giel, Dipl.-Psych. Marlene Penz)



Promotion
Dr. Eva Asselmann
(Dezember 2014)



Lehrpreis Vorlesung Behaviorale
Epidemiologie 2015

TECHNISCHE UNIVERSITÄT DRESDEN
Fakultät Mathematik / Naturwissenschaften Institut für Technische Psychologie und Psychiatrie
Forschung Psychologie

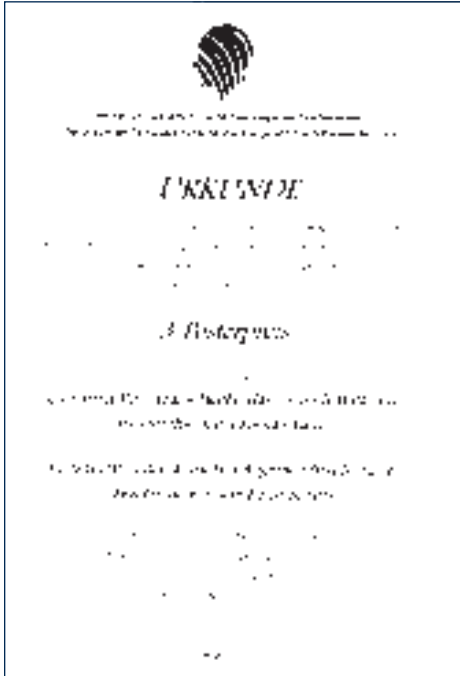
**BÜHLERKOLLOQUIUM
SS 2016**
JEWEIFS MITTWOCHS 17 UHR
Organisation: Prof. Dr. Katja Beesdo-Baum
Professur für Behaviorale Epidemiologie

Termin	Reise	Referent	Titel
Mittwoch, 31.05.2016 17:00 Uhr	Ferienkollegen PAL 108	PD Dr. Tim Hans Paderborn	The emerging field of predictive analytics in mental health: Applications, challenges and perspectives
Mittwoch, 25.05.2016 17:00 Uhr	Ferienkollegen PAL 108	Prof. Dr. Marlene Claes UCLM	Optimizing exposure therapy for anxiety disorders: an inhibitory learning and anxiety-regulation approach
Mittwoch, 01.06.2016 <i>Achtung 19:30 Uhr!!! @Das Akademische</i>	Ferienkollegen PAL 108	Prof. Dr. Serena Wichery Groningen	A network approach to psychotherapy and its potential for clinical applications
Mittwoch, 23.6.2016 17:00 Uhr	Ferienkollegen PAL 108	Dr. Silke Brensch Dresden Vortrag in Vorbereitung Nachklausur	Determining the developmental specificity of risk factors for substance use disorders over the life span
Mittwoch, 13.07.2016 17:00 Uhr	Ferienkollegen PAL 108	Prof. Dr. Peter Muris Radboud	The fearful prong: On the developmental and experiential psychopathology of anxiety
<i>Achtung Sondertermin Dienstag 17. 06.06.2016 17:00 Uhr</i>	Ferienkollegen PAL 108	Prof. Dr. Ron Rapee Geelong	Reducing a lifetime of distress - the development and prevention of emotional disorders

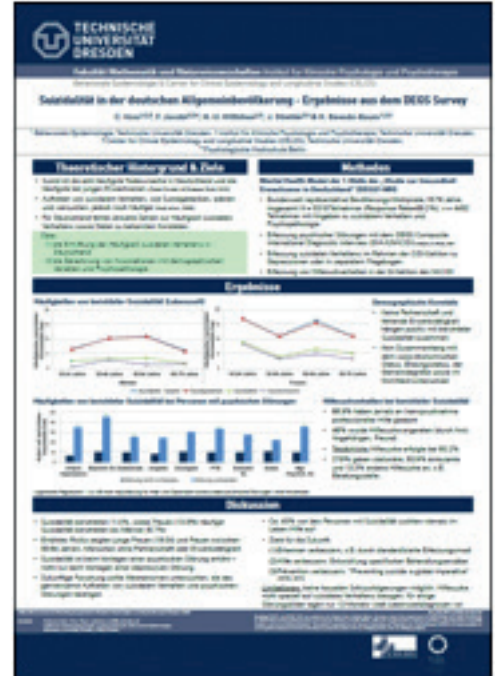
Professur organisiert das
Fachrichtungs-
Bühlerkolloquium 2016
mit namhaften Forschern aus
Deutschland, den Niederlanden
und Australien



Mitarbeiter präsentieren Ihre For-
schung auf der Langen Nacht der
Wissenschaften 2016



Posterpreis
Fachgruppentagung
2015 Für
M. Sc. Catharina Voss



AAS, Penn State



Mitarbeiter präsentieren Forschungsarbeiten weltweit (Australien, Irland, USA, Großbritannien, Niederlande ...)



Empfang der neuberufenen Professorinnen und Professoren (Katja Beesdo-Baum, 2.v.l.)

Epidemiological Research Unit

Prof. Dr. Jürgen Rehm
 Institut für Klinische Psychologie und Psychotherapie
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Externe Doktoranden

Dipl.-Psych. Charlotte Probst
 Dipl.-Psych. Jakob Manthey

Epidemiological Research Unit und Entwicklungen in den letzten Jahren

Die Arbeitsgruppe war sehr erfolgreich in der Einwerbung von Drittmitteln vor allem aus Programmen der EU (FP7 & Public Health calls) und der Pharmaindustrie.

In den letzten Jahren wurde Prof. Rehm unter anderem in die Steering Committees der Großprojekte ALICE-RAP (**Addiction and Lifestyles in Contemporary Europe Reframing Addictions Project**; (<http://www.alicerap.eu/>) und der Studie APC (Alcohol dependence in primary care in Europe) gewählt. Es wurden eine Reihe von Masterarbeiten abgeschlossen und Doktoranden betreut. Projekte im Rahmen der EU Programmlinie Horizon 2020 wurden beantragt.

1. Lehrangebot

Prof. Rehm bereichert das Curriculum des Institutes für Klinische um folgende Lehrveranstaltung pro Semester, die im flexiblen Turnus angeboten werden:

- Problemkonsum von Alkohol und Mortalität - Wie erstelle ich eine Metaanalyse
- Gesellschaftliche Belastungen durch Substanzstörungen am Beispiel der Alkoholabhängigkeit
- Einführung in die Substanzstörungen

Zusätzlich übernimmt Prof. Rehm zwei Wochenmodule im Rahmen der European Graduate School in Addiction Research (ESADD) zum Thema Epidemiology and its consequences: Individual and social burden measurement and Public Health and Public Policy. Für mehr Informationen siehe https://psy2.psych.tu-dresden.de/i2/klinische/students/master_s_aktuelles_de.html.

2. Forschung

Die Arbeitsgruppe hat in den vergangenen Jahren maßgeblich zum Bereich der Suchtforschung beigetragen, und Prof. Rehm wurde von Thomson Reuters im Zeitraum von 201 -2016 regelmäßig immer wieder zum „most highly cited researcher“ gewählt. Er gehört konstant zu den einflussreichsten Forschern im Bereich Sozialwissenschaft und Epidemiologie. Zu den Schwerpunkten gehören:

- Entwicklung der Algorithmen für die Quantifizierung des Einflusses von Risikofaktoren auf Mortalität und Krankheitslast
- Revidierung der Quantifizierung alkoholbedingter Mortalität und Krankheitslast für die Weltgesundheitsorganisation (WHO)
- Weiterentwicklung des Suchtkonzepts und empirische Untersuchungen zu Alkoholabhängigkeit in sechs europäischen Ländern (Forschungsmittel: € 1.8 Millionen; Förderer: Lundbeck)
- Der Einfluss von sozialer Schicht auf Risikofaktoren und Krankheit

Professur für Klinische Psychologie und Behaviorale Neurowissenschaft

Prof. Dr. Philipp Kanske
Professur Klinische Psychologie und
Behaviorale Neurowissenschaft
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Zum 01.08.2017 wurde Philipp Kanske auf die Professur für Klinische Psychologie und Behaviorale Neurowissenschaft berufen. Die Professur ist am Institut für Klinische Psychologie und Psychotherapie der Fachrichtung Psychologie an der Mathematisch-Naturwissenschaftlichen Fakultät der Technischen Universität Dresden angesiedelt.

Forschungsschwerpunkte

Defizite in sozialer Interaktion sind über viele psychische Störungen hinweg ein zentrales Problem. Die übergreifenden Forschungsschwerpunkte der Professur sind

- (A) die interaktiven, emotionalen und kognitiven Mechanismen, die solchen Defiziten zugrunde liegen, zu beschreiben und
- (B) ihre Rolle in der Ätiologie verschiedener Psychopathologien zu spezifizieren, um
- (C) frühe Diagnostik und zielgerichtete Psychotherapie zu ermöglichen (Abb. 1).

Zu diesem Zweck arbeitet die Gruppe mit behavioralen (experimentell, experience-sampling) und peripherphysiologischen Methoden, sowie mit Elektroenzephalographie und funktionaler Magnetresonanztomographie.

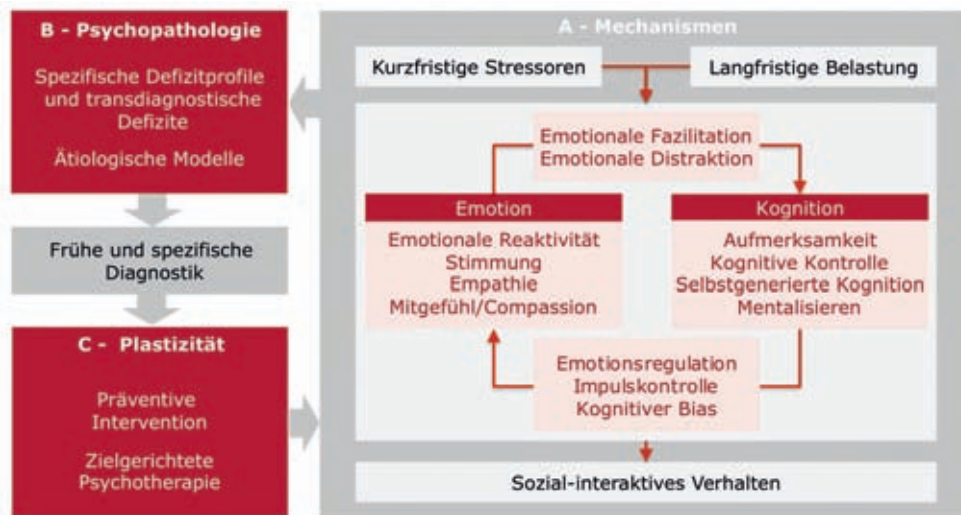


Abb. 1: Konzeptuelles Schema der Professur Klinische Psychologie und Behaviorale Neurowissenschaft

Philipp Kanske

Philipp Kanske hat an der Technischen Universität Dresden und der University of Oregon Psychologie studiert und anschließend an der Universität Leipzig promoviert. Nach einem PostDoc am Zentralinstitut für Seelische Gesundheit und der Habilitation an der Universität Heidelberg leitete er von 2012-2017 die Gruppe „Psychopathologie des Sozialen Gehirns“ in der Abteilung Soziale Neurowissenschaft des Max-Planck-Instituts für Kognitions- und Neurowissenschaften in Leipzig.

Seine Forschungsarbeiten wurden mehrfach ausgezeichnet, unter anderem mit der Otto-Hahn-Medaille der Max-Planck-Gesellschaft und dem Heinz Maier-Leibnitz-Preis der Deutschen Forschungsgemeinschaft. 2015 wurde er in die Junge Akademie an der Nationalen Akademie der Wissenschaften Leopoldina und der Berlin-Brandenburgischen Akademie der Wissenschaften berufen.



Empfang der neuberufenen Professoren durch den Rektor der TU Dresden am 27.09.2017

**Professur für Klinische Psychologie und E-Mental-Health
(bis 03/2017 Professur „Grundlagen und Interventionen bei Essstörungen und
assoziierten Störungen“)**

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Dipl. Psych. Martin Paul, Dipl. Psych. Michaela Nagl
Dipl. Psych. Paula von Bloh, M. Sc. Nadine Eiterich,
Dipl. Psych. Natalie Dias, Anne Biedermann

Hintergrund der Professur:

Wie in vielen anderen Bereichen des täglichen Lebens hat der Einsatz Neuer Medien auch in der Prävention und Behandlung psychischer Probleme und Erkrankungen mittlerweile einen bedeutsamen Stellenwert eingenommen. Prof. Dr. Corinna Jacobi und ihre Arbeitsgruppe widmen sich der Erforschung von technologie-basierten Interventionen als Teilbereich der Klinischen Psychologie.

Die Professur wurde 2004 ursprünglich als Stiftungsprofessur mit der Denomination "Grundlagen und Interventionen bei Essstörungen und assoziierten Störungen" eingerichtet und ist am Institut für Klinische Psychologie und Psychotherapie der Fachrichtung Psychologie im Bereich Mathematik und Naturwissenschaften angesiedelt. Seit 2009 wird die Professur aus dem Haushalt der TU Dresden finanziert. 2017 erfolgte die Umbenennung in Professur für Klinische Psychologie und E-Mental-Health.

Seit Ihrer Einrichtung hat sich die Professur schwerpunktmäßig mit zwei übergeordneten Themenbereichen beschäftigt:

1. Grundlagen- und Interventionsforschung im Zusammenhang mit Essstörungen
2. Entwicklung und Evaluation von Interventionen im Bereich E-Mental-Health (Digitale psychische Gesundheit).

Die Forschungsaktivitäten im Bereich Essstörungen reichen von allgemeiner Grundlagenforschung, z. B. zu Risikofaktoren von Essstörungen und häufigen, gemeinsam auftretenden Störungen, Charakteristika gestörten Essverhaltens

bei spezifischen Gruppen wie Männern oder Kindern bis hin zur Entwicklung und Evaluation unterschiedlicher Präventions- und Behandlungsansätze für Essstörungen sowie deren Bewertungen im Rahmen von Metaanalysen. Einen großen Stellenwert im Rahmen der Interventionsforschung unserer Professur nahmen in den letzten Jahren insbesondere Ansätze im Zusammenhang mit neuen Medien, also übers Internet oder mobile Applikationen ein. Ursprünglich für den Bereich Essstörungen entwickelt, beschäftigen wir uns seit einigen Jahren auch intensiver mit übergeordneten Fragen zum Thema E-Mental-Health, wie z. B. Fragen der Adhärenz, der generellen Wirkweise und der Verbreitung und Einbindung von Internet-gestützten Interventionen in die allgemeine Gesundheitsversorgung.

Schwerpunkte in der Lehre:

Klinische Psychologie (Störungsbilder, Interventionsverfahren), Psychotherapieforschung, Klinische Diagnostik (Problemanalyse, strukturierte Diagnostik anhand des DSM-IV/5), Klinische Intervention (Verhaltenstherapeutische Verfahren; Interventionspraktikum), Teilaspekte der Gesundheitspsychologie (Risikofaktoren, Prävention).

Aktuelle Entwicklungen in der Forschung:

Integrating Technology into Mental Health Care Delivery in Europe (ICare). Prof. Dr. Corinna Jacobi ist Verbundkoordinatorin des von der EU geförderten Forschungsverbundes ICare. Der Verbund wird finanziert im Rahmen des Horizon 2020 Forschungs- und Innovationsprogramms der Europäischen Union (GA No. 634757). Ziel von ICare ist die Etablierung eines innovativen, umfassenden Versorgungsmodells zur Förderung psychischer Gesundheit in Europa. ICare steht für evidenzbasierte Prävention, Früherkennung und Behandlung häufiger psychischer Störungen über eine gemeinsame Online-Plattform. In Zusammenarbeit mit etablierten Akteuren der Gesundheitsversorgung soll ICare bestehende Angebote ergänzen oder in diese integriert werden, um langfristig Kosten, die durch psychischer Erkrankungen entstehen, zu vermeiden und zu reduzieren. Die Projektpartner stammen aus insgesamt sechs europäischen Ländern (Deutschland, Großbritannien, Niederlande, Österreich, Schweiz, Spanien). Alle Projektpartner verfügen über einschlägige und langjährige Forschungserfahrung im Bereich E-Mental-Health. Gemeinsam verfügen sie über ein Portfolio aus über 30 evidenzbasierten Online Programmen zur Förderung psychischer Gesundheit und zur Prävention, Selbsthilfe, Behandlung und Nachsorge bei psychischen Erkrankungen.

everyBody. everyBody ist ein maßgeschneidertes Online-Programm zur Steigerung der Körperzufriedenheit und zur Prävention von und Selbsthilfe bei Essstörungen. everyBody wurde an der Stanford School of Medicine und am Institut für Klinische Psychologie und Psychotherapie der Technischen Universität Dresden unter der Leitung von Prof. Craig Barr Taylor und Prof. Dr. Corinna Jacobi unter dem Namen StudentBodies entwickelt. In verschiedenen klinischen Studien konnten wir zeigen, dass das Programm Frauen dabei hilft, zufriedener mit ihrem Körper zu sein, ohne dass sie ihren Körper verändern müssen. Mit everyBody liegt nun ein Programm vor, das sich nicht mehr nur an Studentinnen, sondern an Frauen jeden Alters richtet. Eine Pilotstudie zeigt vielversprechende Effekte auf Körperzufriedenheit, Essverhalten und Selbstwertgefühl. everyBody wird im Rahmen des Forschungsverbundes ICare in einer Disseminationsstudie als Präventionsprogramm sowie im Rahmen einer randomisierten kontrollierten Studie als Selbsthilfeprogramm evaluiert.

We Can. We Can ist ein auf systemischen und kognitiv-behavioralen Prinzipien basierendes Training für Angehörige von Personen mit Anorexia nervosa. In 8 interaktiven Modulen lernen die Angehörigen mehr über die Symptomatik der Anorexia nervosa, hilfreiche Kommunikation mit einer an Magersucht erkrankten Person, das Anbieten von Unterstützung in schwierigen Zeiten sowie darüber, wie sie die an Magersucht erkrankte Person dabei unterstützen können, ungünstige Verhaltensweisen zu bewältigen. We Can richtet sich andererseits auch an die eigenen Bedürfnisse der Angehörigen und hilft ihnen dabei, ihre Bedürfnisse zu erfüllen und sicherzustellen, dass sie sich unterstützt fühlen.

WE CAN wird im Rahmen des Forschungsverbundes ICare in Kooperation mit Forschern des King's College London im Rahmen einer multizentrischen, pragmatischen, randomisierten kontrollierten Studie evaluiert.

Student Bodies-AN-Internet-gestützte Prävention und Frühintervention für junge Frauen mit erhöhtem Risiko der Entwicklung einer Anorexia nervosa. Im Rahmen einer durch die Else Kröner-Fresenius-Stiftung geförderten randomisierten kontrollierten Studie zur Internet-gestützten Essstörungsprävention haben wir die Wirksamkeit eines Online-Präventionsprogramms für junge Frauen mit erhöhtem Risiko der Entwicklung einer Anorexia nervosa untersucht. 168 Teilnehmerinnen wurden in drei ostdeutschen Städten sowie über ein Online-Screening rekrutiert. Wir konnten zeigen, dass durch die Teilnahme an Student Bodies-AN Risikofaktoren für das Auftreten einer Anorexia nervosa verringert und Neuerkrankungen verhindert werden konnten. Teilnehmerinnen waren nach Programmende zufriedener mit ihrem Körper, fanden eine schlanke Figur weniger wichtig und berichteten weniger gezügeltes Essverhalten. Zusätzlich konnte bei Teilnehmerinnen mit Untergewicht eine Gewichtszunahme erreicht werden.

Professur für Suchtforschung

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Externe Doktoranden

Dipl.-Psych. Sandra Paul (Emotionsregulation bei Zwangsstörungen)

Angebote:

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Die Professur für Suchtforschung wurde als Stiftungsprofessur des Bundesministeriums für Bildung und Forschung und des Freistaates Sachsen im Rahmen des Suchtforschungsverbundes Sachsen/Bayern ASAT 2005 eingerichtet. Sie ist die einzige Professur dieser Art in Deutschland für das Fachgebiet Psychologie. Im Frühjahr 2012 hat die Universitätsleitung der TU Dresden in Abstimmung mit der Fachrichtung Psychologie beschlossen, die ursprünglich befristet eingerichtete Stiftungsprofessur zu verstetigen.

Bis August 2016 wurde die Professur von Prof. Dr. Gerhard Bühringer geleitet, der nun seine Forschungsaufgaben in der Arbeitsgruppe Abhängiges Verhalten, Risikoanalyse und Risikomanagement (**Work Group Addictive Behaviors, Risk Analysis and Risk Management**) weiterführt.

Zum 1. September 2016 erfolgte die Neuberufung von Prof. Dr. Tanja Endrass. Seit dem 1. Februar 2017 und 1. März 2017 sind Raoul Dieterich und Julia Berghäuser als wissenschaftliche Mitarbeiter an der Professur beschäftigt.

Der zukünftige Schwerpunkt liegt in der Erforschung von Faktoren, die zur Entwicklung kompulsiver Verhaltensweisen beitragen, wie sie bei Suchterkrankungen aber auch bei Zwangs- und Zwangsspektrumsstörungen zu finden sind. Mit elektrophysiologischen und bildgebenden Methoden sollen behaviorale und neuronale Biomarker in den Bereichen Handlungskontrolle, Lernen und Entscheiden identifiziert werden, die kompulsives Verhalten begünstigen. Langfristig geht es darum zu verstehen, warum Menschen Dinge tun, die ihnen schaden, und wie sich dies durch geeignete Interventionen beeinflussen lässt.



Abb. 1. Die neuberufenen Professoren der TU Dresden 2016

Psychophysiologisches Labor

Seit Anfang Juni 2017 ist mit der Lieferung der Kabine nun das EEG-Labor der Professur (im Neuroimaging Center) einsatzbereit. Das Labor ist mit einem 64-Kanal EEG-System zur Erfassung des Elektroenzephalogramms ausgestattet und erste Probemessungen wurden bereits durchgeführt:

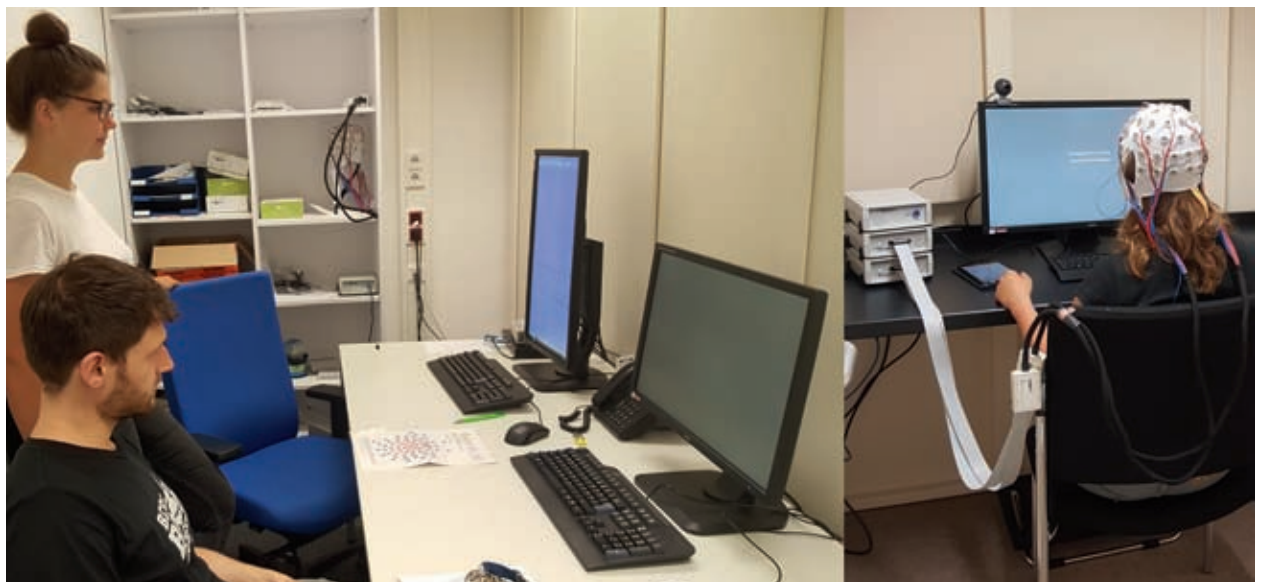


Abb. 2: Innenansicht des EEG-Labors. Links: Außerhalb der Kabine überwachen SHK Carolin Kilian (links) und Raoul Dieterich die erste Probemessung. Rechts: Innerhalb der Kabine führt derweil Julia Berghäuser eine Flanker-Task durch, während ihr EEG aufgenommen wird.

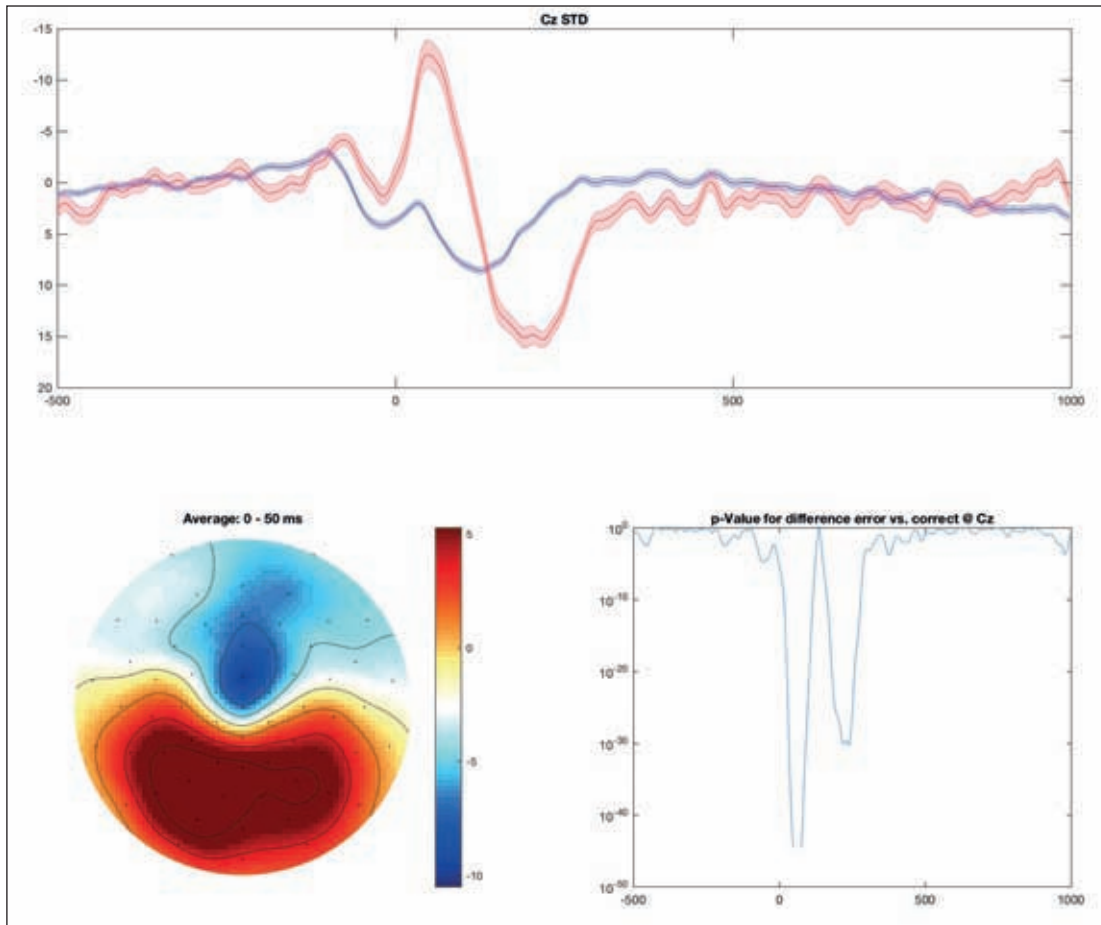


Abb. 3: Die ersten Resultate sind sehr erfreulich, das EEG konnte mit zufriedenstellender Qualität aufgenommen werden: Die Abbildung kontrastiert die Signale für richtige und fehlerhafte Antworten in der Flanker-Task. Oben ist das auf den Moment der Antwort (Onset bei 0 ms) zugeschnittene, für richtige (blau) und falsche (rot) Durchgänge gemittelte EEG inklusive Standardfehler (schattierter Bereich) abgetragen. Es zeigt sich zwischen 50 und 100 ms nach der Antwort die hierfür typische Negativierung (auf der y-Achse nach oben abgetragen) nach Fehlern, die Error-related Negativity (ERN). Die ERN ist ein wichtiger Marker des Handlungsüberwachungssystems, die auch sensitiv für psychopathologische Veränderungen ist: Im Vergleich zu gesunden Kontrollen ist die Amplitude der ERN bei Patienten mit Zwangsstörungen bspw. stabil erhöht, wohingegen im Zusammenhang mit Substanzkonsumstörungen häufig geringere Amplituden der ERN gefunden werden. Unten links zeigt sich die für die ERN charakteristische Topografie mit einer frontozentral lokalisierten Negativierung (blau). Rechts unten ist der statistische Kennwert p für den Unterschied zwischen richtigen und falschen Durchgängen über die Zeit abgetragen, es zeigt sich ein statistisch hoch signifikanter Unterschied insbesondere im Zeitfenster der ERN.

Spezialambulanz

Für die Durchführung der Forschungsvorhaben und zur Unterstützung der Lehre betreibt die Professur eine Spezialambulanz für Alkohol, Cannabis, Tabak sowie pathologisches Glücksspielen. Die Raucherentwöhnung ist eine gemeinsame Initiative der Professur für Suchtforschung, der Arbeitsgruppe „Systemische Neurowissenschaften“ (Prof. Michael Smolka) und der Sächsischen Landesstelle gegen die Suchtgefahren e.V. (SLS). Die Spezialambulanz ist Teil der Institutsambulanz und Tagesklinik für Psychotherapie (IAP-TU Dresden GmbH; Leitung Prof. Jürgen Hoyer).

Forschungsschwerpunkte

Die Professur befasst sich mit der Erforschung der behavioralen und neuronalen Grundlagen von Substanzstörungen. Im Zuge der Beschreibung und Erforschung von Biomarkern und Endophänotypen erforschen wir Gemeinsamkeiten und Unterschiede zu anderen psychischen Störungen sowie zugrundeliegende Konstrukte wie Kompulsivität, Impulsivität und Ängstlichkeit. Insgesamt hat die Professur mit der Neubesetzung eine stärkere neurowissenschaftliche Ausrichtung erhalten. Die nachfolgenden Projekte und Themen werden derzeit von uns bearbeitet:

1. Cognitive control and learning in impulsivity and compulsivity: Veränderungen von Impulsivität und Kompulsivität sind mit der Entwicklung von psychischen Störungen, v. a. Substanzstörungen, assoziiert, welche wiederum Defizite in diversen kognitiven Kontrollfunktionen, Entscheidungsfindung und beim Lernen aufweisen. Ziel des Projekts ist es Zusammenhänge zwischen diesen Funktionen und Veränderungen von Impulsivität und Kompulsivität in einer gesunden Stichprobe zu untersuchen, um so dimensionale Bezüge herstellen zu können.
2. Regulation of Craving and Stress in Addiction: Die Regulation von Craving, dem starken Verlangen nach einer Substanz, ist eine wichtige Voraussetzung für die erfolgreiche Überwindung von Suchterkrankungen. Im Rahmen dieses Projekts soll bei starken Rauchern untersucht werden, welche neuronalen Netzwerke spezifisch für die Regulation des Verlangens nach Substanzen aktiviert werden und wie deren Aktivität durch Stressexposition beeinflusst wird. Für dieses Projekt wurde durch Raoul Dieterich eine Anschubfinanzierung eingeworben (Kooperation mit Thomas Goschke).
3. Habitual, Model-free and Model-based Learning in Addiction: Die Fähigkeit eigene Handlungen und Entscheidungen auf ein (längerfristiges) Ziel auszurichten ist bei Personen mit Substanzstörung und Zwangsstörungen zugunsten einer vermehrten Gewohnheitsbildung beeinträchtigt. Derzeit werden verschiedene Paradigmen entwickelt und erprobt, um diese Fähigkeiten und die flexible Nutzung dieser Fähigkeiten mittels EEG und fMRT zu untersuchen. (Kooperation mit Florian Schlagenhauf, Charité Berlin).
4. Electrophysiological correlates of approach and avoidance learning in obsessive-compulsive disorder: Zwangsstörungen sind durch verminderte Flexibilität in Lernaufgaben charakterisiert. Gleichzeitig wird wie bei anderen Angststörungen Vermeidungsverhalten gezeigt und die Patienten lernen vermehrt aus negativen im Vergleich zu positiven Konsequenzen. Dieses Projekt untersucht das Veränderungslernen und die neuronalen Korrelate bei der Zwangsstörung.
5. Performance monitoring: Die behavioralen und neuronalen Korrelate von Fehlerverarbeitung und Handlungsüberwachung sind ein wichtiger Forschungsschwerpunkt von Prof. Endrass und werden in zukünftigen Forschungsprojekten ein Themenschwerpunkt der Abteilung sein. Die Überwachung von Handlungsergebnissen ist eine essentielle Voraussetzung für flexibles und angepasstes Verhalten. Veränderungen der Handlungsüberwachung zeigen sich bei zahlreichen psychischen Störungen, so dass es sich hierbei um einen störungsübergreifenden Biomarker/ Endophänotyp handeln könnte.
6. Emotion-regulation and uncertainty in obsessive-compulsive disorder: Defizite der Emotionsverarbeitung und Emotionsregulation spielen bei den meisten psychischen Störungen eine wichtige Rolle. Zusammen mit Daniela Simon und Sandra Paul (HU Berlin) untersuchen wir in einem DFG Projekt die Emotionsregulation bei der Zwangsstörung. In diesem Projekt geht es insbesondere darum herauszufinden, bei welchen Emotionsregulationsstrategien Patienten mit Zwangsstörungen Defizite zeigen. In aktuellen Störungsmodellen der Zwangsstörung wird das Zwangsverhalten als instrumentelles Verhalten zur Reduktion von Angst und Unsicherheit infolge von Zwangsgedanken konzeptualisiert. Zusammen mit Prof. Kathmann (HU Berlin) und Raoul Dieterich haben wir die Auswirkung von Unsicherheit bezüglich aversiver Ereignisse auf die Aufmerksamkeitszuwendung sowie die Ausführung kompulsiver, ritualisierter Verhaltensweisen bei der Zwangsstörung untersucht.

Publikationen:

- Grützmann, R., Endrass, T., Kaufmann, C., Allen, E., Eichele, T., & Kathmann, N. (2016). Presupplementary Motor Area Contributes to Altered Error Monitoring in Obsessive-Compulsive Disorder. *Biological Psychiatry, 80*, 562-571.
- Endrass, T., & Ullsperger, M. (2014). Specificity of performance monitoring changes in obsessive-compulsive disorder. *Neuroscience & Biobehavioral Reviews, 46* (Pt 1) 124-138.
- Riesel, A., Endrass, T., Auerbach, L.A., & Kathmann, N. (2015). Overactive Performance Monitoring as an Endophenotype for Obsessive-Compulsive Disorder: Evidence from a Treatment Study. *American Journal of Psychiatry, 172*, 665-673.
- Ullsperger, M., Fischer, A.G., Nigbur, R., & Endrass, T. (2014). Neural mechanisms and temporal dynamics of performance monitoring. *Trends in Cognitive Sciences, 18*, 259-267.

Kooperationspartner

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Markus Ullsperger und Adrian Fischer, Otto-von-Guericke Universität Magdeburg
Ulrike Buhlmann, Westfälische Wilhelms-Universität Münster

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Prof. Bühringer wurde 2005 auf die neu geschaffene Professur für Suchtforschung berufen, und hat diese bis 2016 bekleidet. Er hat seither die Leitung der neugegründeten Arbeitsgruppe übernommen und führt in diesem Rahmen verschiedene Drittmittelprojekte durch.

1. Forschung

Übergeordnete Forschungsthemen sind die Beschreibung und Analyse von Prozessen und Faktoren (Mediatoren und Moderatoren) im Zusammenhang mit Beginn, Verlauf, Chronifizierung bzw. Spontanremission des pathologischen Gebrauchs psychotroper Substanzen und des pathologischen Glücksspielens. Insbesondere geht es um Analysen von Gemeinsamkeiten und Unterschieden bei den ätiopathologischen Prozessen und Störungsbildern zwischen Störungen durch Substanzkonsum und Glücksspielen. Von besonderem Interesse sind individuelle Risikoprofile, die zur Erklärung beitragen können, warum nur ein Teil der Substanzkonsumenten bzw. Nutzer von Glücksspielen Störungen entwickelt und der überwiegende Teil nicht, gegeben die grundsätzlich gleiche Exposition gegenüber psychotropen Substanzen und Glücksspielangeboten. Zweites übergeordnetes Thema ist die Erforschung von Interventionen zur Reduzierung abhängigen Verhaltens, sowohl auf der individuellen (Therapie) als auch auf der gesellschaftlichen Ebene (Angebotsgestaltung und -regulierung, Gesundheitspolitik). Schwerpunkte der Transferforschung sind risikoarme Rahmenbedingungen für Glücksspielen und Glücksspielangebote sowie Betreuungs- und Arbeitsstrukturen für Personen mit psychischen Störungen im Luftverkehr.

Suchtforschung wird als Schnittstelle zahlreicher wissenschaftlicher Einzeldisziplinen verstanden (vgl. hierzu auch die Forschung von Frau Prof. Endrass, die 2016 die Professur für Suchtforschung übernommen hat). Die Untersuchungen und Forschungsprogramme werden deshalb in enger Kooperation mit Fachkolleginnen und -kollegen wie Prof. Endrass (kognitive Neurowissenschaften), Prof. Wittchen (Klinische Psychologie, Versorgungsforschung), Prof. Rehm (Gesellschaftliche Einflussfaktoren), Prof. Goschke (Allgemeine Psychologie, Beeinträchtigungen kognitiver Kontrollfunktionen), Prof. Smolka (Raucherentwöhnung) und Prof. Heinz (Charité Berlin; gestörte Lernprozesse), sowie in Zusammenarbeit mit nationalen oder europäischen Arbeitsgruppen durchgeführt.

Die einzelnen Forschungsarbeiten lassen sich dabei folgenden Themenbereichen zuordnen.

Forschungsbereich 1: Studien zur Ätiologie von Störungen durch Substanzkonsum und Glücksspielen

Themen sind die Analyse von Risikofaktoren für unterschiedliche Stadien der Störungsentwicklung, insbesondere von Merkmalen individueller Vulnerabilität sowie sozialer Einflussfaktoren.

Projekt 1-6 Addictions and lifestyles in contemporary Europe-reframing addictions project (ALICE-RAP) PI: Prof. Jürgen Rehm, Prof. Gerhard Bühringer; Staff: Dr. S. Behrendt, Dr. S. Forberger, Dipl.-Psych. M. Neumann, Dipl.-Psych. Ch. Probst; Funding: European Commission; Duration: 04/2011-03/2016

Projekt 1: Work area 2/Work package 5-Counting addiction (Prof. Jürgen Rehm)

Projekt 2: Work area 3/Work packages 7-9-Determinants of addiction (Prof. Gerhard Bühringer)

Projekt 3: Work area 4/Work package 10-Revenues, profits and participants (sub-study on prison interviews) (Prof. Jürgen Rehm, Prof. Gerhard Bühringer)

Projekt 4: Work area 5/Work package 13.1-Theoretical overview of governance views (Prof. Dr. Gerhard Bühringer)

Projekt 5: Work area 3/Work packages 7-9-Transition probabilities between different stages of substance use

Projekt 6: Doctoral thesis: Individuumsbezogene Prädiktoren für Entwicklung und Verlauf problematischen Cannabiskonsums in der Allgemeinbevölkerung und bei Patienten in Psychotherapie [“Individual predictors of the development and course of problematic cannabis use for the general population, and for patients in psychotherapy”] PhD student: Maria Neumann; Supervisor: Prof. Dr. Gerhard Bühringer; Duration: 10/2014-09/2017

Projekt 7: Addiction: Early recognition and intervention across the lifespan (AERIAL); Teilprojekt P8, Technischen Universität Dresden. PI: Prof. Gerhard Bühringer, Prof. Michael Rapp (Universität Potsdam); Staff: Dr. S. Behrendt, Dr. D. Schad; Funding: BMBF; Duration: 02/2015-06/2018

Projekt 8: The temporal relationship between internet gaming disorder symptoms and dysfunctional decision-making Staff: Dr. A. Kräplin; re-analyses of data from the project „Verlauf und Stabilität von problematischem Computerspielverhalten über einen Zeitraum von drei Jahren“ [Course and stability of problematic computer game use over three years]; Staff: E.-M. Kraft (geb. Zenses); PI: Prof. Dr. Thomas Mößle, Dr. Florian Rehbein (Kriminologisches Forschungsinstitut Niedersachsen); Supervisors: Prof. Dr. Gerhard Bühringer, Prof. Dr. Thomas Goschke; Duration: 03/2011-05/2015, ongoing data analysis

Forschungsbereich 2: Störungen der kognitiven Kontrolle und des Lernens als zentrale ätiopathologische Faktoren für die Entwicklung abhängigen Verhaltens

Trotz zahlreicher neuer Erkenntnisse in der Erforschung von Substanzstörungen und abhängigen Verhaltensweisen werden die genauen Vermittlungsmechanismen, die dem Übergang vom gelegentlichen Gebrauch in eine Abhängigkeit oder dem Rückfall nach Abstinenz zu Grunde liegen, nach wie vor unzureichend verstanden. Im Vordergrund dieses Forschungsbereichs stehen zwei mögliche sich ergänzende Vermittlungsmechanismen: Zum einen beschäftigen wir uns mit Beeinträchtigungen kognitiver Kontrollfunktionen und Prozessen der

Konfliktüberwachung, die einhergehen mit einer mangelnden Ausrichtung des Verhaltens an langfristigen Zielen und einer reduzierten Fähigkeit, habituelle oder impulsive Reaktionen auf substanzassoziierte Reize zu unterdrücken. Zum anderen geht es um veränderte belohnungsassoziierte Lernprozesse, die ein zunehmendes Verlangen nach der Substanz trotz negativer Konsequenzen und eine verringerte Belohnungsreaktion auf andere Stimuli bedingen.

Projekt 9: Addiction as disorder of volition: Impaired cognitive control functions in nicotine dependence and pathological gambling PI: Prof. Dr. Thomas Goschke, Prof. Dr. Gerhard Bühringer; Staff: Dipl.-Psych. A. Kräplin, Dr. R. Mayer; Funding: Deutsche Forschungsgemeinschaft (DFG); Duration: 04/2011-03/2014, ongoing data analysis

Projekt 10: Volitional dysfunction in self-control failures and addictive behaviors PI: Prof. Dr. Thomas Goschke, Prof. Dr. Gerhard Bühringer, Prof. Dr. Michael Smolka, Prof. Dr. Hans-Ulrich Wittchen; Staff: Dr. A. Kräplin, Dr. K.-M. Krönke, Dipl.-Psych. M. Wolff; Funding: Deutsche Forschungsgemeinschaft (DFG), Collaborative Research Centre (CRC) 940; Duration: 07/2012-06/2020

Projekt 11: Pilot project: The role of cognitive dysfunctions in predicting real-life gambling behaviour (GAP) PI: Dr. Anja Kräplin; Funding: Funding opportunities for young researchers of the Department of Psychology, TU Dresden; Duration 08/2016-12/2017

Projekt 12: The effect of negative interpersonal scenes on inhibitory control and decision-making in gambling disorder staff: Dr. Anja Kräplin; re-analysis of data from the project "Selbststeuerung, kognitive Kontrolle und Persönlichkeitsaspekte bei der Störung durch Glücksspielen" [Self-control, cognitive control and personality in gambling disorder] PI: Dipl.-Psych. Andre Schmidt; Supervisors: Prof. Dr. Thomas Goschke, Prof. Dr. Gerhard Bühringer; Duration: 05/2012-12/2017

Projekt 13: Learning and habitization as predictors of the development and maintenance of alcoholism. Z-Projekt: Coordination and administration PI: Prof. Dr. Hans-Ulrich Wittchen, Prof. Dr. Andreas Heinz, Co-PI: Prof. Dr. Gerhard Bühringer; Staff: Dipl.-Psych. S. Kuitunen-Paul; Funding: Deutsche Forschungsgemeinschaft (DFG), Research Group FOR 1617; Duration: 04/2012-05/2018

Forschungsbereich 3: Entwicklung und Evaluation therapeutischer Programme und therapeutischer Versorgungssysteme

Es geht um die Entwicklung neuer Behandlungsprogramme, wie z. B. des manualisierten Behandlungsprogrammes „Elderly“ für die psychotherapeutische Behandlung von Alkoholkonsumstörungen bei Senioren. Des Weiteren werden neue Behandlungsansätze in der Routineversorgung untersucht, außerdem erfolgt die Mitwirkung an der Erarbeitung der Richtlinien zur Verbesserung der Versorgung von Personen mit Substanzstörungen.

Projekt 14: Elderly: Motivational enhancement therapy and community reinforcement approach for treating alcohol problems in the elderly - An international multicenter study PI for Germany: Prof. Dr. Gerhard Bühringer, Site coordinator Dresden: Dr. Silke Behrendt; Funding: Lundbeck Foundation; Duration: 01/2013-12/2017

Projekt 15: ELDERLY transfer study

PI: Prof. Dr. Gerhard Bühringer, Dr. Silke Behrendt, Dr. Barbara Braun (IFT Institut für Therapieforschung München); Funding: German Federal Ministry of Health; Duration: 08/2017-01/2018)

Projekt 16: Evaluation of a treatment and control system for pilots with mental disorders (PI: Prof. Dr. Gerhard Bühringer; Staff: Dipl.-Psych. Robert Czernecka; Duration: 01/2017-12/2018)

Forschungsbereich 4: Entwicklung und Überprüfung von Konzepten zum Verbraucherschutz im Rahmen der Glücksspielregulierung

Die Glücksspielregulierung in Deutschland ist seit Jahren unzureichend, in vielen Teilbereichen von Gerichtsurteilen in Frage gestellt, nicht umfassend auf alle Angebote ausgerichtet und wenig an einem effektiven Verbraucherschutz orientiert. Die Studien befassen sich unter besonderer Berücksichtigung von Maßnahmen zum effektiven Verbraucherschutz zum einen mit der Auswertung der internationalen Literatur zur Glücksspielregulierung, wie Fragen zu Angebotsgestaltung, Zugangsschwellen, Gestaltung einzelner Glücksspielmerkmale sowie zu Früherkennung,

Hilfe und Sperre gefährdeter Spieler; zum anderen mit der Analyse der Glücksspielregulierung in Deutschland und Europa sowie mit Verbesserungsvorschlägen.

Projekt 17: CEGG-characteristics and follow-up of gamblers from the German casino exclusion program

PI: Prof. Dr. Gerhard Bühringer; Staff: Dipl.-Psych. R. Kotter, Dr. A. Kräplin; Funding: Unrestricted research grant from Bundesverband deutscher Spielbanken gegründet in 2008 als BupriS e. V. an die TU Dresden; Duration: 08/2015-06/2018

Projekt 18: Doctoral thesis: Psychological and behavioral characteristics of gamblers in a follow-up study of the German casino exclusion program [Psychologische und behaviorale Charakteristika gesperrter Glücksspieler in einer Follow-Up Studie in deutschen Spielbanken].

PhD student: Roxana Kotter; Supervisors: Prof. Dr. G. Bühringer, Dr. Anja Kräplin, Funding: Unrestricted research grant from Bundesverband deutscher Spielbanken gegründet 2008 als BupriS e. V. an die TU Dresden; Duration: 08/2015-06/2018

Projekt 19: Development and evaluation of consumer protection in the field of gambling regulation

PI: Prof. Dr. Gerhard Bühringer; Staff: Dipl.-Psych. R. Czernecka; Funding: Unrestricted grant from several public and commercial gambling providers; Duration: 12.2016-11.2019

Projekt 20: The vulnerable gambler: Characteristics, disorder development, remission, early recognition and protective measures

PI: Prof. Dr. Gerhard Bühringer; Staff: Dipl.-Psych. R. Czernecka; Funding: Unrestricted research grant from several public and private gambling providers; Duration: 03/2017-11/2019

2. Spezialambulanz

Für die Durchführung der Forschungsvorhaben und zur Unterstützung der Lehre betreibt die Arbeitsgruppe eine Spezialambulanz für Störungen im Zusammenhang mit Alkohol, Cannabis, Tabak sowie Glücksspielen. Die Raucherentwöhnung ist eine gemeinsame Initiative dieser Arbeitsgruppe, der Professur für Suchtforschung (Prof. Tanja Endrass), der Arbeitsgruppe „Systemische Neurowissenschaften“ (Prof. Dr. Michael Smolka) und der Sächsischen Landesstelle gegen die Suchtgefahren e. V. (SLS). Die Spezialambulanz ist Teil der Institutsambulanz und Tages-klinik für Psychotherapie (IAP-TU Dresden GmbH; Geschäftsführung: Prof. Dr. Hans-Ulrich Wittchen, Klinische Gesamtleitung: Prof. Dr. Jürgen Hoyer).

3. ESADD-European Graduate School in Addiction Research

Three two-year ESADD courses have been successfully taken place, the last one finishing in 2016. During the seminar weeks, ESADD provided participants with an advanced educational experience, covering state-of-the-art science in addiction research, e. g. aetiology, neurobiology, disease patterns, epidemiology, prevention, treatment, Public Health and policy aspects as well as the training of academic skills.

PI: Prof. Dr. Gerhard Bühringer; Staff: Dr. S. Forberger, Dipl.-Psych. K. Nitzsche; Funding: Volkswagen-Stiftung; Duration: 10/2007-03/2016

4. Forschungskoooperation mit dem IFT (Institut für Therapieforschung), München

Mit dem IFT, das sich auf anwendungsnahe Forschung zu abhängigem Verhalten spezialisiert hat, besteht in verschiedenen Bereichen eine enge Zusammenarbeit. Dazu gehören neben der epidemiologischen Forschung die Störung durch Glücksspielen (PD Dr. Ludwig Kraus, Dr. Daniela Piontek) und die Raucherentwöhnung (Dr. Christoph Kröger). Zu beiden Störungsbereichen sind die beteiligten Wissenschaftler umfassend tätig, von der ätiologischen Grundlagenforschung bis zu Versorgungssystemforschung und Public Health Fragestellungen.

5. Transfer von wissenschaftlichen Erkenntnissen in die Praxis und Gesundheitspolitik

Die Unterstützung bei der Nutzung von wissenschaftlichen Erkenntnissen hat einen hohen Stellenwert. Dies wird verwirklicht durch die Beratung von Abgeordneten, Behörden und Verbänden, durch Stellungnahmen zu Gesetzesentwürfen, durch die Mitwirkung an der Entwicklung fachlicher Leitlinien sowie durch zahlreiche Vorträge zu praxisrelevanten Themen.

Der Leiter der Arbeitsgruppe ist Mitglied des „Düsseldorfer Kreises“ (<http://www.duesseldorfer-kreis.de/>).

Der Düsseldorfer Kreis ist eine Arbeitsgruppe von Verantwortlichen aus Glücksspielanbietern, Suchthilfe, Wissenschaft und Beratung, die gemeinsam mit allen Interessenten Vorschläge für eine strikt am Verbraucherschutz orientierte Glücksspielregulierung als übergeordnetes Konzept für alle Glücksspielangebote entwickelt.



Veranstaltungsreihen, Preise und Ehrungen

Rückblick: 9. Workshopkongress für Klinische Psychologie und Psychotherapie im Mai 2015 an der Technischen Universität Dresden

Die klinische Grundlagenforschung hat in den letzten Jahren eine Fülle von neuen Ansätzen und Erkenntnissen hervorgebracht, die bislang gar nicht oder unzureichend Eingang in die klinische Praxis gefunden haben. Umgekehrt ist die Psychotherapie durch viele Ansätze und Verfahren gekennzeichnet, die seitens der wissenschaftlichen Forschung nicht ausreichend aufgegriffen wurden. Während des von Frau Dr. Samia Härtling organisierten 9. Workshopkongresses für *Klinische Psychologie und Psychotherapie* und 33. *Symposiums der Fachgruppe Klinische Psychologie und Psychotherapie der Deutschen Gesellschaft für Psychologie* vom 14. -16. Mai 2015 an der Technischen Universität Dresden konnten wir gemeinsam eine kritische Auseinandersetzung zu diesen Fragen stimulieren und Spannungsfelder ansprechen. Ein buntes Programm aus Workshops, Symposien und Postervorstellungen aus den Bereichen Forschung, Intervention, Translation, sowie Epidemiologie, und Versorgung ermöglichten ein breit gefächertes fachliches und soziales Programm.



2017

Herr **Dipl.-Psych. Raoul Dieterich** erhielt eine Anschubsfinanzierung durch zentralisierte Fördermittel der Fachschaft Psychologie an der TU Dresden für die „Regulation of Stress and Craving“ Studie.

Herr **Dipl.-Psych. Sören Kuitunen-Paul** erhielt zusammen mit **Dr. Sarah Jurk** den mit 500 EUR dotierten Nachwuchspreis für herausragende Arbeiten auf dem Gebiet der klinischen suchtvorsorgungs-relevanten Forschung des *Norddeutschen Suchtforschungsverbands NSF e. V.* Ausgezeichnet wurde die Arbeit „Personality and substance use: Psychometric evaluation and validation of the substance use risk profile scale (SURPS) in English, Irish, French and German adolescents“, erschienen in *Alcoholism: Clinical and Experimental Research*.

VERANSTALTUNGSREIHEN, KONGRESSE UND PREISE/EXHIBITIONS, CONGRESS AND PRIZES

Frau **M. Sc. Tabea Schweden** erhielt für die Durchführung des 2. Doktorandentags der Fachrichtung Psychologie finanzielle Unterstützung vom Förderverein Psychologie an der TU Dresden e. V. und der Gesellschaft von Freunden und Förderern der TU Dresden e. V..

Herr **Dr. Sebastian Trautmann** hat den Preis Young Investigator Award 2017 der European Society for Biomedical Research on Alcoholism erhalten.

Juli/August: Das Magazin *Focus-Gesundheit* veröffentlichte die Ärzteliste mit 3000 Experten. **Prof. Hans-Ulrich Wittchen** und **Prof. Jürgen Hoyer** wurden wieder als Experten für Angststörungen in der Ärzteliste empfohlen. Erneut wurde Frau **Prof. Corinna Jacobi** als Expertin für Essstörungen genannt.

Frau **Dipl.-Psych. Johanna Petzoldt** erhielt für eine Vortragsreise zum 13. International Infant Cry Workshop (Rovereto, Italien) einen Tavel Award der Graduiertenakademie der TU Dresden.

Juni: Frau **Dr. Silke Behrendt** erhielt einen Reisekostenzuschuss von der Gesellschaft von Freunden und Förderern der TU Dresden e. V. für eine Kongressteilnahme am *Annual Scientific Meeting des College on Problems of Drug Dependence* in Montreal, Kanada.

Herr **Dr. Lars Pieper** erhielt eine Finanzierung für die Reise zur 5th Conference of the Society for Ambulatory Assessment (SAA 2017) in Luxemburg und ebenfalls zur 5th International Conference on Ambulatory Monitoring of Physical Activity and Movement (ICAMPAM) Bethesda, USA.

Mai: Herr **Dipl.-Psych. Sören Kuitunen-Paul** erhielt einen Reisekostenzuschuss durch die Gesellschaft von Freunden und Förderern der TU Dresden für die Teilnahme am *EASAR Symposium 2017* in Nunspeet, Niederlande.

März: **Frau M. Sc. Tabea Schweden** erhielt ein Reisekostenstipendium der DKPM und DGPM zur Teilnahme am Deutschen Kongress für Psychosomatische Medizin und Psychotherapie 2017 in Berlin.

Frau **Dipl.-Psych. Johanna Petzoldt** erhielt vom März 2014 bis zum August 2017 ein Promotionsstipendium der Stiftung der Deutschen Wirtschaft.

2016

Prof. Hans-Ulrich Wittchen wird als "Highly Cited Researcher" geehrt und gehört damit zu dem 1 % der am meisten zitierten Wissenschaftler seines Fachgebiets.



Prof. Hans-Ulrich Wittchen wurde für seine „exceptional contributions to the field“ zum „APS Fellow“ der *Association for Psychological Science (APS)* ausgezeichnet.

Prof. Dr. Hans-Ulrich Wittchen wurde in den Editorial Board des ISI-WOS high impact Journals *World Psychiatry* für die Jahre 2016-2019 berufen und als Editor des *International Journal of Methods in Psychiatric Research (IJMPR)* für den Zeitraum 2016-2021 bestätigt.

Frau **Dr. Ina Beintner** erhielt für ihren Beitrag „everyBody fit – Tailored Online Health Promotion and Eating Disorder Prevention for Women with Overweight and Obesity - Results from a Pilot Feasibility Study“ den *Early Career Investigator Award der Eating Disorder Research Society (EDRS)*.

Frau **Dr. Anja Kräplin** erhielt eine Anschubfinanzierung durch zentralisierte Fördermittel der Fachschaft Psychologie, TU Dresden für das Forschungsprojekt "Tracking down the causes of gambling disorder: The role of cognitive dysfunctions in predicting real-life gambling behaviour".

VERANSTALTUNGSREIHEN, KONGRESSE UND PREISE/EXHIBITIONS, CONGRESS AND PRIZES

Herr **Dipl.-Psych. Sören Kuitunen-Paul** erhielt ein Stipendium zur Teilnahme an der Winter School 2017 der *DG Sucht Nachwuchsgruppe* in Lübeck.

Herr **Dipl.-Psych. Sören Kuitunen-Paul** erhielt eine Anschubfinanzierung durch zentralisierte Fördermittel der Fachschaft Psychologie, TU Dresden (710 EUR) für die „AF-CIDI“ Studie.

Herr **Dipl.-Psych. Jasmin Čolić** erhielt den DAAD-Preis der TU Dresden für ausländische Studierende für seine sehr guten Studienleistungen im Masterstudiengang Klinische Psychologie und Psychotherapie sowie sein soziales Engagement. Aus eigener Initiative und ehrenamtlicher Basis gründete er das Projekt „Psy-Pate“, welches die psychologische Versorgung von Geflüchteten in Dresden und Umgebung wirksam unterstützt und ihnen hilft, sich besser in die Gesellschaft zu integrieren.

Dezember: Herr **Dr. Lars Pieper** erhielt eine Finanzierung für die Reise zur ICBM 2016 - International Congress of Behavioral Medicine nach Melbourne.

Oktober: Frau **Dipl.-Psych. Barbara Nacke** erhielt den Travel Award der Graduiertenakademie der TU Dresden für das *Annual Meeting of the Eating Disorders Research Society* in New York, USA.

Frau **M. Sc. Tabea Schweden** erhielt ein Sächsisches Landesstipendium für den Zeitraum von Oktober 2016 bis September 2017.

Herr **Dr. Sebastian Trautmann** erhielt eine Finanzierung des Forschungspools der TU Dresden zur Vorbereitung des DFG-Antrags „Underlying mechanisms in the relationship between stress and alcohol consumption in regular and risky drinkers“ im Zeitraum von September 2016 bis November 2016.

September: Frau **Dr. Eva Hoch** erhielt für ihre Habilitationsschrift zum Thema „Behandlung cannabisbezogener Störungen“ den diesjährigen Feuerlein-Preis der Gottschalt-Oberberg-Stiftung und der Deutschen. Es ist der wichtigste Sucht-Forschungspreis im deutschsprachigen Raum. Die Habilitationsschrift ist aus der CANDIS-Studie („CANDIS“ - für ältere Jugendliche und Erwachsene mit Cannabismissbrauch und –abhängigkeit) hervorgegangen, welche an unserem Institut durchgeführt wurde.

Frau **M. Sc. Catharina Voss** erhielt einen Travel Award der Graduiertenakademie der TU Dresden zum *16th European Symposium on Suicide and Suicidal Behaviours* in Oviedo, Spanien.

Frau **M. Sc. Tabea Schweden** erhielt eine Anschubfinanzierung der Fachrichtung Psychologie der TU Dresden sowie der Gesellschaft von Freunden und Förderern der TU Dresden e. V. zur Durchführung einer Interventionsstudie zu Depersonalisationssymptomen bei Prüfungsangst.

August: Frau **PD Dr. Susanne Knappe** erhielt ein Reisekostenstipendium des Deutschen Akademischen Auslandsdienstes zum *46th Kongress der European Association of Behavioral and Cognitive Therapy* nach Stockholm.

Frau **Dipl.-Psych. Gesine Wieder** erhielt einen Reisekostenzuschuss der Gesellschaft von Freunden und Förderern der TU Dresden e. V. für eine Forschungsreise nach Odense, Dänemark.

Juli/August: Das Magazin *Focus-Gesundheit* veröffentlichte die Ärzteliste mit 2850 Top-Medizinern.

Prof. Hans-Ulrich Wittchen und **Prof. Jürgen Hoyer** werden als Experten für Angststörungen in der Ärzteliste empfohlen, Frau **Prof. Corinna Jacobi** als Experte für Essstörungen ausgewählt.

Juni: **Dr. Markus Mühlhan** erhielt den Travel Award der Graduiertenakademie der TU Dresden für die Jahrestagung der Organisation „Human Brain Mapping“ in Genf.

Herr **Dr. Lars Pieper** erhielt eine Finanzierung für die Reise zum 4th Meeting of the Society for Ambulatory Assessment nach Pennsylvania, USA.

Frau **Dipl. Psych. Maria Neumann** erhielt von Juni 2016 bis Oktober 2017 ein Stipendium der Graduiertenakademie der TU Dresden.

Mai: Frau **Dipl.-Psych. Gesine Wieder** erhielt ein Promotionsstipendium der FAZIT-Stiftung für den Zeitraum 01.05.2016 - 31.05.2017.

Herr **Dr. Lars Pieper** erhielt eine Finanzierung für die Reise zum 28th APS Annual Convention nach Chicago, USA.

April – August: Frau **Prof. Michelle Craske** wurde zur Eleonore-Treftz-Professorin am *Institut für Klinische Psychologie und Psychotherapie* berufen. Neben der widmungsgerechten Aufgabe „weibliches Rollenmodell für hochrangige Wissenschaftskarrieren“ bot sie einschlägige Lehrveranstaltungen an und bearbeitete gemeinsam mit der Forschungsgruppe „Extinktionslernen“ Forschungsprojekte.

Januar: **Dr. Eva Asselmann** erhält eine Zusage der *Alfried Krupp Fellowship* für das Projekt “Examining the role of genetic vulnerabilities and environmental stressors for anxiety disorders: Evidence for individual, combined and interactive effects as well as disorder-specificity?” für das Jahr 2017/2018 an der Ernst-Moritz-Arndt-Universität Greifswald.

2015

Prof. Dr. Hans-Ulrich Wittchen wurde zum “Chairman of the External Review Board of ECNP” und zum “Fellow of the ECNP” ernannt.

Frau **Dr. Jana Hoyer** und **M. Sc. Catharina Voss** erhielten eine Start-Up-Finanzierung für die Untersuchung der Validität und Retest-Reliabilität der DSM-5-CIDI.

Herr **Dipl.-Psych. Sören Kuitunen-Paul** erhielt eine Anschubfinanzierung (500 Euro) durch zentralisierte Fördermittel der Fachschaft Psychologie der TU Dresden für die Studie „Die kritische Masse und der Goldstandard: Validierung der Alkoholkonsumangabe im Composite International Diagnostic Interview anhand tagesgenauer Trinktagebücher“.

Frau **M. Sc. Tabea Schweden** erhielt eine finanzielle Unterstützung der Gesellschaft von Freunden und Förderern der TU Dresden e. V. zur Durchführung einer Studie zum Erleben von Depersonalisationssymptomen während Prüfungssituationen.

November: **Dr. Sebastian Trautmann, Dr. Lars Pieper, Dipl.-Psych. Sören Paul, Dipl.-Psych. Jakob Manthey, Prof. Dr. Hans-Ulrich Wittchen** und **Prof. Dr. Jürgen Rehm** wurden von der *Deutschen Gesellschaft für Psychiatrie und Psychotherapie, Psychosomatik und Nervenheilkunde* (DGPPN) für ihren Posterbeitrag „Prävalenz und Behandlung der Alkoholabhängigkeit in der primärärztlichen Versorgung in Deutschland“ mit dem DGPPN-Posterpreis geehrt.

November: Herr **Sören Kuitunen-Paul** erhielt einen Reisekostenzuschuss durch die Gesellschaft von Freunden und Förderern der TU Dresden e. V. für die Reise zum DGPPN Kongress in Berlin.

Oktober: Frau **M. Sc. Catharina Voss** erhielt einen Travel Grant für den *International Summit on Suicide Research Preventing Suicide: Progress Through Research* in New York (USA) von der Gesellschaft von Freunden und Förderern der TU Dresden e. V.

Frau **Dr. Eva Asselmann** erhielt einen Reisekostenzuschuss für einen Kurzforschungsaufenthalt an der Harvard University und Stony Brook University von der Graduiertenakademie der TU Dresden.

September 2015 bis August 2016. Frau **Dr. Eva Asselmann** erhielt ein Stipendium des Maria-Reiche-Förderprogrammes für Habilitandinnen und Postdoktorandinnen an der TU Dresden.

September: **Prof. Hans-Ulrich Wittchen** und **Prof. Jürgen Rehm** wurden vom US-Medienunternehmen *Thomson Reuters* in die Liste der „Highly Cited Researchers“ im Zeitraum von 2003-2013 aufgenommen. Die Liste enthält über 3000 „weltweit meistzitierte Forscher“ auf 21 Forschungsgebieten.

Prof. Dr. Hans-Ulrich Wittchen gehört zu den fünf ausgezeichneten Spitzenforschern der TU Dresden. Er wurde an der Fakultät Mathematik und Naturwissenschaften im Bereich Psychologie sowie **Prof. Jürgen Rehm** im Bereich der Sozialwissenschaften in die Liste aufgenommen.

August: Frau **Dr. Jana Hoyer** erhielt ein Stipendium für die Reisekosten der Teilnahme am 28 Kongress der ECNP in Amsterdam von der Gesellschaft von Freunden und Förderern der TU Dresden e. V..

Frau **Dipl. Psych. Maria Neumann** erhielt vom Juni 2015 bis Mai 2016 ein Stipendium des Freistaats Sachsen.

Juni: Herr **Dr. Lars Pieper** erhielt eine Finanzierung für die Reise zur 4th International Conference on Ambulatory Monitoring of Physical Activity and Movement (ICAMPAM) in Limerick, Ireland.

Mai: Ein Posterpreis wurde an Frau **M. Sc. Catharina Voss**, Herrn **Prof. Frank Jacobi**, Herrn **Prof. Hans-Ulrich Wittchen**, Herrn **Dipl.- Math. Jens Strehle** und Frau **Prof. Katja Beesdo-Baum** für „Suizidalität in der deutschen Allgemeinbevölkerung - Ergebnisse aus dem DEGS Survey“ beim 9. *Workshop für Klinische Psychologie und Psychotherapie* in Dresden verliehen.

April 2015 bis August 2015: Frau **Dr. Eva Asselmann** erhielt eine Finanzierung durch den Forschungspool der TU Dresden zur Vorbereitung des DFG-Antrags „Untersuchung der Wirksamkeit und Mechanismen der Angewandten Entspannung als indizierte Präventivintervention bei Personen mit erhöhtem Risiko für psychische Störungen“.

Frau **Dipl. Psych. Johanna Petzoldt** erhielt einen Reisekostenzuschuss der Gesellschaft der Freunde und Förderer der TU Dresden für ihren Vortrag auf dem XXXIV. Kongress der Deutschen Gesellschaft für Kinder- und Jugendpsychiatrie, Psychosomatik und Psychotherapie (DGKJP).

März: Frau **Dr. Eva Asselmann** erhielt ein Reisestipendium zum *Deutschen Kongress für Psychosomatische Medizin und Psychotherapie* in Berlin.

Frau **Dr. Anja Kräplin** erhielt einen Reisekostenzuschuss durch die Gesellschaft der Freunde und Förderer der TU Dresden für die Teilnahme an der 2nd International Conference on Behavioral Addictions in Budapest.

Frau **Dipl. Psych. Johanna Petzoldt** erhielt einen Reisekostenzuschuss der Gesellschaft der Freunde und Förderer der TU Dresden für ihren Vortrag auf dem XXXIV. Kongress der Deutschen Gesellschaft für Kinder- und Jugendpsychiatrie, Psychosomatik und Psychotherapie (DGKJP).

Herr **Dr. Sebastian Trautmann** erhielt einen Travel Award der *European Psychiatric Association* zur Teilnahme am 23. *Congress of European Psychiatry* in Wien.

Februar: Frau **Dr. Eva Asselmann** wurde von der Deutschen Forschungsgemeinschaft eine Sachbeihilfe für das Projekt „Untersuchung der Wirksamkeit und Mechanismen der Angewandten Entspannung als indizierte Präventivintervention bei Personen mit erhöhtem Risiko für psychische Störungen“ bewilligt.

Januar: Frau **Dr. Eva Asselmann** wurde vom Alfred Krupp Wissenschaftskolleg Greifswald eine *Alfried Krupp Junior-Fellowship* für das akademische Jahr 2016/17 für das Projekt "Examining the role of genetic vulnerabilities and environmental stressors for anxiety disorders: Evidence for individual, combined and interactive effects as well as disorder-specificity?" zuerkannt.

2014

Frau **Dr. Ina Beintner** erhielt 2014 den Werner-Straub-Preis für hervorragende Leistungen in der wissenschaftlichen Qualifikation.

November: Herr **Prof. Hans-Ulrich Wittchen** ist in die Ranking-Liste „The Highly Influential Biomedical Researchers“ unter den 400 am meisten zitierten Wissenschaftlern aufgenommen worden.

Oktober: Frau **PD Dr. Ulrike Lüken** wurde in dem 27. Kongress des *European College of Neuropsychopharmacology* (ECNP) für die Verleihung des *ECNP Fellowship Awards* nominiert.

VERANSTALTUNGSREIHEN, KONGRESSE UND PREISE/EXHIBITIONS, CONGRESS AND PRIZES

September 2014: Frau **Eva Asselmann** erhielt ein Reisestipendium zur 49. Jahrestagung der *Deutschen Gesellschaft für Epidemiologie* in Ulm.

Januar 2013 bis Dezember 2014: Frau **Eva Asselmann** erhielt ein Promotionsstipendium der Studienstiftung des Deutschen Volkes.

Karl-und-Charlotte-Bühler-Preis für ausgezeichnete Lehre

Turnusmäßig werden an der TU Dresden Lehrevaluationen durchgeführt und unsere Lehrveranstaltungen sehr hoch eingeschätzt. Wir bekamen mehrfach den Karl-und-Charlotte-Bühler-Lehrpreis der Fachrichtung Psychologie für ausgezeichnete Lehre im Berichtszeitraum SS 2014 bis WS 2015/16 für folgende Lehrveranstaltungen verliehen:

Dozent	Lehre	Semester
Dipl.-Psych. Kevin Hilbert	Klinische Psychologie und Gesundheitspsychologie für das Nebenfach	SS 14
M. Sc. Simon Mack	Gesprächsführung	WS 14/15
Dr. Markus Mühlhan	Standardisierte Diagnostik (Gruppe 4)	WS 14/15
Dr. Michael Höfler	KPP7 Master-Seminar	SS 15
Dipl.-Psych. Sören Kuitunen-Paul	KPP6 Pathologisches Glücksspiel	SS 16

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Workgroups and Findings

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AG 1 Epidemiology and Health Services Research

Prof. Dr. Katja Beesdo-Baum, Dr. Lars Pieper, Prof. Dr. Jürgen Rehm & Prof. Dr. Hans-Ulrich Wittchen

Overview

Population based data about the prevalence, incidence and course of mental disorders and somatic illnesses, as well as data on associated impairment, health care utilization and societal burden are not only of core importance for health care reporting and planning, but also contribute significantly to etiologic and pathogenetic research. The work group continuously provides such data from national and international studies in several research fields (e. g. general population, primary care). More recently, a core research focus of the work group lies on the on the complex interactions between behavioral, psychological, genetic/neurobiological and environmental factors and the development of mental disorders, as well as the behavioral and psychological factors linked to physical disease. Besides the application of traditional epidemiological research approaches and methods we integrate modern technologies, such as smartphone-based Ecologic Momentary Assessments with geographic and actigraphic monitoring in real life, as well as experimental and lab-based assessments. The field work of our workgroup is infrastructurally supported by the Center for Clinical Epidemiology and Longitudinal Studies (CELOS; see page 43).

Current core projects and research programs are:

1. The Epidemiological Functional and Dysfunctional Behavioral and Psychological Factors in Mental Health and Disease (EBP)
2. Early Developmental Stages of Psychopathology (EDSP): Natural course, etiology, and pathogenesis of mental and substance use disorders
3. The German Health Interview and Examination Survey for Adults – Mental Health Supplement (DEGS1-MH)
4. National Survey on Health Care of Depression in German Primary Care Practices (VERA)
5. Mental Disorders in the elderly: Relationship to impairment, functioning (ICF) and service utilisation (MentDis_ICF65+)

Further epidemiological contributions can be found in other chapters (AG 3 Women's and Infants Health, AG 5 Stress- and Trauma-Related Research, AG 6 Addiction Research and AG 7 Behavioral Health and Behavioral Medicine)

P1. The epidemiology of functional and dysfunctional behavioral and psychological factors in mental health and disease (EBP)

PI: Prof. Dr. Katja Beesdo-Baum; Staff: Dr. L. Pieper, Dr. J. Hoyer, M. Sc. C. Voß, M. Sc. J. Venz, M. Sc. Psych J. Berwanger; M. Sc. Psych. T. Ollmann, Dr. H. Kische; E. Stolzenburg (MTA), T. Tille (programmer)

Funding: BMBF, Duration: 06/2014-05/2017; Extramural Cooperations: Dr. Daniel S. Pine (National Institute of Mental Health, Bethesda, US), Dr. Ron Kessler (Harvard University, Boston, US), Prof. Dr. Jürgen Rehm (Center for Addiction and Mental Health, University of Toronto, Canada), Prof. Dr. Katharina Domschke (Universität Würzburg/Freiburg)

Aim of the project: Although it is well established that behavioral factors, including cognitive-affective factors, are a core contributor to almost all diseases, their assessment and consideration in epidemiological studies is up to now deficient. The aim of this research project is to unravel the role of behavioral and psychological factors in the development of the most prevalent mental disorders (anxiety disorders, depression, behavioral and substance use disorders) as well as their interactions with biological and social-environmental factors. A data-bank repository that integrates available datasets with select behavioral indicators is designed for combined analyses. Standardized measures of subjects' behavior in real life as well as behavioral experimental measures in controlled environments are developed for use in epidemiological studies and incorporated in a new cohort study of adolescents and young adults sampled from the general population.

Results: i) The designing and building of a databank for *behavioral epidemiology* (BE) studies. Systematic reviews were conducted on the current state and available data on BE, focusing on various mental and somatic conditions respectively psychological, behavioral or neurobiological indicators and assessments. Already available data on the Institutes' cross-sectional and longitudinal BE studies were systematized with regard to overlapping and diverging instruments used, variables available, current data structure, similarities and differences in sampling and sample characteristics, etc.. Based on the results of the data review, the structure of the data bank to combine BE studies was designed and established, followed by integration of the first data sets.

ii) *The development of new behavioral assessment methods.* A systematic review of available behavioral assessment approaches was followed by the development of novel behavioral assessments to be cost-efficiently used

in large-scale epidemiological research projects, starting off with the BeMIND study. An Android-App for use on smartphone and tablet and a web-based administration platform was developed for combined experience sampling, actigraphic and geographic monitoring during real life (outside the laboratory or standardized assessment situations). The app also allows guiding the assessment of the biological samples (saliva) during the EMA-period in real life. Besides the behavioral assessments, the diagnostic clinical interview to be used in the new cohort study was developed during the first year of the funding period. Based on the DIA-X/CIDI which assesses symptoms, syndromes and diagnoses of 48 mental disorders in six main diagnostic classes (anxiety, affective, somatoform, eating, substance use and psychotic disorders), a modified new research version was developed to approach current diagnostic criteria and to add more diagnosis-sections (separation anxiety disorder, ADHD, oppositional defiant disorder, conduct/antisocial personality disorder, intermittent explosive disorder, adjustment disorder). The computerized version of the interview was extensively tested both with regard to retest-reliability and validity using additional resources of a department starting grant and efforts of master-thesis candidates and clinical interns. All assessments were piloted first separately in convenient samples (mostly students) and subsequently in the general population. After securing the functioning of all study components, these measures were then applied to all subjects of the new BE study cohort (see iii). For the follow-up examination, a 12-month interval version was developed, tested and applied in the same manner.

iii) *The establishment of a new longitudinal cohort in BE based on a community sample.* The “Behavior and Mind Health Study (BeMIND)” was started, establishing a cohort of adolescents and young adults sampled from the general population. The study program consists of a cross-sectional study (baseline investigation, n=1,180) of adolescents and young adults aged 14-21 years, a linked family study (direct personal assessments in n=686 parents of n=518 adolescents), and a prospective-longitudinal study (one-year follow-up). At baseline, subjects participated in a diagnostic assessment, in an experimental and biomarker assessment approximately one week later, and in an Ecologic Momentary Assessment (EMA) as well as an online questionnaire assessment in between these two personal appointments. In addition, there is a linked fMRI assessment (funded by a CRC research stipend and starting grant of TUD, see below). At one-year follow-up, a similar, but less extensive examination takes place.

Current status and outlook: The interim evaluation of the project has been completed by the BMBF and a second funding phase has been granted (6/2017-5/2020). During the second funding phase, it is planned to add a new baseline sample and to conduct a three-year follow-up investigation in the original baseline cohort. In total, 1200 adolescents and young adults (and all parents willing to participate in the family study) will be assessed. In addition, comprehensive analyses of the Baseline and one-year follow-up data will take place. Further, research proposals to obtain additional funding for nested studies added-on to the BeMIND-study have been submitted (sex hormone analyses) or are currently prepared (epigenetic analyses, fMRI).

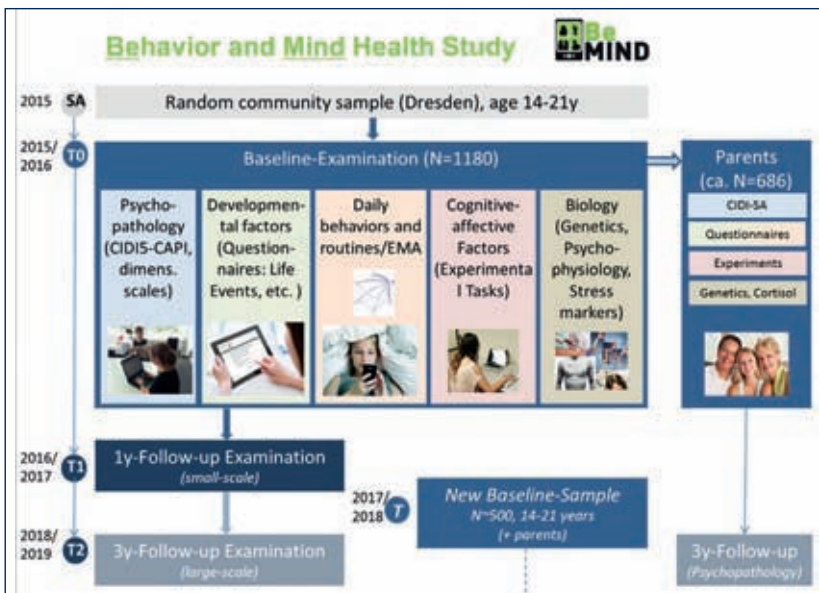
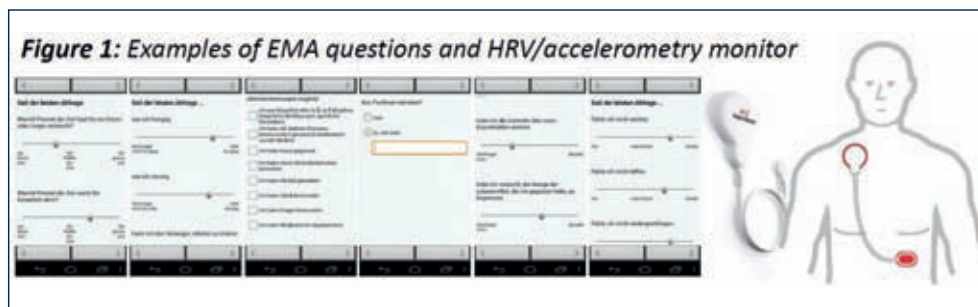


Figure 1: Design and assessments in the BeMIND study

Select preliminary findings of the BeMIND baseline study

An integral part of the baseline examination of the BeMIND study is the Ecological Momentary Assessment methodology with linked actigraphic and geographic monitoring. On four days (two consecutive week-days and the weekend) participants were prompted eight times a day via smartphone to complete EMA items on their everyday experience.

rience, mood and behavior. During the entire EMA assessment period heart rate variability (HRV) and accelerometry data (3-axis acceleration sensor motion data, sampling frequency of 12.5 Hz) were recorded continuously over the 4-day period (device: Firstbeat Bodyguard 2).



Objectively measured physical activity in a community sample of adolescents and young adults in Germany

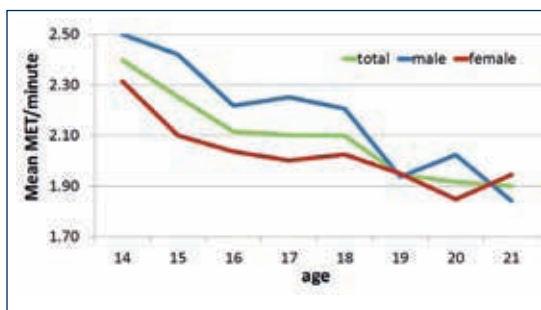


Figure 2: Mean MET per minute by age and gender

For this analysis PA measures (MET per minute, MVPA estimates) were derived from HRV data. Approximately 5.5 million minutes were recorded (on average 3.6 days per study participant). The study participants were on average 167 minutes physical active (MVPA minutes) during the day (103 MVPA/minutes in 10 minute bouts). Overall there was a significant difference between male and female subjects, and a significant decline with age (212 MVPA minutes at 14 years vs. 132 MVPA minutes at the age of 21 years).

Presentation at the 5th International Conference on Ambulatory Monitoring of Physical Activity and Movement (ICAMPAM) June 21th – 23th, 2017 in Bethesda, Maryland, USA (L. Pieper, J. Venz, C. Voss, J. Hoyer & K. Beesdo-Baum)

Can changes in pNNSO predict mood and stress in daily life?

PNN50 (percentage of consecutive heart beat intervals that deviate more than 50ms from each other) was calculated in 1-minute intervals and averaged for the respective EMA assessment periods, excluding time periods with moderate to vigorous physical activity (yielding one pNNSO measure per EMA assessment). PNN50 measures were person-mean-centered and used as predictor in multilevel regression models (random intercept models with pNNSO person mean as co-variable). With situational increasing pNNSO, subjective EMA-assessments increase on tiredness, lack of energy, dissatisfaction, and discomfort scales. As the pNNSO increases, the subjective EMA-assessments decrease on the restlessness, tension and stress scales.



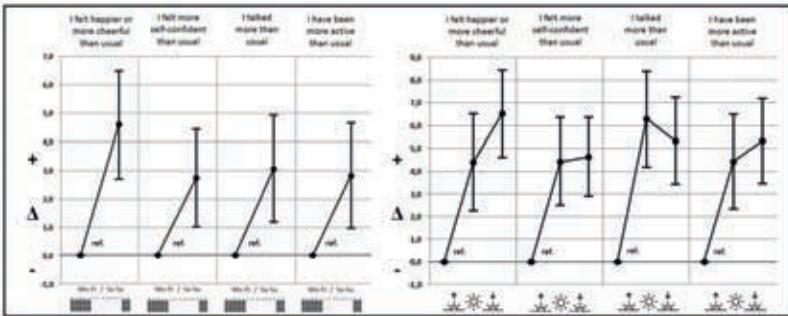
Figure 3: Network analysis (mood & pNNSO, 2h Interval)

Pieper, L., Venz, J., Voss, C., Hoyer, J., Frech, Ch., Seidl, E. & Beesdo-Baum, K. (2017, 15.-17.06.) Presented at the Meeting of the Society for Ambulatory Assessment (SAA) Luxembourg (

Associations between manic symptomatology, physical activity and heart rate variability in daily life

During EMA, manic symptomatology was assessed using an adapted short version of the Altman Self-Rating Mania Scale (ASMR). In addition to assessment of objective movement data (body acceleration) as well as HRV data (RR-intervals), participants were asked at each EMA prompt “What percentage of the time were you physically active since the last beep?” (PA). Multilevel modeling (random intercept models) revealed that higher rated manic symptomatology was associated with subjectively rated higher self-initiated PA. Comparing the manic symptoma-

Variation of several EMA rated upscale mood/increased drive between weekday and weekend and over the course of a day



Pieper, L., Venz, J., Voss, C., Seibel, L., Hoyer, J., v. Garnier, M. & K. Beesdo-Baum, K. (2016, 28.08.-02.09.) Presented at the HEC – Health–Exploring Complexity: An Interdisciplinary Systems Approach; GMDS & DGEpi & IEA-EEF annual meeting, Medical Informatics Europe, Munich, Germany.

Physical activity improves mood in daily life

The aim of was to examine how self-initiated everyday physical activity influences current mood. Using multilevel modeling (random intercept models) we found significant positive associations between subjectively rated higher self-initiated physical activity and awakeness, vitality (energetic arousal), wellbeing, optimism and positive mood. Calmness was negatively associated to physical activity and no associations were found to current ratings of relaxation and pessimism. The strongest associations emerged between physical activity and energetic arousal, optimism and general positive mood. Comparing the mood ratings on weekdays and weekend participants reported higher levels in all mood domains as well as higher optimism and lower pessimism ratings at the weekend. We also found fluctuations of mood ratings over the course of the day in the direction that participants were in a more positive mood in the afternoon to evening hours compared to morning times. The influence of physical activity on subsequent mood ratings persists even after controlling the time of day/week variations.

Pieper, L., Venz, J., Hoyer, J., Voss, C., Seibel, L. & Beesdo-Baum, K. (2016, 26.-29.05.) Presented at the 28th APS Annual Convention, Chicago, IL, USA.

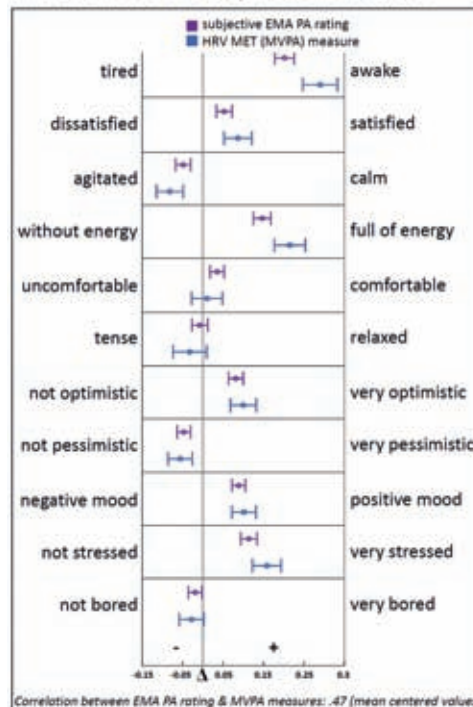
Anxiety and volition in ecological momentary assessment

Subjects with anxiety disorders show impairments in executive functioning and volition in classical laboratory measures. However, it remains unclear whether this anxiety-volition association is also present in real life. BeMIND EMA data revealed: Real life anxiety was significantly related to real life volition at the same time (regression slope= -.223, p<.001). Real life anxiety predicted lower real life volition at a later time (regression slope= -.057, p<.001). 12-month anxiety diagnosis was associated with real life anxiety (mean difference=2.689, p<.001), but not with real life volition (mean difference= -.663, p=.425). GAD: general real life anxiety as well as situational real life anxiety was significantly related to real life volition at the same time. SAD and specific phobia: general real life anxiety was not related to real life volition at the same time, but situational real life anxiety was. The results suggest a relation between anxiety and volition, extending previous findings from laboratory settings to real life. Different anxiety disorders seem to have different effects on real life volition, possibly reflecting the impact of specific characteristics of these disorders.

Seidl, E., Pieper, L., Venz, J., Voss, C., Hoyer, J., Frech, C. & Beesdo-Baum, K. (2017, 15.-17.06.) Presented at the 5th Biennial Conference of the Society for Ambulatory Assessment, Luxembourg.

tology ratings on weekdays and the weekend, participants reported higher ratings during weekdays. Manic symptomatology fluctuated over the course of the day with higher ratings in the afternoon to evening hours compared to morning times. The association between physical activity and manic symptomatology ratings persists even after adjusting the time of day/week variations.

Figure 2: Association between subjective EMA ratings of PA and objective HRV measures of MVPA with several EMA rated mood domains, optimism and stress level



Select further presentations and publications from the research program

Asselmann, E. & Beesdo-Baum, K. (2015). Predictors of the course of anxiety disorders in adolescents and young adults. *Current Psychiatry Reports*, 17(2), 543.

Asselmann, E., Venz, J., Pieper, L., Groch, C., Wittchen, H.-U., Pittrow, D. & Beesdo-Baum, K. (in revision). The role of sex and anxiety for depression risk in primary care patients with and without somatic diseases: Findings from three combined large-scaled clinical-epidemiological studies. *Epidemiology and Psychiatric Sciences*.

Beesdo-Baum, K., Voss, C., Venz, J., Hoyer, J., Frech, Ch. & Pieper, L. (2017, 24.-27.05.) Aktuelle Prävalenzschätzungen für psychische Störungen bei Jugendlichen und jungen Erwachsenen: Ergebnisse der Behavior and Mind Health Study. Paper presented at the 35th Symposium of the section Clinical Psychology and Psychotherapy of the German Association for Psychology (DGPs), Chemnitz, Germany.

Beesdo-Baum, K. & Hilbert, K. (2015). Generalized Anxiety Disorder. In D. J. Stein & B. Vythilingum (Eds.), *Anxiety Disorders and Gender* (p. 1-30): Springer.

Beesdo-Baum, K. & Wittchen, H.-U. (2015). Epidemiology of mental illness. In J. D. Wright (Eds.), *International Encyclopedia of the social and behavioral science* (2nd ed., Vol. 15, pp. 179-185): Elsevier.

Pieper, L., Hoyer, J., Voss, C., Venz, J. & Beesdo-Baum, K. (2015, 25.-27.06.) Association between mood and heart rate variability in daily life. Presentation at the Meeting of the Society for Ambulatory Assessment, The Pennsylvania State University, State College, Pennsylvania, USA.

Pieper, L., Hoyer, J., Voss, C., Venz, J. & Beesdo-Baum, K. (2015, 10.-12.06.) Objective and subjective measures of physical activity – A comparison between Ecological Momentary Assessment and Accelerometer measures. Presentation at the 4th International Conference on Ambulatory Monitoring of Physical Activity and Movement (ICAMPAM) in Limerick, Ireland.

Pieper, L., Venz, J., Hoyer, J., Voss, C., Seibel, L. & Beesdo-Baum, K. (2016, 07.-10.12.) Associations between daily life depressive symptomatology, physical activity and eating behavior. Presentation at the ICBM 2016 - International Congress of Behavioral Medicine Melbourne, Australia.

Venz, J., Voss, C., Seibel, L., Pieper, L., Hoyer, J. & Beesdo-Baum, K. (2016, 28.08.-02.09.) A network model for the short-term dynamics of mood states among adolescents and young adults. Presented at the HEC 2016 – Health – Exploring Complexity: An Interdisciplinary Systems Approach; GMDS & DGEpi & IEA-EEF annual meeting, Medical Informatics Europe, Munich, Germany.

Voss, C. & Venz, J. (2016, 03.06.). Suicidal behavior and short-term dynamic mood networks in real life. Lecture presented at the 1st Suicide and Self-Harm Early Career Researchers' Forum, Glasgow, Scotland.

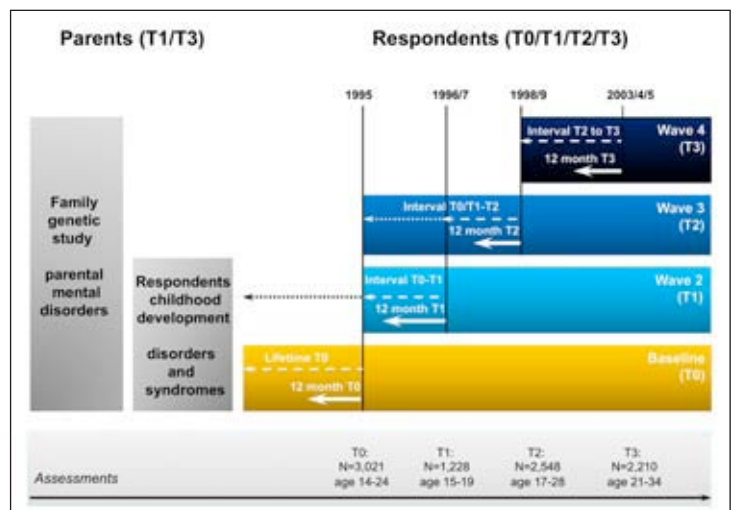
P2. Early developmental stages of psychopathology (EDSP): Natural course, etiology, and pathogenesis of mental and substance use disorders

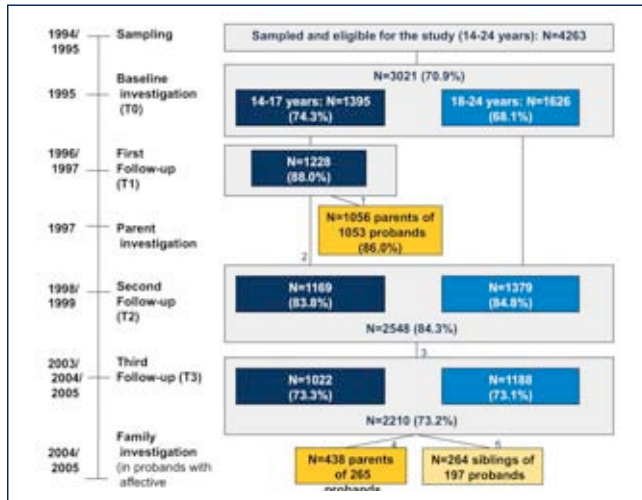
PI: Prof. Dr. Hans-Ulrich Wittchen, Prof. Dr. Roselind Lieb (Co-PI), Prof. Dr. Katja Beesdo-Baum (Co-PI Dresden); Current Staff at TUD: Dipl.-Psych. E. Asselmann, Dr. S. Knappe, Dr. S. Behrendt, Dr. M. Höfler
 Funding: BMBF, DFG; Duration: 2003-2012, data analysis and publication ongoing; Extramural Cooperation: Max Planck Institute of Psychiatry Munich (M. Ising, P. Zimmermann, H. Pfister, T. Brückl, A. Nocon), Prof. Dr. Roselind Lieb (Universität Basel, Schweiz), Dr. Daniel S. Pine & Dr. Ellen Leibenluft (National Institute of Mental Health, Bethesda, US), Dr. Ron Kessler (Harvard University, Boston, US), Dr. Jürgen Rehm (Centre for Addiction and Mental Health, University of Toronto, Canada), Prof. Jim van Os (University of Maastricht, Niederlande), Dr. Renee D. Goodwin (Columbia University, US)

Overview preface

The “Early Developmental Stages of Psychopathology (EDSP)” study is a prospective-longitudinal study program in a community sample (Munich, Germany) of adolescents and young adults. The program was launched in 1994 to study the prevalence and incidence of psychopathological syndromes and mental disorders, to describe the natural course and to identify vulnerability and risk factors for onset and progression as well as psychosocial consequences. The EDSP is based on an age-stratified random community sample of originally n=3021 subjects aged 14–24 years at baseline, followed up over 10 years with up to 3 follow-up waves. The program includes a family genetic supplement and nested cohorts with lab assessments including blood samples for genetic analyses. Psychopathology was assessed with the DSM-IV/M-CIDI; embedded dimensional scales and instruments assessed vulnerability and risk factors. Beyond the provision of age-specific prevalence and incidence rates for a wide range of mental disorders, analyses of their patterns of onset, course and interrelationships, the program identified common and diagnosis-specific distal and proximal vulnerability and risk factors including critical interactions.

Figure 7: Design of the EDSP study. Left side columns: family genetic factors as well as early biological and psychosocial characteristics assessed in the parent interviews. Right side bars: baseline and three follow-up assessment waves in respondents, providing information about psychopathology and risk factors. Reference periods of lifetime, 12-month and interval time frames allow for coverage of the entire observed lifetime of respondents





The EDSP study advanced our knowledge on the developmental pathways and trajectories, symptom progression and unfolding of disorder comorbidity, highlighting the dynamic nature of many disorders and their determinants. The results have been instrumental for defining more appropriate diagnostic thresholds, led to the derivation of symptom progression models and were helpful to identify promising targets for prevention and intervention.

Figure 8: Number of respondents and response at each EDSP study wave

Method and Review Publication

Beesdo-Baum, K., Knappe, S., Zimmermann, P., Brückl, T., Höfler, M., Behrendt, S., Lieb, R. & Wittchen, H.-U. (2015). The 'Early Developmental Stages of Psychopathology (EDSP) study': A 20 years review of methods and findings. *Social Psychiatry and Psychiatric Epidemiology*. 50:851–866.

In this status report we report on the more recent publications and findings from the EDSP-study.

P2.1. The role of fearful spells as risk factor for panic pathology and other mental disorders

Doctoral thesis project: Dipl.-Psych. Eva Asselmann; Supervision: Prof. Dr. Katja Beesdo-Baum

Funding: Studienstiftung des Deutschen Volkes. Duration: 01/2013-12/2014

Background: Previous research suggests that individuals experiencing DSM-IV panic attacks (PA) are at increased risk for various forms of psychopathology, including anxiety, depressive and substance use disorders. However, little is known regarding whether the sole occurrence of fearful spells (FS-only; distressing spells of anxiety with less than four panic symptoms and/or lacking crescendo in symptom onset) similarly elevates the risk for subsequent psychopathology and could therefore be promising to identify high-risk groups for targeted preventive interventions. Thus, the current dissertation thesis aims to examine (a) whether FS-only predict incident mental disorders in addition to full-blown PA and whether their associations with subsequent psychopathology differ from those obtained for PA, (b) whether FS-only, PA, and panic disorder (PD) share similar etiologies, (c) which characteristics of initial FS/PA and other risk factors predict a progression to more severe panic pathology and other mental disorders, and (d) whether help-seeking/potential treatment in individuals with panic alters the risk for subsequent psychopathology. **Methods:** A representative community sample of adolescents and young adults (N=3021, aged 14-24 at baseline) was prospectively followed up in up to three assessment waves over a time period of up to 10 years. FS-only, PA, PD, and other mental disorders were assessed at each assessment wave using the DSM-IV-M-CIDI. Additional modules/questionnaires were used to assess characteristics of initial FS/PA (T1/T2), potential risk factors, and help-seeking/potential treatment. Logistic regressions were applied to test associations (Odds Ratios, OR) of FS-only and PA at baseline with incident mental disorders at follow-up as well as respective interactive effects with help-seeking at baseline. Associations (Hazard Ratios, HR) of putative risk factors with the onset of panic pathology (FS-only, PA, and PD) or the onset of subsequent anxiety/depressive vs. substance use disorders in those with panic pathology (aggregated data across assessment waves) were estimated with Cox regressions. Multinomial logistic regressions were used to test associations of initial FS/PA characteristics (aggregated from T1 and T2) with PA and PD (lifetime incidences aggregated across assessment waves). **Results:** FS-only at baseline predicted incident anxiety and depressive disorders at follow-up (OR 1.59-4.36), while PA at baseline predicted incident anxiety, depressive, and substance use disorders at follow-up (OR 2.08-8.75; reference group: No FS/PA). Merely any anxiety disorder (OR=3.26) and alcohol abuse/dependence (OR=2.26) were significantly more strongly associated with PA than with FS-only. Female sex, parental anxiety disorders, parental depressive disorders, behavioral inhibition, harm avoidance, lower coping efficacy, and parental rejection predicted FS-only, PA, and PD (HR 1.2-3.0), whereas the associations with other risk factors partially differed for FS-only, PA, and PD and tended to be more pronounced for PA and PD than for FS-only. Alcohol consumption, use of drugs/medication, and physical illness as perceived reasons for the initial FS/PA were associated with the occurrence of full-blown PA (without PD, OR 2.46-5.44), while feelings of anxiety/depression and having always been anxious/nervous as perceived reasons for

the initial FS/PA, appraising the initial FS/PA as terrible and long-term irritating/burdensome, subsequent feelings of depression, avoidance of situations/places, and consumption of medication, alcohol, or drugs were associated with the development of PD (OR 2.64-4.15). A longer duration until "feeling okay again" was associated with both PA and PD (OR 1.29-1.63 per category). Moreover, partially different risk constellations in subjects with panic pathology (FS/PA/PD) predicted the onset of subsequent anxiety/depressive vs. substance use disorders. Panic pathology (FS/PA) and help-seeking/potential treatment at baseline interacted on predicting incident PD (OR=0.09) and depression (OR=0.22) at follow-up in a way that panic pathology only predicted these disorders in individuals not seeking help at baseline. **Conclusions:** Findings suggest that individuals with FS-only are at similar risk of developing subsequent psychopathology compared to individuals with full-blown PA. Specific initial FS/PA characteristics and additional risk factors may be used to identify sub-groups of individuals with panic pathology, which are at particular risk of progressing to more severe panic pathology or other mental disorders and might therefore profit from supplemental outcome-related preventive interventions in addition to panic-specific treatment. Future research may replicate the current findings and test the efficacy of targeted preventive interventions in panickers at elevated risk for PD and other forms of psychopathology.

Publications

- Asselmann, E., Wittchen, H.-U., Lieb, R., Höfler, M. & Beesdo-Baum, K. (2014). Associations of fearful spells and panic attacks with incident anxiety, depressive, and substance use disorders: A 10-year prospective-longitudinal community study of adolescents and young adults. *Journal of Psychiatric Research*, 55, 8-14.
- Asselmann, E., Pané-Farré, C., Isensee, B., Wittchen, H.-U., Lieb, R., Höfler, M. & Beesdo-Baum, K. (2014). Characteristics of initial fearful spells and their associations with DSM-IV panic attacks and panic disorder in adolescents and young adults from the community. *Journal of Affective Disorders*, 165, 95-102.
- Asselmann, E., Wittchen, H.-U., Lieb, R., Höfler, M. & Beesdo-Baum, K. (2014) Risk factors for fearful spells, panic and subsequent psychopathology: A 10-year prospective-longitudinal study among adolescents and young adults. *Journal of Anxiety Disorders*. 193, 305-308.
- Asselmann, E., Wittchen, H.-U., Lieb, R., Höfler, M. & Beesdo-Baum, K. (2014). Does help-seeking alter the risk for incident psychopathology in adolescents and young adults with and without fearful spells or panic attacks? Findings from a 10-year prospective-longitudinal community study. *Journal of Affective Disorders*, 169, 221-227.

P2.2. Environmental adversities and risk for anxiety disorders: Assessing the interplay with familial and individual vulnerability and risk factors

Habilitation thesis project. Dr. Eva Asselmann

Funding: Internal resources, Maria-Reiche-Förderprogramm für Habilitandinnen der TU Dresden; Supervision: Prof. Dr. K. Beesdo-Baum. Duration: 2014-2017; data analysis and publication ongoing

Hintergrund: Aus früheren Forschungsarbeiten ist bekannt, dass das Risiko, infolge traumatischer und/oder stressreicher Lebensereignisse oder Bedingungen bestimmte psychopathologische Auffälligkeiten zu entwickeln, von zahlreichen weiteren Risiko- und Schutzfaktoren abhängt. Derartige Faktoren umfassen u.a. spezifische umweltbezogene Merkmale (z. B. Art und Intensität des erlebten Stressors, Zeitpunkt und Dauer der Exposition, Vorhandensein weiterer umweltbezogener Adversitäten) als auch individuelle (z. B. genetische Disposition, Temperament/Persönlichkeit, kognitive Charakteristika) und familiäre Merkmale (z. B. elterliche Psychopathologie, elterlicher Erziehungsstil, Familienklima, familiäre Unterstützung) der betroffenen Person. Übereinstimmend wurden im Rahmen bisheriger Studien vielfältige umweltbezogene, individuelle und familiäre Faktoren identifiziert, welche den Zusammenhang zwischen traumatischen und/oder stressreichen Lebensereignissen oder Bedingungen und bestimmten psychischen Störungen (insbesondere PTSD und Depression) beeinflussen. Dennoch bleiben zahlreiche Fragen bzgl. der Interaktion von umweltbezogenen Adversitäten mit spezifischen familiären und individuellen Faktoren bei der Entwicklung von Angststörungen weiterhin unbeantwortet. **Ziele:** Das geplante Habilitationsvorhaben zielt daher auf ein vertieftes Verständnis des Zusammenspiels von umweltbezogenen Adversitäten mit familiären und individuellen Vulnerabilitäten bei der Entwicklung von Angststörungen ab. Dabei werden verschiedene inhaltlich-thematische sowie methodische Aspekte adressiert. Diese beziehen sich u.a. auf (a) die Rolle von Expositionszeitpunkt und -häufigkeit sowie Art und Intensität umweltbezogener Adversitäten bei der Vorhersage von Angststörungen, (b) die Rolle familiärer und individueller Vulnerabilitäten als Moderatoren bzw. Mediatoren des Zusammenhangs von umweltbezogenen Adversitäten und Angststörungen, (c) die diagnostische Spezifität bzgl. spezifischer Angststörungen bzw. Angst- vs. anderer psychischer Störungen (z. B. Depression) als Outcome sowie die Rolle zeitlich vorausgehender bzw. komorbider anderer psychischer Störungen, (d) methodologische Herausforderungen (prospektiv-longitudinales Design, Repräsentativität und Altersrange der Stichprobe, Art und Güte der diagnostischen Assessments, statistische Datenauswertung).

Publications

- Asselmann, E. & Beesdo-Baum, K. (2015). Predictors of the course of anxiety disorders in adolescents and young adults. *Current Psychiatry Reports*, 17(2), 1-8.
- Asselmann, E., Wittchen, H.-U., Lieb, R. & Beesdo-Baum, K. (2015). The role of the mother-child relationship for anxiety and depressive disorders: results from a prospective-longitudinal study in adolescents and their mothers. *European Child and Adolescent Psychiatry*, 24(4), 451-461.
- Asselmann, E., Wittchen, H.-U., Lieb, R. & Beesdo-Baum, K. (in press, 2017). Sociodemographic, clinical and functional long-term outcomes in adolescents and young adults with mental disorders. *Acta Psychiatrica Scandinavica*.

- Asselmann, E., Wittchen, H.-U., Lieb, R. & Beesdo-Baum, K. (Revision under review). A 10-year prospective-longitudinal study of daily hassles and incident psychopathology among adolescents and young adults: Interactions with gender, coping efficacy and negative life events. *Journal of Social Psychiatry and Psychiatric Epidemiology*.
- Asselmann, E., Wittchen, H.-U., Lieb, R., Höfler, M. & Beesdo-Baum, K. (2015). The role of behavioral inhibition and parenting for an unfavorable emotional trauma response and PTSD. *Acta Psychiatrica Scandinavica*, 131(4), 279-289.
- Asselmann, E., Wittchen, H.-U., Lieb, R., Höfler, M. & Beesdo-Baum, K. (2016). Does low coping efficacy mediate the association between negative life events and incident psychopathology? A prospective-longitudinal community study of adolescents and young adults. *Epidemiology and Psychiatric Sciences*, 25(2), 171-180.
- Asselmann, E., Wittchen, H.-U., Lieb, R., Perkonig, A. & Beesdo-Baum, K. (Revision under review). Incident mental disorders in the aftermath of traumatic events: A 10-year prospective-longitudinal community study. *Journal of Psychiatric Research*.

P2.3. Select other EDSP topics and publications

- Guloksuz, S., van Nierop, M., Bak, M., de Graaf, R., Ten Have, M., van Dorsselaer, S., Gunther, N., Lieb, R., van Winkel, R., Wittchen, H.-U. & van Os, J. (2016). Exposure to environmental factors increases connectivity between symptom domains in the psychopathology network. *BMC Psychiatry*, 16(1), 223.
- Guloksuz, S., van Nierop, M., Lieb, R., van Winkel, R., Wittchen, H.-U. & van Os, J. (2015). Evidence that the presence of psychosis in non-psychotic disorder is environment-dependent and mediated by severity of non-psychotic psychopathology. *Psychological Medicine*, 45(11), 2389-2401.
- Honings, S., Drukker, M., van Nierop, M., Winkel, R. v., Wittchen, H.-U., Lieb, R., ten Have, M., de Graaf, R., van Dorsselaer, S. & van Os, J. (2016). Psychotic experiences and incident suicidal behaviour: Disentangling the longitudinal association from connected psychopathology. *Psychiatry Research*, 245, 267-275.
- Krug, S., Wittchen, H.-U., Lieb, R., Beesdo-Baum, K. & Knappe, S. (2016). Family functioning mediates the association between parental depression and low self-esteem in adolescents. *Journal of Affective Disorders*, 203, 184-189.
- Lieb, R., Miché, M., Gloster, A. T., Beesdo-Baum, K., Meyer, A. H. & Wittchen, H.-U. (2016). Impact of specific phobia on the risk of onset of mental disorders: A 10-year prospective-longitudinal community study of adolescents and young adults. *Depression and Anxiety*, 33(7), 667-675.
- Nagl, M., Jacobi, C., Paul, M., Beesdo-Baum, K., Höfler, M., Lieb, R. & Wittchen, H.-U. (2016). Prevalence, incidence, and natural course of anorexia and bulimia nervosa among adolescents and young adults. *European Journal of Child and Adolescent Psychiatry*, 25(8), 903-918.
- Pfennig, A., Ritter, P., Höfler, M., Lieb, R., Bauer, M., Wittchen, H.-U. & Beesdo-Baum, K. (2016). Symptom characteristics of depressive episodes prior to the onset of mania or hypomania. *Acta Psychiatrica Scandinavica*, 133(3), 196-204.
- Ritter, P., Höfler, M., Wittchen, H.-U., Lieb, R., Bauer, M., Pfennig, A. & Beesdo-Baum, K. (2015). Disturbed sleep as risk factor for the subsequent onset of bipolar disorder - data from a 10-year prospective-longitudinal study among adolescents and young adults. *Journal of Psychiatric Research*, 68, 76-82.

P3. The German Health Interview and Examination Survey for Adults – Mental Health Supplement (DEGS1-MH)

PI: Hans-Ulrich Wittchen, Frank Jacobi; Funding: Federal Ministry of Health/Robert Koch Institute and DGPPN, Duration field phase: 09/2009–03/2012; publication ongoing; Collaboration: Robert Koch Institut (RKI, Berlin); Deutsche Gesellschaft für Psychiatrie, Psychotherapie, Psychosomatik und Nervenheilkunde (DGPPN); Klinik für Psychiatrie und Psychotherapie, Universität Bonn; Klinik für Psychiatrie und Psychotherapie, Medizinische Fakultät, Heinrich-Heine-Universität, Düsseldorf)

The German health interview and examination survey for adults (DEGS1) with the mental health module (DEGS1-MH) is the successor to the last survey of mental disorders in the general German population (GHS-MHS). A representative national cohort (age range 18–79 years, n=5,317) was selected and individuals were personally examined (87.5% face to face and 12.5% via telephone) by a comprehensive clinical interview using the composite international diagnostic interview (CIDI) or its screening questionnaire.

Web: www.rki.de/DE/Content/Gesundheitsmonitoring/Studien/Degs/degs_w1/degs_w1_node.html

P3.1. Functional disability and quality of life decrements in mental disorders: Results from the mental health module of the German health interview and examination survey for adults

Mack, S., Jacobi, F., Beesdo-Baum, K., Gerschler, A., Strehle, J., Höfler, M., Busch, M. A., Maske, U., Hapke, U., Gaebel, W., Zielasek, J., Maier, W. & Wittchen, H.-U.

Background: This paper provides nationally representative data on how current and past mental disorders are related to functional disability and health-related quality of life (QoL). **Methods:** Results are based on a nationally representative sample (DEGS1-MH; n=4483 aged 18–79). Respondents were examined by clinical interviewers with the DSM-IV Composite International Diagnostic Interview (DIA-X/M-CIDI). Functional disability, i.e. number of disability days in the past 4 weeks, and QoL, i.e. mental (MCS) and physical (PCS) component scale of the SF-36V2, were examined in subjects with 12-month mental disorders (=active cases [AC]) and compared to (a) subjects who never met diagnostic criteria (=unaffected individuals [UAI]), and (b) those with a history of mental disorders but not meeting the diagnostic criteria in the past 12 months (=non-active cases [NAC]; partially or fully remitted). **Results:** In comparison to UAI (mean: 1.9), AC reveals a 2–3 fold disability days/month (5.4, $P < .001$) and a substantially reduced MCS (UAI: 52.1; AC: 43.3, $P < .001$). NAC had a similar number of disability days as UAI, but significantly reduced MCS scores (49.9; $P < .001$). Disability days and QoL decrements were highest in internalizing disorders including somatoform disorders and most pronounced in comorbid cases. **Conclusions:** By and large, findings of a previous study were confirmed and extended for this nationally representative German sample. 12-month mental

disorders, particularly internalizing, including somatoform disorders, are associated with high levels of disability and increased health-related QoL decrements. Partial or complete remission of the mental disorders is associated with a normalization of the numbers of disability days.

Mack, S., Jacobi, F., Beesdo-Baum, K., Gerschler, A., Strehle, J., Höfler, M., Busch, M. A., Maske, U., Hapke, U., Gaebel, W., Zielasek, J., Maier, W. & Wittchen, H.-U. (2015). Functional disability and quality of life decrements in mental disorders: Results from the mental health module of the German health interview and examination survey for adults (DEGS1-MH). *European Psychiatry*, 30(6), 793-800.

P3.2. Self-reported utilization of mental health services in the adult German population - evidence for unmet needs? Results of the DEGS1-MentalHealthModule (DEGS1-MH)

Mack, S., Jacobi, F., Gerschler, A., Strehle, J., Höfler, M., Busch, M., Hapke, U., Seiffert, I., Gaebel, W., Zielasek, J., Maier, W. & Wittchen, H.-U.

This paper provides up-to-date data on service use for mental health problems and disorders among adults aged 18-79 years in Germany derived from the Mental Health Module of the German Health Interview and Examination Survey for Adults (DEGS1-MH; N=4483). Data are based exclusively on self-report. Respondents were examined by clinically trained interviewers with a modified version of the Composite International Diagnostic Interview DIA-X/M-CIDI to assess diagnoses according to the criteria of DSM-IV-TR. Service use, i.e. contact to mental health care services, due to mental health problems was assessed for the past 12 months and lifetime, by type of sector and type of institution. Among respondents with a 12-month diagnosis of a mental disorder, 23.5% of the women and 11.6% of the men reported any service use in the past 12 months. Service use depends on type of diagnosis, comorbidity and socio-demographic characteristics. Lowest 12-month utilization rates were found for substance use disorders (15.6%; lifetime use 37.3%), highest for psychotic disorders (40.5%; lifetime 72.1%). Further, a considerable time lag was found between disorder onset and subsequent service use among the majority of cases with anxiety and mood disorders. This paper provides self-reported epidemiological data on mental health service use in Germany, complementing administrative statistics and the predecessor mental health module of the German Health Interview and Examination Survey (GHS-MHS) from 1998. Despite considerable changes in the mental health field in Germany and the existence of a comprehensive mental health care system without major financial barriers, we find no indications of substantially higher utilization rates for mental disorders as compared to other comparable European countries. Further, no indications of major overall changes in utilization rates are apparent. To pinpoint areas with unmet needs, more detailed analyses of the data are needed taking into account type, frequency, and adequacy of service use and treatment of mental disorders. Appropriately matched comparisons with the GHS-MHS are needed to identify changes in patterns of utilization and interventions by type of disorder.

Mack, S., Jacobi, F., Gerschler, A., Strehle, J., Höfler, M., Busch, M., Hapke, U., Seiffert, I., Gaebel, W., Zielasek, J., Maier, W. & Wittchen, H.-U. (2014). Self-reported utilization of mental health services in the adult German population - evidence for unmet needs? Results of the DEGS1-Mental Health Module (DEGS1-MH). *International Journal of Methods in Psychiatric Research*, 23(3), 289-303.

P3.3. Current major depressive syndrome measured with the Patient Health Questionnaire-9 (PHQ-9) and the Composite International Diagnostic Interview (CIDI)

Maske, U. E., Busch, M. A., Jacobi, F., Beesdo-Baum, K., Wittchen, H.-U., Riedel-Heller, S. & Hapke, U.

Background: Prevalence estimates for depression vary considerably by the type of assessment instrument, and there is limited information on their overlap in population-based samples. Our aim was to compare the Patient Health Questionnaire-9 (PHQ-9) with the Composite International Diagnostic Interview (CIDI) as measures for current major depressive syndrome (MDS) in a large population-based sample. **Methods:** Data derived from the mental health module of the nationwide cross-sectional German Health Interview and Examination Survey for Adults (DEGS1-MH) (n=4483; age 18–79 years). MDS in the past two weeks was assessed (a) using the PHQ-9 diagnostic algorithm (PHQ-MDS) and (b) based on CIDI information about the latest symptom occurrence (recency) (CIDI-MDS). Prevalences, overall concordance and percentages of overlap of both MDS measures were determined. Prevalences of affirmed PHQ-9 depression symptoms and the mean and median PHQ-9 sum scores were analyzed per measure. **Results:** Prevalence of current MDS was 2.7% (95% CI: 2.0-3.6) for PHQ-MDS and 3.9% (95% CI: 3.1-5.0) for CIDI-MDS. The overall agreement between both measures was moderate (kappa: 0.43). Of all the participants, 1.5% (95% CI: 1.0-2.2) were classified as MDS cases by both measures, with 54.5% (95% CI: 42.7-65.9) of PHQ-MDS cases and 37.9% (95% CI: 27.8-49.1) of CIDI-MDS cases also being classified as MDS by the respective other MDS measure. However, 94.8% (95% CI: 93.6-95.8) of the participants were classified as non-MDS by both measures, with 97.5% (95% CI: 96.6-98.1) of non-PHQ-MDS and 98.7% (95% CI: 98.2-99.1) of non-CIDI-MDS being classified as non-MDS by the respective other MDS measure. The mean and median PHQ-9 sum score was

higher in those with PHQ-MDS than in those with CIDI-MDS. **Conclusions:** Both measures have a high level of agreement for ruling out current MDS, but the overlap in their classification of cases is moderate. Our results indicate that they cannot be interpreted as equal measures of the same construct, suggesting limited comparability of their prevalence estimates. However, further exploration of algorithms and correlates and a proper labeling of measures in epidemiological studies are required.

Maske, U. E., Busch, M. A., Jacobi, F., Beesdo-Baum, K., Wittchen, H.-U., Riedel-Heller, S. & Hapke, U. (2016). Current major depressive syndrome measured with the Patient Health Questionnaire-9 (PHQ-9) and the Composite International Diagnostic Interview (CIDI): Results from a cross-sectional population-based study of adults in Germany. *BMC Psychiatry*, 15(77).

P3.4. Prevalence and correlates of DSM-IV-TR major depressive disorder, self-reported diagnosed depression and current depressive symptoms among adults in Germany

Maske, U., Büttery, A. K., Beesdo-Baum, K., Riedel-Heller, S., Hapke, U. & Busch, M. A.

Background: While standardized diagnostic interviews using established criteria are the gold standard for assessing depression, less time consuming measures of depression and depressive symptoms are commonly used in large population health surveys. We examine the prevalence and health-related correlates of three depression measures among adults aged 18-79 years in Germany. **Methods:** Using cross-sectional data from the national German Health Interview and Examination Survey for Adults (DEGS1) (n=7987) and its mental health module (DEGS1-MH) (n=4483), we analysed prevalence and socio-demographic and health-related correlates of (a) major depressive disorder (MDD) established by Composite International Diagnostic Interview (CIDI) using DSM-IV-TR criteria (CIDI-MDD) in the last 12 months, (b) self-reported physician or psychotherapist diagnosed depression in the last 12 months, and (c) current depressive symptoms in the last two weeks (PHQ-9, score ≥ 10). **Results:** Prevalence of 12-month CIDI-MDD was 4.2% in men and 9.9% in women. Prevalence of 12-month self-reported health professional-diagnosed depression was 3.8% and 8.1% and of current depressive symptoms 6.1% and 10.2% in men and women, respectively. Case-overlap between measures was only moderate (32-45%). In adjusted multivariable analyses, depression according to all three measures was associated with lower self-rated health, lower physical and social functioning, higher somatic co-morbidity (except for women with 12-month CIDI-MDD), more sick leave and higher health service utilization. **Limitations:** Persons with severe depression may be underrepresented. Associations between CIDI-MDD and correlates and overlap with other measures may be underestimated due to time lag between DEGS1 and DEGS1-MH. **Conclusions:** Prevalence and identified cases varied between these three depression measures, but all measures were consistently associated with a wide range of adverse health outcomes.

Maske, U., Büttery, A. K., Beesdo-Baum, K., Riedel-Heller, S., Hapke, U. & Busch, M. A. (2015). Prevalence and correlates of DSM-IV-TR major depressive disorder, self-reported diagnosed depression and current depressive symptoms among adults in Germany. *Journal of Affective Disorders*, 190, 167-177.

P3.5. Select other DEGS-MH contributions

Beesdo-Baum, K. (2015, 14.-16.05.). Versorgung psychischer Störungen: Ergebnisse aus Bevölkerungsstudien bei Erwachsenen sowie Kindern und Jugendlichen (lecture).

Paper presented at the 9. Workshopkongress für Klinische Psychologie und Psychotherapie & 33. Symposium der Fachgruppe Klinische Psychologie und Psychotherapie der DGPs, Dresden, Germany.

Beesdo-Baum, K., Jacobi, F., Strehle, J., Wittchen, H.-U. & Mack, S. (2015, 15.05.). Inanspruchnahme und Barrieren der Behandlung bei affektiven Störungen (lecture). Paper presented at the 9. Workshopkongress für Klinische Psychologie und Psychotherapie & 33. Symposium der Fachgruppe Klinische Psychologie und Psychotherapie der DGPs, Dresden, Germany.

Jacobi, F. & Kern, S. (2015, 15.05.). Inanspruchnahme von Behandlungswegen psychischer Probleme bei Erwerbstätigen: welche Rolle spielen Gratifikationskrisen? (DEGS1-MH) (lecture). Paper presented at the 9. Workshopkongress für Klinische Psychologie und Psychotherapie & 33. Symposium der Fachgruppe Klinische Psychologie und Psychotherapie der DGPs Dresden, Germany.

Jacobi, F., Höfler, M., Strehle, J., Mack, S., Gerschler, A., Scholl, L., Busch, M. A., Hapke, U., Maske, U., Seiffert, I., Gaebel, W., Maier, W., Wagner, M., Zielasek, J. & Wittchen, H.-U. (2015). Twelve-months prevalence of mental disorders in the German health interview and examination survey for adults - mental health module (DEGS1-MH): A methodological addendum and correction. *International Journal of Methods in Psychiatric Research*, 24(4), 305-315.

Jacobi, F., Höfler, M., Strehle, J., Mack, S., Gerschler, A., Scholl, L., Busch, M. A., Maske, U., Hapke, U., Gaebel, W., Maier, W., Wagner, M., Zielasek, J. & Wittchen, H.-U. (2015). Erratum zu: Psychische Störungen in der Allgemeinbevölkerung. Studie zur Gesundheit Erwachsener in Deutschland und ihr Zusatzmodul „Psychische Gesundheit“ (DEGS1-MH). [Erratum to: Mental disorders in the general population. Study on the health of adults in Germany and the additional module mental health (DEGS1-MH)]. *Der Nervenarzt*, 87(1), 88-90.

Mack, S. & Jacobi, F. (2015, 15.05.). Beeinträchtigungsprofile und Hilfesuchverhalten: Wer nimmt Psychotherapie in anspruch? (DEGS1-MH) (lecture). Paper presented at the 9. Workshopkongress für Klinische Psychologie und Psychotherapie & 33. Symposium der Fachgruppe Klinische Psychologie und Psychotherapie der DGPs, Dresden, Germany.

Schmidt-Kraepelin, C., Zielasek, J., Janner, M., Wittchen, H.-U., Jacobi, F., Höfler, M., Siebert, J., Mack, S., Gerschler, A., Scholl, L., Busch, M. A., Hapke, U., Maske, U. E. & Gaebel, W. (2015). Psychotic-like experiences: Preliminary results from the mental health module of the German health interview and examination survey for adults (DEGS1-MH) (e-poster) (abstract). Paper presented at the 23rd European Congress of Psychiatry, Vienna, Austria.

Voss, C., Jacobi, F., Wittchen, H.-U., Strehle, J. & Beesdo-Baum, K. (2015, 14.05.). Suizidalität in der deutschen Allgemeinbevölkerung - Ergebnisse aus dem DEGS Survey (poster). Paper presented at the 9. Workshopkongress für Klinische Psychologie und Psychotherapie & 33. Symposium der Fachgruppe Klinische Psychologie und Psychotherapie der DGPs, Dresden, Germany.

Voss, C., Jacobi, F., Wittchen, H.-U., Venz, J., Strehle, J., Hapke, U. & Beesdo-Baum, K. (2016, 18. – 22.09.). Inanspruchnahme von Gesundheitsleistungen und suizidales Verhalten. Ergebnisse der DEGS1-MH-Studie (poster). Paper presented at the 50. Kongress der Deutschen Gesellschaft für Psychologie, Leipzig, Germany.

P4. Bundesweite Studie zum Versorgungsverlauf bei Depression in Arztpraxen/National survey on health care of depression in German primary care practices (VERA)

PI: Prof. K. Beesdo-Baum, Co-PIs: Dr. Susanne Knappe, Prof. Franziska Einsle; Funding: Bundesministerium für Gesundheit (BMG)/German Ministry of Health; Duration: 04/2013-04/2016; Staff: Dipl.-Psych. G. Wieder, Dipl.-Psych. L. Knothe, M. Sc. J. Venz, Dipl.-Biol. H. Schmidt, T. Tille, D. Küster, J. Quittschalle; External Collaborations: Bündnis gegen Depression e. V. (Leipziger Bündnis gegen Depression e. V. - Dipl.-Psych. Nicole Koburger, Akademie für Suizidprävention des Gesundheitsnetz Osthessen e. V. - Dr. med. Ulrich Walter, Harburger Bündnis gegen Depression e. V. - Dr. med. Hans-Peter Unger, Charité – Universitätsmedizin Berlin - PD. Dr. med. Meryam Schouler-Ocak, Münchner Bündnis gegen Depression e. V. - Rita Wüst/Dr. Joachim Hein), Deutsches Bündnis gegen Depression e. V. (Prof. Dr. Ulrich Hegerl, Ines Heinz), Stiftung Deutsche Depressionshilfe (PD Dr. Christine Rummel-Kluge, Janine Quittschalle), Universitätsklinikum Carl Gustav Carus an der TU Dresden: Lehrstuhl für Allgemeinmedizin (Prof. A. Bergmann), Zentrum für evidenzbasierte Gesundheitsversorgung (ZEGV), Professur für Sozialmedizin und Versorgungsforschung (Prof. Dr. med. J. Schmitt, Denise Küster), Psychiatrische Epidemiologie und Verlaufsforschung (Prof. Dr. med. A. Pfennig), Sächsische Gesellschaft für Allgemeinmedizin (SGAM, Dr. J. Dietrich, Dr. Andreas Schuster), AOK Plus (Dr. Ulf Maywald, Andreas Fuchs), Dipl.-Psych. Christian Klesse, Universitätsklinikum Freiburg, Mitglied der S3 Leitlinien-Gruppe

Hintergrund: Die „Bundesweite Studie zum Versorgungsverlauf bei Depression in Arztpraxen“ (VERA) wurde vom Bundesministerium für Gesundheit im Rahmen eines Ausschreibungsmoduls zur Sicherung einer evidenzbasierten Versorgung bei Depression gefördert. Geplant wurde eine bundesweite prospektiv-longitudinale Studie in zufällig ausgewählten Hausarztpraxen zur Untersuchung der Umsetzung der S3/Nationale VersorgungsLeitlinie Unipolare Depression (kurz S3-Leitlinie; DGPPN et al., 2009) mit Schwerpunkten auf die versorgerbezogene Perspektive (Awareness, Kenntnis, Akzeptanz, Adhärenz, fördernde/hemmende Faktoren), die patientenbezogene Perspektive (Alter, Geschlecht, Art/Schwere der Depression) sowie sektorenbezogene Schnittstellen (von primärärztlicher zu spezialisierte Versorgung, Regionseffekte). Ziele von VERA waren: (1) Die Erfassung der Rezeption und Adhärenz zur S3-Leitlinie Unipolare Depression im primärärztlichen Sektor sowie die Identifikation assoziierter Arztmerkmale. (2) Die Erfassung der Stichtagsprävalenz und Determinanten erkannter vs. nicht-erkannter, behandelter vs. nicht-behandelter Depression. (3) Eine prospektiv-longitudinale Untersuchung erkannter Fälle über 12 Monate unter Berücksichtigung leitliniengerechter Versorgung. (4) Die Beurteilung von Verlauf und Ausgang der Erkrankung in Abhängigkeit von der Leitlinienadhärenz und assoziierten Kosten. (5) Die Prüfung der Effektivität verfügbarer niederschwelliger leitlinienorientierter supportiver Maßnahmen (NILS) zur verbesserten Dissemination und Adhärenz.



Methodik: Das mehrstufige bundesweite prospektiv-longitudinale epidemiologische Studienprogramm beinhaltete eine Vorstudie, eine Hauptstudie im Quer- und Längsschnitt, zwei eingebettete Zusatzstudien (eine cluster-randomisierte Interventionsstudie und eine diagnostische Validierungsstudie) sowie eine gesundheitsökonomische Komponente zur Kostenanalyse. In sechs Cluster-Regionen Deutschlands wurden in 2013/14 zufällig ausgewählte Allgemeinärzte, praktische Ärzte und hausärztlich tätige Internisten zur Studie eingeladen und 269 (5,8%) waren teilnahmebereit. Nach einer Vorbefragung der Ärzte hinsichtlich Arzt- und Praxismerkmalen wurden alle ihre Praxis an einem Stichtag im April 2014 aufsuchenden Patienten ebenfalls um ihre Teilnahme gebeten und 3563 (55,9%) willigten zur Studienteilnahme ein. Die Patienten wurden mittels Fragebogen hinsichtlich ihres körperlichen und psychischen Gesundheitszustands, aktuellen und früheren Behandlungen, ihrer Lebensqualität, Arbeitsausfalltagen und Gesundheitskosten befragt. Eine Depressionsdiagnose nach den Kriterien der ICD-10 wurde approximativ anhand eines etablierten Depressions-Screening-Fragebogens (DSQ) abgeleitet. Der Arzt beurteilte jeden Patienten ebenfalls hinsichtlich Diagnosen und Behandlung. Patienten mit Depression gemäß Selbst- oder Arzturteil wurden zusammen mit ihren Ärzten nach 6 und 12 Wochen sowie nach 12 Monaten erneut hinsichtlich des Gesundheitszustands und Behandlungen befragt. Die in die VERA-Studie eingebettete diagnostische Validierungsstudie überprüfte stichprobenartig die Depressionsdiagnosen nach DSQ und Arzturteil anhand eines standardisierten klinisch-diagnostischen Interviews (DIA-X/CIDI), welches nach dem Stichtag telefonisch durch trainierte Interviewer mit zufällig ausgewählten Patienten geführt wurde (N=200). Im Rahmen der NILS-Interventionsstudie wurden nach der Vorbefragung in 46 zufällig ausgewählten Interventionspraxen Hilfsmaterialien für das Erkennen und die Behandlung von Depression niederschwellig bereitgestellt. NILS-Interventionspraxen und 42 ebenfalls zufällig gewählte gematchte Vergleichspraxen wurden zum Stichtag erneut hinsichtlich Einstellungen zu

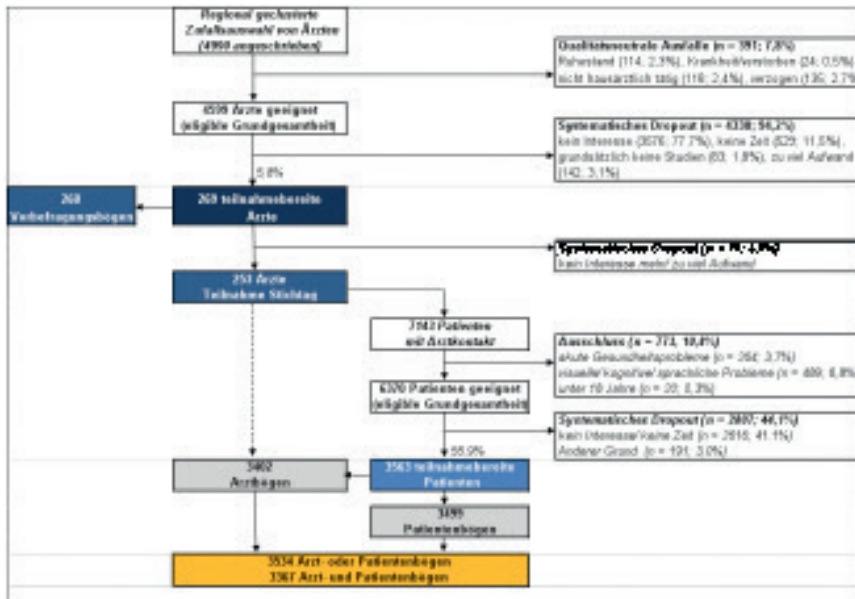


Figure 9: Flow-Chart der Rekrutierung und Response in der VERA-Studie

Depression und Depressionsbehandlung, selbsteingeschätzten Kompetenzen und Leitlinienorientierung nachbefragt. **Ergebnisse: Vorstudie:** 41 % der Ärzte kennen die S3-Leitlinie. Selbstberichtete Leitlinienkenntnis war mit einer größeren subjektiven Sicherheit im Umgang mit Depressionspatienten verbunden. Mehr als 80% der Ärzte berichteten von Schnittstellenproblemen bezüglich der spezialisierten Versorgung, wobei dies stärker für ländliche als städtische Regionen zutraf. **Hauptstudie:** In der Querschnittstudie bestätigte sich eine hohe Stichtagsprävalenz der Depression bei Hausarztpatienten (DSQ-Studiendiagnose: 15,7% der Frauen, 12,1% der Männer; Arztdiagnose: 12,1% der Frauen, 8,5% der Männer). Ärzte diagnostizierten bei der Hälfte der Patienten mit einer DSQ-Studiendiagnose eine Depression; bei drei Viertel wurde eine psychische Störung erkannt. Während eine Reihe von Patientenvariablen wie ein höherer Depressionsschweregrad oder anhaltende Depressions-Hauptsymptome mit besseren Erkennens- und Diagnoseraten durch den Hausarzt verbunden waren, war selbstberichtete S3-Leitlinienkenntnis nicht mit dem Erkennen assoziiert. Jedoch erkannten Ärzte mit Zusatzbezeichnung Psychotherapie bei Patienten mit DSQ-Studiendiagnose häufiger das Vorliegen einer Depression (65,3%) als Ärzte ohne Zusatzbezeichnung Psychotherapie (47,0%). Hinsichtlich Behandlung zeigte sich, dass die Mehrheit der Hausarztpatienten mit DSQ-Studiendiagnose vom Hausarzt oder in anderen Versorgungssettings Interventionen erhielt, wobei jedoch rund 60% aller Patienten mit Depression nicht leitlinienorientiert mit Antidepressiva und/oder Psychotherapie behandelt wurden. Leitlinienorientierte Behandlung war im hohen Maße abhängig von der ärztlichen Diagnosestellung und häufiger bei Ärzten mit Zusatzbezeichnung Psychotherapie (55,7% vs. 39,7% ohne Zusatzbezeichnung). Die Nachbefragung von Depressionspatienten im Rahmen der Längsschnittstudie ergab, dass 6 Wochen nach dem Stichtag noch die Hälfte (50,2%) der Betroffenen die DSQ-Studiendiagnose aufwies und sich die „Stabilitäts-Rate“ auch nach 12 Wochen und 12 Monaten nicht auf unter 40% reduzierte. Sowohl Patienten, deren Depression am Stichtag vom Hausarzt erkannt wurde, als auch Patienten, die irgendeine Intervention oder sogar eine leitlinienorientierte Behandlung erhielten, zeigten nach 12 Monaten noch höhere Stabilitätsraten als unerkannte und unbehandelte Patienten. Dies ist darauf zurückzuführen, dass erkannte bzw. behandelte Depressionen einen höheren Schweregrad aufwiesen als unerkannte und nicht-behandelte Depressionen und höherer Schweregrad mit einem stabileren Verlauf assoziiert ist. Adjustiert nach Depressionsschwere waren die Verbesserungen in den DSQ-Werten über den Follow-up Zeitraum nicht signifikant unterschiedlich in Abhängigkeit von Episodenanzahl, Erkennen und Behandlungsstatus am Stichtag. Chronizität war mit einem ungünstigen Depressionsverlauf verbunden. Eine Überprüfung, inwiefern die Qualifikation der Ärzte und die selbstberichtete S3-Leitlinienkenntnis einen Einfluss auf den Depressionsverlauf haben, erbrachte nur für die Zusatzbezeichnung Psychotherapie ein positives Trend-Ergebnis. **Zusatzstudien:** Die diagnostische Validierungsstudie bestätigte in der Mehrzahl der nach Arzturteil falsch-negativ diagnostizierten Patienten die DSQ-Studiendiagnose (letzte 12 Monate: 57%, Lebenszeit: 75%), konnte jedoch auch bei mehr als 70% der formal falsch-positiv diagnostizierten Patienten zumindest anamnestisch das Vorliegen einer Depression bestätigen. Die NILS-Intervention war tendenziell mit positiven Veränderungen in der Kompetenzeinschätzung der Ärzte hinsichtlich Erkennen und Diagnose der Depression verbunden, jedoch zeigten sich keine messbaren Effekte hinsichtlich der Anwendungshäufigkeit einzelner Hilfsmaterialien in der Routinepraxis, in den Einstellungen zur S3-Leitlinie sowie dem Erkennen und der leitlinienorientierten

Behandlung von Patienten mit Depression am Stichtag. **Schlussfolgerungen:** Das VERA-Studienprogramm stellt für Deutschland aktuelle repräsentative Daten hinsichtlich der Versorgung von Hausarztpatienten mit Depression sowie Informationen zu hemmenden und förderlichen Faktoren zur Verfügung. Die bisherigen Ergebnisse bestätigen die hohe Bedeutsamkeit depressiver Erkrankungen bei Patienten im primärärztlichen Setting und legen einen weiteren Optimierungsbedarf hinsichtlich der Sicherstellung einer leitlinienorientierten Versorgung nahe. Neben differenzierten diagnostischen Fähigkeiten ist die Beseitigung von Schnittstellenproblemen in die spezialisierte Versorgung wichtig. Weiterführende Analysen der VERA/NILS-Datenbasis sind möglich, um bisher nicht erkannte förderliche und hemmende Faktoren für eine leitlinienorientierte Versorgung der Depression zu identifizieren.

Publikationen

- Beesdo-Baum, K., Knappe, S., Einsle, F., Knothe, L., Wieder, G., Venz, J., Rummel-Kluge, C., Heinz, I., Koburger, N., Schouler-Ocak, M., Wilbertz, T., Unger, H.-P., Walter, U., Hein, J., Hegerl, U., Lieb, R., Pfennig, A., Schmitt, J., Hoyer, J., Wittchen, H.-U. & Bergmann, A. (in press). Wie häufig werden Patienten mit depressiven Störungen in der hausärztlichen Praxis erkannt? – Ergebnisse einer epidemiologischen Querschnittsstudie [How frequently are depressive disorders recognized in primary care patients? – Results of a cross-sectional epidemiological study in Germany]. Bundesgesundheitsblatt.
- Trautmann*, S., Beesdo-Baum*, K., Knappe, S., Einsle, F., Knothe, L., Wieder, G., Venz, J., Rummel-Kluge, C., Heinz, I., Koburger, N., Schouler-Ocak, M., Wilbertz, T., Unger, H.-P., Walter, U., Hein, J., Hegerl, U., Lieb, R., Pfennig, A., Schmitt, J., Hoyer, J., Wittchen, H.-U. & Bergmann, A. (in Druck). Behandlung depressiver Störungen bei Patientinnen und Patienten in der primärärztlichen Versorgung in Deutschland - Eine epidemiologische Querschnittsstudie [Treatment of Depressive Disorders in Primary Care Patients in Germany – A cross-sectional epidemiological study]. Deutsches Ärzteblatt.
- Knothe, L., Venz, J., Einsle, F., Knappe, S. & Beesdo-Baum, K. (2016, 18-22.09). Häufigkeit und Erkennen der Generalisierten Angststörung in der primärärztlichen Versorgung. Paper presented at the 50. Kongress der Deutschen Gesellschaft für Psychologie, Leipzig, Germany.
- Knothe, L., Wieder, G., Pietzner, D., Venz, J., Knappe, S., Einsle, F. ... & Beesdo-Baum, K. (2015, 14.05.). Häufigkeit und Erkennen der Depression in der primärärztlichen Versorgung (poster). [Prevalence and recognition of depression in primary care]. Paper presented at the 9. Workshopkongress für Klinische Psychologie und Psychotherapie & 33. Symposium der Fachgruppe Klinische Psychologie und Psychotherapie der DGPs, Dresden, Germany
- Dehmiyani, A. J. (2015). Korrelate der Generalisierten Angststörung mit einem Fokus auf behaviorale Symptome. Masterarbeit (master thesis), TU Dresden.
- Höser, R. S. (2015). Generalisierte Angststörung - Verbessert die Berücksichtigung behavioraler Symptome die GAS-Diagnose? (Supervision: L. Knothe). Diplomarbeit (psychology diploma thesis), TU Dresden.
- Trümer, Katrin. Suizidalität bei Patientinnen und Patienten in der hausärztlichen Versorgung: Häufigkeit und Korrelate. [Suicidality in patients in primary care: frequency and correlates.] (psychology diploma thesis), TU Dresden.

P5. Mental Disorders in the elderly: Relationship to impairment, functioning (ICF) and service utilisation (MentDis_ICF65+)

PI: Prof. Uwe Koch, Prof. Martin Härter; Site director Dresden: Prof. Hans-Ulrich Wittchen;
 Funding: EU: Call (part) identifier: FP7-HEALTH-2007-B; Duration: 10/2008 – 10/2012;
 Collaborations: Dr. Ralf Krappa, Dr. Stephan Winters, Dr. Sylke Andreas (Universitätsklinikum Hamburg-Eppendorf), Giacomo Ciriago, Prof. Patrizio Bianchi, Prof. Valeria Ruggiero, Prof. Enrico Granieri, Prof. Luuigi Grassi (Universita Degli Studi di Ferrara), Vanessa Cameron, Prof. Sue Bailey, Dr. Paul Lelliot (Royal College of Psychiatrists), Francisco Lopez Garcia, Prof. Carmen Acebal Sarabia, Javier Torres, Dr. Manuel Munoz (Universidad Complutense de Madrid), Philippe Spiess, Prof. Panteleimon Giannakopoulos, Dr. Alessandra Canuto (Les Hopitaux Universitaires de Geneve), Dr. Arik Tzukert, Dr. Menachem Katz, Prof. Arie Y. Shalev (Hadassah Medical Organisation), Matthias Winker, Hannes Lehmann, Sven Kreigenfeld, Prof. Dr. Hans-Ulrich Wittchen (TU Dresden)

Background: The EU currently lacks reliable data on the prevalence and incidence of mental disorders in older people. Despite the availability of several national and international epidemiological studies, the size and burden of mental disorders in the elderly remain unclear due to various reasons. Therefore, the aims of the MentDis_ICF65+ study are (1) to adapt existing assessment instruments, and (2) to collect data on the prevalence, the incidence, and the natural course and prognosis of mental disorders in the elderly. **Method/Design:** Using a cross-sectional and prospective longitudinal design, this multicenter study from six European countries and associated states (Germany, Great Britain, Israel, Italy, Spain, and Switzerland) is based on age-stratified, random samples of elderly people living in the community. The study program consists of three phases: (1) a methodological phase devoted primarily to the adaptation of age- and gender-specific assessment tools for older people (e. g., the Composite International Diagnostic Interview, CIDI) as well as psychometric evaluations including translation, back translation; (2) a baseline community study in all participating countries to assess the lifetime, 12 month and 1 month prevalence and comorbidity of mental disorders, including prior course, quality of life, health care utilization and helpseeking, impairments and participation and, (3) a 12 month follow-up of all baseline participants to monitor course and outcome as well as examine predictors. **Discussion:** The study is an essential step forward towards the further development and improvement of harmonised instruments for the assessment of mental disorders as well as the evaluation of activity impairment and participation in older adults. This study will also facilitate the comparison of cross-cultural results. These results will have bearing on mental health care in the EU and will offer a starting point for necessary structural changes to be initiated for mental health care policy at the level of mental health care politics.

Core publication

Prevalence of mental disorders in elderly people: the European MentDis_ICF65+study

Andreas, S., Schulz, H., Volkert, J., Dehoust, M. C., Sehner, S., Suling, A., Ausin, B., Canuto, A., Crawford, M., Da Ronch, C., Grassi, L., Hershkovitz, Y., Muñoz, M., Quirk, A., Rotenstein, O., Santos-Olmo, A. B., Shalev, A. Y., Strehle, J., Weber, K., Wegscheider, K., Wittchen, H.-U. & Härter, M.

Background: Except for dementia and depression, little is known about common mental disorders in elderly people. **Aims:** To estimate current, 12-month and lifetime prevalence rates of mental disorders in different European and associated countries using a standardised diagnostic interview adapted to measure the cognitive needs of elderly people. **Method:** The MentDis_ICF65+ study is based on an age-stratified, random sample of 3142 older men and women (65-84 years) living in selected catchment community areas of participating countries. Results: One in two individuals had experienced a mental disorder in their lifetime, one in three within the past year and nearly one in four currently had a mental disorder. The most prevalent disorders were anxiety disorders, followed by affective and substance-related disorders. **Conclusions:** Compared with previous studies we found substantially higher prevalence rates for most mental disorders. These findings underscore the need for improving diagnostic assessments adapted to the cognitive capacity of elderly people. There is a need to raise awareness of psychosocial problems in elderly people and to deliver high-quality mental health services to these individuals.

Andreas, S., Schulz, H., Volkert, J., Dehoust, M. C., Sehner, S., Suling, A., Ausin, B., Canuto, A., Crawford, M., Da Ronch, C., Grassi, L., Hershkovitz, Y., Muñoz, M., Quirk, A., Rotenstein, O., Santos-Olmo, A. B., Shalev, A. Y., Strehle, J., Weber, K., Wegscheider, K., Wittchen, H.-U. & Härter, M. (2016). Prevalence of mental disorders in the elderly: The European MentDis_ICF65+ Study. *The British Journal of Psychiatry*.

Other publications

Dehoust, M. C., Schulz, H., Härter, M., Volkert, J., Sehner, S., Drabik, A., Wegscheider, K., Canuto, A., Weber, K., Crawford, M., Quirk, A., Grassi, L., DaRonch, C., Muñoz, M., Ausin, B., Santos-Olmo, A., Shalev, A., Rotenstein, O., Hershkovitz, Y., Strehle, J., Wittchen, H.-U. & Andreas, S. (2017). Prevalence and correlates of somatoform disorders in the elderly: Results of a European study. *International Journal of Methods in Psychiatric Research*, 26(1).

Andreas, S., Härter, M., Volkert, J., Hausberg, M., Sehner, S., Wegscheider, K., Rabung, S., Ausin, B., Canuto, A., Da Ronch, C., Grassi, L., Hershkovitz, Y., Lelliott, P., Muñoz, M., Quirk, A., Rotenstein, O., Santos-Olmo, A. B., Shalev, A. Y., Siegert, J., Weber, K., Wittchen, H.-U., Koch, U. & Schulz, H. (2013). The MentDis_ICF65+ study protocol: Prevalence, 1-year incidence and symptom severity of mental disorders in the elderly and their relationship to impairment, functioning (ICF) and service utilisation. *BMC Psychiatry*, 13(62).

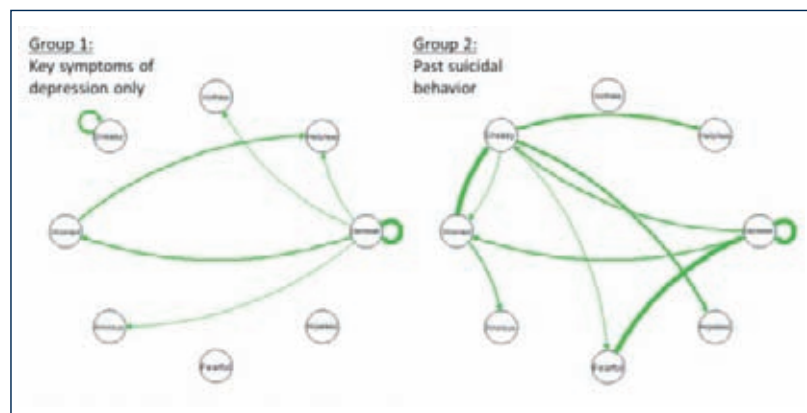
Wittchen, H.-U., Strehle, J., Gerschler, A., Höfler, M., Volkert, J., Hausberg, M., Härter, M., Schulz, H., Canuto, A., Crawford, M., Grassi, L., Muñoz, M., Shalev, A. & Andreas, S. (in press). Measuring Symptoms and Diagnosing Mental Disorders in the Elderly Community: The Test-Retest Reliability of the CIDI65+. *International Journal of Methods in Psychiatric Research*.

P6. Suicidal behaviour across the life span – risk and protective factors

Dissertation project: M. Sc. Catharina Voss; Supervision: Prof. K. Beesdo-Baum

Suicide is the 14th leading cause of mortality around the world (GBD 2013 Mortality and Causes of Death Collaborators, 2015). Regarding future research about suicidal behaviour, O'Connor and Nock (2014) recommended further large epidemiological studies to test risk factors for suicide behaviour, but also to expand the research regarding protective factors for suicidal behaviour in general, to examine psychological correlates of method selection and "more psychological science research in participants from across the lifespan" (p. 8). But

also new approaches as network analyses (Borsboom & Cramer, 2013) can be used to get a better understanding of the differences in individuals with and without suicidal behaviour. The aim of the current dissertation project is to examine the pathways of suicidal behaviour across the lifespan using cross-sectional and longitudinal large epidemiological studies (using DEGs-MH, EDSP, and BeMIND data sets). **Current status:** Findings have been presented at conferences; publications are in preparation.



- Voss, C., Asselmann, E., Wittchen, H.-U., Lieb, R. & Beesdo-Baum, K. (2015). Behavioral inhibition as a risk factor for lifetime suicide attempt. Findings from a representative community sample of adolescents and young adults. Poster presented at the International Summit on Suicide Research Preventing Suicide: Progress Through Research, New York, USA.
- Voss, C., Diel, K., Asselmann, E., Wittchen, H.-U., Lieb, R. & Beesdo-Baum, K. (2016). Self-reported triggering events for suicide attempts in a representative community sample of adolescents and young adults in Germany. Poster presented at the 16th European Symposium on Suicide and Suicidal Behaviours, Oviedo, Spain.
- Voss, C., Jacobi, F., Wittchen, H.-U., Strehle, J. & Beesdo-Baum, K. (2015). Suizidalität in der deutschen Allgemeinbevölkerung - Ergebnisse aus dem DEGS Survey. Paper presented at the 9. Workshopkongress für Klinische Psychologie und Psychotherapie & 33. Symposium der Fachgruppe Klinische Psychologie und Psychotherapie der DGPs, Dresden, Germany.
- Voss, C., Jacobi, F., Wittchen, H.-U., Venz, J., Strehle, J., Hapke, U. & Beesdo-Baum, K. (2016). Inanspruchnahme von Gesundheitsleistungen und suizidales Verhalten. Ergebnisse der DEGS1-MH-Studie. Poster presented at the 50. Kongress der Deutschen Gesellschaft für Psychologie, Leipzig, Germany.
- Voss, C., Venz, J., Pieper, L., Frech, C., Hoyer, J. & Beesdo-Baum, K. (2017). The co-occurrence of non-suicidal self-injury and suicidal behaviour in adolescents and young adults – findings from the BeMIND study. Paper presented at the 2st Suicide and Self-Harm Early Career Researchers' Forum, 8-9 June 2017, University of Glasgow, Scotland.
- Voss, C., Venz, J., Pieper, L., Frech, C., Hoyer, J. & Beesdo-Baum, K. (2017, 05.-08.09.). Hilfesuche bei Jugendlichen und jungen Erwachsenen mit selbstverletzendem Verhalten. Poster presented at the Gemeinsame Jahrestagung der DGEpi, der DGMS und der DGSMP, Lübeck.
- Voss, C., Venz, J., Pieper, L., Hoyer, J., Seibel, L. & Beesdo-Baum, K. (2016, 03.06.). Suicidal behaviour and short-term dynamic mood networks in real life. Paper presented at the 1st Suicide and Self-Harm Early Career Researchers' Forum, Glasgow, Scotland.

P7. Examining the role of genetic vulnerabilities and environmental stressors for anxiety disorders: Evidence for individual, combined and interactive effects as well as disorder-specificity?

PI: Dr. E. Asselmann; Funding: Alfried-Krupp-Wissenschaftskolleg Greifswald,

Duration: 04/2017-09/2017

Background: Mental disorders are common in the general population and associated with significant impairment as well as tremendous direct and indirect societal costs. It is thus crucial to effectively treat and prevent mental disorders in order to reduce their prevalence and incidence. However, developing effective and feasible interventions requires a more grounded knowledge of the etiology and pathogenesis of mental disorders, especially with respect to complex interactions between individual vulnerabilities and environmental stressors. Unfortunately, research in this area primarily focused on depressive disorders, while considerably fewer studies concentrated on the interplay between genetic/psychological vulnerabilities and adverse experiences on predicting anxiety disorders. **Aims:** To investigate main and interactive effects of individual vulnerabilities (primarily family-genetic factors) and environmental stressors on predicting anxiety disorders; as well as to examine specificity in these links for any anxiety disorder, individual anxiety disorders and anxiety vs. depressive disorders. **Methods:** Data of two large-scaled prospective-longitudinal community studies - namely the Early Developmental Stages of Psychopathology Study (EDSP) and the Study of Health in Pomerania (SHIP) - will be combined. Both are large-scaled epidemiological studies, in which representative community samples of adolescents/young adults (EDSP, N=3,021, aged 14-24 years at baseline) or adults (SHIP, N=4308, aged 20-79 years at baseline) were prospectively followed up over multiple assessment waves. In both studies, mental disorders including information on onset, duration and severity were assessed using the Munich Composite International Diagnostic Interview (DIA-X/M-CIDI). Information on a wide variety of potential individual and environmental risk/protective factors (including genetic information) was gathered using additional scales, questionnaires, and laboratory data. Regression and survival analyses will be applied to test associations between individual/multiple predictors and outcome variables. A particular focus will be laid on identifying critical interactions between individual vulnerabilities and environmental stressors on predicting anxiety disorders.

P8. Lifetime prevalence of mental disorders among first and second generation individuals with Turkish migration backgrounds in Germany

Dingoyan, D., Mösko, M., Mamođlu, Y., von Wolff, A., Strehle, J., Wittchen, H.-U., Schulz, H., Koch-Gromus, U., Heinz, A. & Kluge, U.

Background: This paper focuses on the lifetime prevalence of mental disorders in individuals with Turkish migration backgrounds in Germany, as there is a lack of reliable epidemiological data on this subject. **Methods:** In total, 662 adults with Turkish migration backgrounds were interviewed in Hamburg and Berlin by trained, bilingual interviewers using the computerized Composite International Diagnostic Interview (CIDI DIA-X Version 2.8) to assess diagnoses according to the DSM-IV-TR. **Results:** The analyses showed a weighted lifetime prevalence of 78.8% for any mental disorder, 21.6% for more than one and 7.3% for five or more disorders. Any mood disorder (41.9%), any anxiety disorder (35.7%) and any somatoform disorder/syndrome (33.7%) had the highest prevalences. Despite the sociodemographic differences between the first and second generations, there were no significant differences in the lifetime prevalence between generations, with the exception of any bipolar disorder. Female gender, older age and no current partnership were significantly associated with the occurrence of any mood disorder. **Conclusions:**

Overall, the results indicate a high lifetime prevalence in individuals with Turkish migration backgrounds in Germany. These initial data are highly relevant to the German clinical and psychosocial healthcare system; however, the methodological limitations and potential biases should be considered when interpreting the results.

Dingoyan, D., Mösko, M., Mamoglu, Y., von Wolff, A., Strehle, J., Wittchen, H.-U., Schulz, H., Koch-Gromus, U., Heinz, A. & Kluge, U. (2016). Development and feasibility of the computerized Turkish edition of the Composite International Interview (DIA-X CIDI Version 2.8TR). *International Journal of Methods in Psychiatric Research*.

P9. Acculturation and other risk factors of depressive disorders in individuals with Turkish migration backgrounds Janssen-Kallenberg, H., Schulz, H., Kluge, U., Strehle, J., Wittchen, H.-U., Wolfradt, U., Koch, U., Heinz, A., Mösko, M. & Dingoyan, D.

Background: Acculturation is a long-term, multi-dimensional process occurring when subjects of different cultures stay in continuous contact. Previous studies have suggested that elevated rates of depression among different migrant groups might be due to patterns of acculturation and migration related risk factors. This paper focused on prevalence rates of depressive disorders and related risk factors among individuals with Turkish migration backgrounds. **Methods:** A population-based sample of 662 individuals with Turkish migration backgrounds were interviewed by bilingual interviewers using a standardised diagnostic interview for DSM-IV-TR and ICD-10 diagnoses (CIDI DIA-X Version 2.8). Associations between 12-month prevalence rates of depressive disorders with potential risk factors were assessed, including gender, age, socioeconomic status, acculturation status and migration status. **Results:** 12-month prevalence rates of any depressive disorder were 29.0%, 14.4% of major depressive disorder (MDD) and 14.7% of dysthymia. Older age and low socioeconomic status were most consistently related to higher risks of depressive disorders. Acculturation status showed associations with subtypes of depressive disorder. Associations differed between men and women. Symptom severity of MDD was linked to gender, with females being more affected by severe symptoms. **Conclusion:** The prevalence of depressive disorders is high in individuals with Turkish migration backgrounds, which can be partly explained by older age, low socioeconomic status and acculturation pressures. Only a limited number of risk factors were assessed. Acculturation in particular is a complex process which might not be sufficiently represented by the applied measures. Further risk factors have to be identified in representative samples of this migrant group.

Janssen-Kallenberg, H., Schulz, H., Kluge, U., Strehle, J., Wittchen, H.-U., Wolfradt, U., Koch, U., Heinz, A., Mösko, M. & Dingoyan, D. (2017). Acculturation and other risk factors of depressive disorders in individuals with Turkish migration backgrounds. *BMC Psychiatry*, 17(1), 264.

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AG 2 Experimental Clinical Psychology and Neuroimaging

Prof. Dr. Hans-Ulrich Wittchen, Dr. Markus Mühlhan, Prof. Dr. Ulrike Lüken & Prof. Dr. Katja Beesdo-Baum

Overview: This work group focuses on a wider range of topics involving the application of experimental clinical psychology methods, including neuroimaging. The topics are core mechanisms involved in the promotion of ill-health (stress and epigenetic mechanisms, cognitive control, and avoidance), testing specific factors in disease groups (for example GAD) as well as two main areas of interest of Dr. Lüken related to neurological conditions.

P1. Epigenetic variation in the serotonin transporter gene predicts resting state functional connectivity strength within the salience-network

(Muehlhan, M., Kirschbaum, C., Wittchen, H.-U. & Alexander, N.)

Genetic variation in the serotonin transporter gene (SLC6A4) has been associated with psychopathology and aberrant brain functioning in a plethora of clinical and imaging studies. In contrast, the neurobiological correlates of epigenetic signatures in SLC6A4, such as DNA methylation profiles, have only recently been explored in human brain imaging research. The present study is the first to apply a resting state functional magnetic resonance imaging approach to identify changes in brain networks related to SLC6A4 promoter methylation (N=74 healthy individuals). The amygdalae were defined as seed regions given that resting state functional connectivity in this brain area is under serotonergic control and relates to a broad range of psychiatric phenotypes. We further used bisulfite pyrosequencing to analyze quantitative methylation at 83 CpG sites within a promoter-associated CpG island of SLC6A4 from blood-derived DNA samples. The major finding of this study indicates a positive relation of SLC6A4 promoter methylation and amygdaloid resting state functional coupling with key nodes of the salience network (SN) including the anterior insulae and the dorsal anterior cingulate cortices. Increased intra-network connectivity in the SN is thought to facilitate the detection and subsequent processing of potentially negative stimuli and reflects a core feature of psychopathology. As such, epigenetic changes within the SLC6A4 gene predict connectivity patterns in clinically and behaviorally relevant brain networks which may in turn convey increased disease susceptibility.

Muehlhan, M., Kirschbaum, C., Wittchen, H.-U. & Alexander, N. (2015). Epigenetic variation in the serotonin transporter gene is related to aberrant resting state functional connectivity within the salience-network *Human Brain Mapping*, 36(11), 4361-4371.

P2: Stress-related salivary alpha-amylase (sAA) activity in alcohol dependent patients with and without a history of childhood maltreatment

(Muehlhan, M., Höcker, A., Höfler, M., Wiedemann, K., Barnow, S., Schäfer, I. & CANSAS study group)

Alcohol-dependent (AD) patients with a history of childhood maltreatment (CM) have shown a more severe clinical profile and a higher risk of relapse than those without CM. It was hypothesized that stress responsivity plays an important role in moderating the relationship between CM and AD. Surprisingly, systematic investigations about the stress responsivity in AD patients with CM are rare. This study compared physiological and subjective stress responses in AD patients with and without CM as well as in healthy controls with and without CM. A total of 130 participants performed the Trier Social Stress Test (TSST). Physiological stress reactivity related to the noradrenergic system was assessed by salivary alpha-amylase (sAA) activity. Subjective ratings of anxiety, nervousness, distress, and mood were rated on visual analogue scales. AD patients showed significantly lower stress-related sAA activity than healthy controls ($p = 0.024$; $z = 1.97$). A different pattern was found in the subjective ratings. In particular, anticipatory anxiety revealed a clear effect of CM ($p = 0.005$; $z > 2.43$) but no difference between AD patients and healthy controls ($p > 0.05$). After the TSST, distress ratings differed between AD patients with CM and AD patients without CM ($p = 0.009$; $z = 2.61$). The discrepancy between physiological responsivity and subjective stress experiences may account for an increased inability to cope with stressful situations, which in turn might explain the enhanced risk of relapse in AD patients with a history of CM during early abstinence.

Muehlhan, M., Höcker, A., Höfler, M., Wiedemann, K., Barnow, S., Schäfer, I. & CANSAS study group. (2017). Stress-related salivary alpha-amylase (sAA) activity in alcohol dependent patients with and without a history of childhood maltreatment. *Psychopharmacology*, 234(12), 1901-1909.

P3. Neurostructural correlates and cortisol responses in Generalized Anxiety Disorder versus other anxiety conditions and depression: Evidence for specificity

(Doctoral thesis project: Dipl.-Psych. Kevin Hilbert; Supervision: Dr. K. Beesdo-Baum, Dr. U. Lüken; Funding for data

collection (10/2008-10/2013): Anschubfinanzierung FR zentralisierte Forschungsmittel, Forschungspool TU Dresden. Duration thesis: 06/2013–07/2017)

Background and aims: The diagnostic status of Generalized Anxiety Disorder (GAD), a common and disabling mental disorder associated with high costs for the individual and society, has long been surrounded by debate. For validation, data going beyond the phenomenological level of clinical symptoms is needed. Such data can be gained by examining the neurobiology of mental disorders. Past research found disorder-related changes in the structure, function and connectivity of several brain areas but also in a range of hormonal systems in GAD. By investigating gray and white matter volume changes and short-term and long-term cortisol release, this thesis aims to provide further insight into the neurobiology of GAD and its specificity compared to related disorders by answering the following questions: 1) What are gray and white matter volume changes associated with categorical and dimensional characterizations of GAD? Are these changes specifically found in GAD and not in other anxiety disorders? 2) Is GAD characterized by altered short-term and long-term cortisol release? Are these changes specifically found in GAD but not Major Depression (MD)? 3) Is it possible to classify individual subjects into diagnostic groups based on patterns of abnormalities including neuroimaging data, cortisol data and data from clinical questionnaires? **Methods:** Data from three different research projects were used. The majority of data came from a convenience sample of subjects investigated between 2009-2013 at TU Dresden, Germany. The sample consisted of three DSM-IV defined groups: i) subjects with GAD (with and without comorbid MD), ii) subjects with MD (always without comorbid GAD), and iii) healthy comparison (HC) subjects. Gray and white matter volumes in GAD subjects and HC subjects were assessed using voxel-based morphometry (VBM), compared between groups and investigated in regression analyses with worry severity and intolerance of uncertainty. Additionally, GAD subjects from this project were compared regarding gray and white matter volume changes with convenience samples of subjects with Panic Disorder (PD) and Specific Phobia (SpecP) derived in two other research projects at TU Dresden between 2009 and 2014. GAD subjects were furthermore characterized regarding short-term cortisol release and long-term cortisol secretion using saliva samples collected during the Trier Social Stress Test and hair samples and compared to HC subjects and MD subjects. Finally, GAD, MD and HC subjects were classified regarding the presence of a diagnosis (no disorder vs disorder: case-classification) and specifically regarding the type of disorder being present (GAD vs MD: disorder-classification) using machine learning techniques. Clinical questionnaire data, gray and white matter volume changes and short-term cortisol responses over the course of an MRI session were used for classification separately and in combination. **Results:** Compared to HC subjects, GAD subjects were characterized by significantly increased gray matter volumes in areas of the basal ganglia and in the superior temporal pole and significantly reduced white matter volumes in the dorsolateral prefrontal cortex (dlPFC). Changes in basal ganglia structures were also related to worry severity and intolerance of uncertainty, while changes in the dlPFC were only related to worry severity and changes in the superior temporal pole only to intolerance of uncertainty. There was some evidence for specific neurostructural alterations in GAD subjects compared to other anxiety disorders, as GAD subjects showed significantly reduced gray matter volumes in the dlPFC and inferior temporal gyrus compared to SpecP subjects and significantly increased white matter volume in the cerebellum compared to SpecP subjects and PD subjects. However, results were not consistent across all employed models. Comparing GAD subjects to healthy subjects and MD subjects regarding short-term and long-term cortisol showed an absence of significant differences for short-term cortisol responses as evoked by the Trier Social Stress Test. Hair cortisol as an index of long-term cortisol secretion however was significantly different between groups: MD subjects showed significantly reduced hair cortisol compared to GAD and HC subjects, with GAD subjects showing no differences in hair cortisol compared to healthy subjects. Using machine learning to separate subjects with a disorder from healthy subjects yielded results significantly above chance level when using clinical questionnaire data but not neuroimaging or cortisol data. On the contrary, separating subjects with GAD from subjects with MD yielded accuracies significantly above chance level when using gray matter volume or cortisol data but not when using clinical questionnaire data. However, combining all data modalities for classification yielded significant accuracies for both classification problems. **Discussion:** GAD seems to be characterized by a set of neurostructural alterations particularly in the striatum, dlPFC and parts of the temporal cortex distinguishing it from mental health and to some lesser degree from other anxiety disorders. GAD subjects were indistinguishable from mentally healthy subjects by the examined short-term and long-term cortisol measures. However, particularly long-term cortisol secretion and again changes in brain structure seem to also set GAD apart from MD, even though they were indistinguishable on the phenomenological level based on their clinical questionnaire scores. These results underscore the value of neurobiological data beyond clinical information for the classification of disorders and provide further data for the current classification of GAD as a discrete anxiety disorder. Future studies may expand these findings by investigating other indices of brain structure and functioning and cortisol secretion as well as their interplay in GAD, by investigating GAD samples without comorbid MD and by conducting further comparisons to other disorders related to GAD.

Furthermore, the results presented in this thesis may be useful for future neuroscience studies aiming for additional clinical value, e.g. by investigating etiopathogenic mechanisms of mental illness and mechanisms of treatments, by exploring potential biomarkers for clinical applications or by contributing to the development of more refined classifications of mental illness.

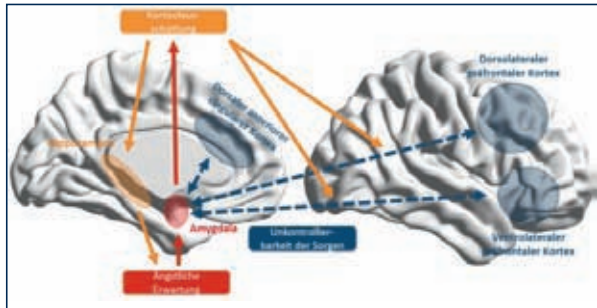


Figure 1. A tentative model of GAD neurobiology. Modified from Hilbert, K., Lueken, U., Beesdo-Baum, K. (2014). Neural structures, functioning and connectivity in Generalized Anxiety Disorder and interaction with neuroendocrine systems: A systematic review. *Journal of Affective Disorders*, 158, 114-126. Source: Disputation talk (K. Hilbert, 10.07.2017)

Figure 2. Testing independent subjects in a machine learning framework. Source: Disputation talk (K. Hilbert, 10.07.2017)

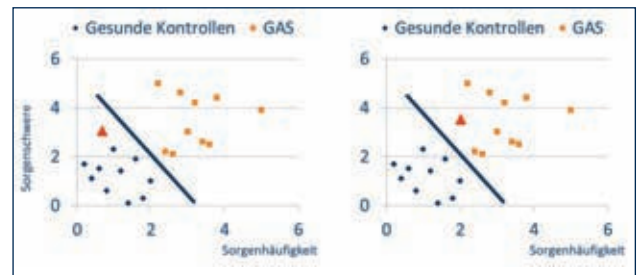


Figure 3 A schematic example of how specificity in GAD neurobiology might unfold as a combination or pattern of alterations. Source: Disputation talk (K. Hilbert, 10.07.2017)

Publications

Hilbert, K., Evens, R., Wittchen, H.-U., Maslowski, N. I. & Lueken, U. (2015). Neurostructural correlates of two subtypes of specific phobia: A voxel-based morphometry study [Epub 2014]. *Psychiatry Research*, 231(2), 168-175.

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P4. Differentielle neuro-biologische Korrelate der Emotions- und Stressverarbeitung bei Generalisierter Angststörung im Vergleich zu Major Depression und Sozialer Phobie / Differential neuro-biological correlates of emotion - and stress-processing in generalized anxiety disorder vs. major depression

PI: Dr. Katja Beesdo-Baum; Staff: Dipl.-Psych. K. Hilbert; Kooperationen: C. Kirschbaum, Dr. S. Schmiedgen, Dr. U. Lüken, Dr. M. Mühlhan;

Förderung: Deutsche Forschungsgemeinschaft (DFG). Förderzeitraum: 01/2014-02/2017)

Background: The Generalized Anxiety Disorder (GAD) is a chronic clinical condition characterized by excessive, uncontrollable worry and anxious expectations. The aetiology and pathogenesis of GAD remains poorly understood. Neurobiological findings are particularly scarce, inconsistent and mostly disregarding of common symptom overlap and comorbidities. Functional neuroimaging studies point to exaggerated activation in the amygdala and associated neural structures of the ‘fear circuitry network’ in subjects with GAD compared to healthy controls. However, neuroimaging studies on Major Depression (MD) or Social Phobia (SP) frequently report similar activation patterns. Therefore, the specificity of the neuroimaging results is not clear. Moreover, the amygdala is viewed as an important link in the formation of the stress response. To date, the few available studies on possible dysfunctions of the stress system in GAD suggest an elevated sympathetic reactivity and hyperactivation of the hypothalamic-pituitary-adrenal axis (HPAA), which leads to the release of cortisol, but partly a reduced endocrine stress reactivity has been reported as well. These indications for a dissociation of different stress systems may possibly be a result of a reprogrammed HPAA in GAD. However, it remains unclear in how far previous results are mediated by comorbid anxiety

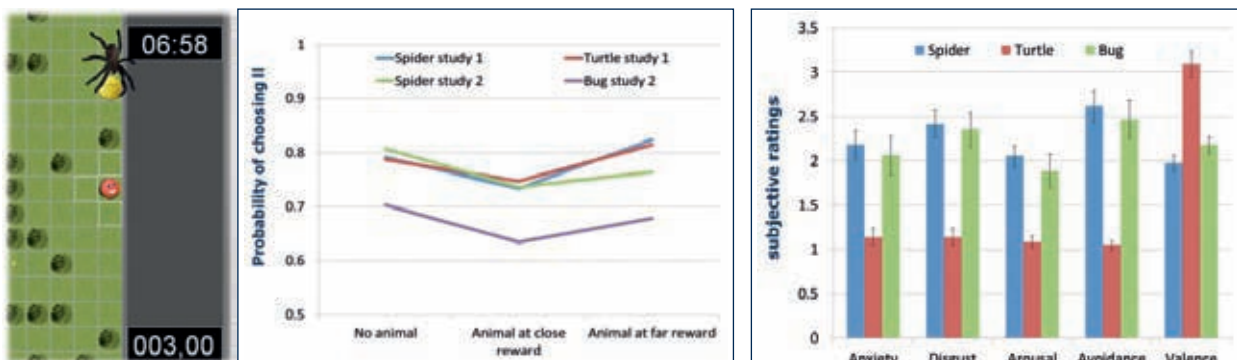
disorders as SP or by concomitant depression, for which altered HPA-axis activity has been reliably shown. This basic research and quasi-experimental case-control-study aims to investigate the neural as well as the endocrine and autonomic correlates of emotion and stress processing in subjects with GAD without MD/SP, GAD with MD, GAD with SP, SP without MD, MD without anxiety disorder and healthy controls. Neural correlates are examined via functional magnetic resonance imaging (fMRI) using a face-emotion-attention variation paradigm, a differential fear conditioning paradigm, and an anticipation paradigm. Additionally, functional connectivity between brain areas related to emotional processing and regulation is being assessed by means of a resting-state analysis. Basal (hair cortisol) and acute stress parameters (saliva cortisol, alpha amylase, skin conductance) are assessed in psychological stress situations. **Current Status:** Data collection has been completed (n=21 HC, n = 21 GAD, n = 22 MD, n = 20 SP). Analyses and preparation of publications are ongoing. Results are expected to contribute to an improved characterization and understanding of the neurobiologic correlates of GAD differentiated from MD on the one and SP on the other side with implications for diagnosis, classification and treatment.

P5. Avoidance behavior as a result of one-sided exertion of cognitive control in specific phobia. A subproject within the collaborative research center (CRC 940) on "Volition and Cognitive Control" (Speaker: Goschke, T.)

PI: Dr. Katja Beesdo-Baum, Dr. M. Mühlhan; Staff: Dr. J. Hoyer, Dipl.-Psych. K. Hilbert, M.Sc. E. Seidl; Kooperationen: S. Scherbaum, Dr. U. Wolfensteller, Dr. H. Ruge, Dipl.-Psych. K. Zwosta. Förderung: Deutsche Forschungsgemeinschaft (DFG). Förderzeitraum: 07/2016 - 06/2020.

Background and aims: The project investigates the role of cognitive control in anxiety disorder related avoidance behavior and its capacity to predict treatment outcome. Avoidance behavior in anxious patients can be viewed as one-sided exertion of cognitive control, i.e. preferring immediate but short-term fear/anxiety reduction over long-term benefits such as a daily life without excessive fear, neglecting possible new and better behavior alternatives in favor of well-known behavior, or employing habitual behavior without proper consideration of the current situation or consequences of the behavior. All these behaviors can be viewed as typical cognitive control dilemmas, namely the anticipation-discounting, exploitation-exploration, and stability-flexibility dilemma. We propose fear/anxiety-related avoidance behavior to be the result of a dysfunctional and one-sided style of exercising cognitive control. Using specific phobia as a model disorder with clear-cut avoidance behavior in response to a specific stimulus, we will conduct a series of behavioral and MRI experiments and compare phobia patients to healthy subjects to investigate the following questions: To which degree do phobia patients discount future rewards more rapidly, show more exploitation than exploration behavior, and respond more habitual rather than goal-directed compared to healthy controls, and is the proposed one-sided exertion of cognitive control domains specifically tied to phobogenic stimuli rather than being generalized? Are these changes in cognitive control characterized by neural network dysfunctions (via MRI investigation) and reflected in real-life behaviors (via experience sampling)? After this cross-sectional case-control comparison, specific phobia subjects will undergo single-session exposure therapy.

Figure 4. An example of a cognitive control task used in the project. Left side: trial in an anticipation-discounting task, in which the subject has to move the avatar either to one of two rewards that differ in value and distance. One reward might be paired with a neutral or phobic stimulus. Right side: Probabilities of choosing the larger reward in the longer distance across pairings with different animals (upper picture) and subjective ratings of these animals (lower picture). Source: Seidl, E., Hilbert, K., Zwosta, K., Scherbaum, S., Wolfensteller, U., Ruge, H., Hoyer, J., Mühlhan, M. & Beesdo-Baum, K. (2017, 22.06.–23.06.). C5: Cognitive control tasks for the avoidance behavior and specific phobia project: piloting results. Poster presented at the 2017 Summer School of the Collaborative Research Centre 'Volition and Cognitive Control: Mechanisms, Modulators, Dysfunctions' (SFB 940), Dresden, Germany.



This prospective-longitudinal interventional design will allow investigating whether and to what degree behavioral and neural measures of one-sided exertion of cognitive control predict treatment success. **Current Status:** During the pilot phase, which has been completed, the paradigms were adapted for the specific purposes of the study and tested in pilot subjects (Total N=52, in scanner: n=14). Data collection in the main study has started (with n=6/216 subjects included).

P6. Neural correlates and predictors of mental health and disease in adolescents and young adults from the community

Doctoral Stipend: Felicitas Huber

DFG-CRC940, Förderzeitraum: 07/2016-06/2017; internal resources

Context: As complementary part of the ongoing epidemiological Behavior and Mind Health (BeMIND) Study which examines developmental trajectories of mental and behavioral disorders in a community sample of adolescents and young adults aged 14-21yrs (PI: Beesdo-Baum), an add-on fMRI study is conducted. The core incidence phase for a range of mental and behavioral disorders including depressive, bipolar, substance use, eating, psychotic, some anxiety and disruptive behavior disorders is in adolescence. Adolescence is also a critical period for brain maturation, including changes in neurobiological processes underlying goal-directed decisions, risky choices, emotional reactivity and affective modulation. Given the multi-faceted characterization of the BeMIND study participants (symptoms, syndromes and diagnoses of DSM-5 mental and behavioral disorders, broad range of putative risk factors, ecologic momentary assessments on real life emotion and behavior, biological measures, behavioral tasks, complementary parent assessments, and the planned prospective-longitudinal follow-ups (at 1yr and 3 yrs)), the add-on fMRI assessment employing established CRC-paradigms will allow investigation of a range of questions, including but not limited to: (1) Are impairments in cognitive control and valuation processes and proneness to emotional reactivity causes or consequences of mental disorders? (2) Which commonalities and differences emerge in cognitive control and emotional processing in different mental disorders? (3) Which factors contribute to individual differences in brain functioning in mentally healthy adolescents (childhood adversities, traumata/severe life events, daily life stressors, parental disorders and rearing styles, genetic liability)? (4) Are neural measures predictive for psychopathology development (above and beyond behavioral, environmental, genetic factors)? **Methods:** Two tasks developed or established in other CRC projects will be used during fMRI, one tapping higher cognitive functions (self-control/value-based decision making, VBDM) and one tapping emotional reactivity (Emotional Interrupt Task, EMIT). The sample will consist of all willing and eligible participants from the BeMIND Study and is expected to be in the range of N=300-500 adolescents, aged 14 to 21y. **Current Status:** N=298 subjects were scanned during the time of the doctoral stipend. In order to continue data collection and analyses, a DFG grant application is being currently prepared.

P7. Psychophysiological and neural reactivity during uncertainty and ambiguity processing in high and low worriers

PI: Dr. Katja Beesdo-Baum, Dr. Ulrike Lüken; Staff: Dipl.-Psych. H. Kirschner, Dipl.-Psych. K. Hilbert, Dipl.-Psych. S. Nebe. Funding: Internal Resources (Lehrpreispool). Duration: 05/2010–05/2013, since 2013: internal resources; data analysis ongoing

Context: Uncertainty processing is assumed to be closely linked to worry and Generalized Anxiety Disorder. However, while there is extensive research on the consequences of habitual intolerance of uncertainty, few studies investigated actual processing of uncertainty in experimental settings. Moreover these studies often were unable to find processing differences between worriers, Generalized Anxiety Disorder subjects or healthy subjects. More recent results suggest to a differentiate differentiation between ambiguity and uncertainty. Studies within this project aimed to replicate and expand knowledge on the processing of uncertainty and ambiguity by experimentally investigating the behavioral, physiological and neural responses of high and low worriers (HW, LW). **Methods:** A new paradigm and accompanying picture set for investigating the anticipation and perception of safe, danger and ambiguous stimuli has been developed and tested. In two studies, HW and LW (n = 23 per group in study I, n = 20 per group in study II) completed this task. In study I the paradigm was presented as a computer-task and subjective ratings, reaction times and skin conductance responses were recorded. In study II, the paradigm was presented in the MRI scanner and MRI data was additionally collected. **Current Status:** Study I has been concluded and published (Kirschner et al., 2016). Data collection for study II has been concluded as well, with data analyses ongoing.

P8. Behavioral avoidance and cognitive control abilities in high and low worriers

PI: Dipl.-Psych. Kevin Hilbert; Staff: G. Huang, T. Rößler, L. Wunderlich.

Funding: Internal Resources (Lehrpreispool). Duration: 07/2014–ongoing

Context: Active worrying seems to have a negative effect on cognitive processes such as working memory. Uncontrollability of worry as observed in Generalized Anxiety Disorder and its subclinical expressions might be related to impaired cognitive control. However, no study to date investigated whether there is a relationship between habitual worrying and cognitive control deficits. The present study examines this hypothesis by comparing cognitive control functioning across different tasks and worry levels. **Methods:** N=30 high and N=32 low worriers matched on age, education and handedness completed three experimental tasks related to inhibition of non-emotional (flanker) or emotional (affective stroop) contents and to task shifting (switch task). Reaction times (RTs) and error numbers were analyzed. **Current Status:** Due to reviewer feedback, the sample will be expanded by n=30 additional subjects with neither high nor low worrying levels to allow for dimensional analyses.

P9. ENIGMA – Subcortical volumes in social anxiety disorder

PI: Dr. Dan Stein (University of Cape Town), Dr. Nic J.A. van der Wee (Leiden University), Dr. Nynke Groenewold (University of Cape Town), M.Sc. Janna Marie Bas-Hoogendam (Leiden University); Dresden workgroup: Dr. K. Beesdo-Baum, Dipl.-Psych. K. Hilbert.

Duration: 11/2016–ongoing

Context: Despite much progress on the neurobiological foundations of mental disorders, these underlying factors are still only in the beginning of being fully understood. ENIGMA is an international collaborative effort aimed at enhancing scientific potential by sharing data and algorithms, building expert networks, and facilitating training in emerging methods with a focus on neuroimaging and genetics. Subprojects aim to further elucidate the neural foundations of specific disorders for instance by doing comprehensive re- and meta-analyses of already available data. Here, a meta-analysis of subcortical neurostructural abnormalities in social anxiety disorders is being conducted. **Methods:** Already published as well as unpublished structural volume data from sites around the world are being reanalyzed according to a unified protocol. After extensive preprocessing of the data, subcortical volumes are being extracted and comprehensive data-quality checking procedures are conducted. After completion of these steps locally in each site, the resulting data is sent to a coordinating centre where all meta-analytic steps are being conducted. **Current Status:** Local preprocessing of the Dresden site data has been completed. Currently, data-quality is being assessed before the data can be forwarded to the coordinating centre for conducting the meta-analysis.

P10. Separating depressive comorbidity from panic disorder: A combined functional magnetic resonance imaging and machine learning approach

Lueken, U., Straube, B., Yang, Y., Hahn, T., Beesdo-Baum, K., Wittchen, H.-U., Konrad, C., Ströhle, A., Wittmann, A., Gerlach, A. L., Pfleiderer, B., Arolt, V. & Kircher, T.

Background: Depression is frequent in panic disorder (PD); yet, little is known about its influence on the neural substrates of PD. Difficulties in fear inhibition during safety signal processing have been reported as a pathophysiological feature of PD that is attenuated by depression. We investigated the impact of comorbid depression in PD with agoraphobia (AG) on the neural correlates of fear conditioning and the potential of machine learning to predict comorbidity status on the individual patient level based on neural characteristics. **Methods:** Fifty-nine PD/AG patients including 26 (44%) with a comorbid depressive disorder (PD/AG+DEP) underwent functional magnetic resonance imaging (fMRI). Comorbidity status was predicted using a random undersampling tree ensemble in a leave-one-out cross-validation framework. **Results:** PD/AG-DEP patients showed altered neural activation during safety signal processing, while +DEP patients exhibited generally decreased dorsolateral prefrontal and insular activation. Comorbidity status was correctly predicted in 79% of patients (sensitivity: 73%; specificity: 85%) based on brain activation during fear conditioning (corrected for potential confounders: accuracy: 73%; sensitivity: 77%; specificity: 70%). **Limitations:** No primary depressed patients were available; only medication-free patients were included. Major depression and dysthymia were collapsed (power considerations). **Conclusion:** Neurofunctional activation during safety signal processing differed between patients with or without comorbid depression, a finding which may explain heterogeneous results across previous studies. These findings demonstrate the relevance of comorbidity when investigating neurofunctional substrates of anxiety disorders. Predicting individual comorbidity status may translate neurofunctional data into clinically relevant information which might aid in planning individualized treatment. The study was registered with the

Lueken, U., Straube, B., Yang, Y., Hahn, T., Beesdo-Baum, K., Wittchen, H.-U., Konrad, C., Ströhle, A., Wittmann, A., Gerlach, A. L., Pfeleiderer, B., Arolt, V. & Kircher, T. (2015). Separating depressive comorbidity from panic disorder: A combined functional magnetic resonance imaging and machine learning approach. *Journal of Affective Disorders*, 184, 182-192.

P11. Neural correlates of individual differences in anxiety sensitivity: An fMRI study using semantic priming

Yang, Y., Lueken, U., Wittmann, A., Holtz, K., Kleint, N. I., Herrmann, M., Sass, K., Jansen, A., Konrad, C., Ströhle, A., Pfeleiderer, B., Lotze, M., Hamm, A. O., Deckert, J., Arolt, V., Wittchen, H.-U., Kircher, T. & Straube, B.

Individuals with high anxiety sensitivity (AS) have an increased risk of developing anxiety disorders and are more biased in how they process fear-related stimuli. This study investigates the neural correlates of fear-related words and word associations in high- and low-AS individuals. We used a semantic priming paradigm during functional magnetic resonance imaging in which three types of target words (fear symptoms, e.g. 'dizziness'; neutral, e.g. 'drink'; and pseudowords, e.g. 'salkom') were preceded by two types of prime words (fear-triggers, e.g. 'elevator'; and neutral, e.g. 'bottle'). Subjects with high AS rated fear-symptom words (vs neutral words) as more unpleasant than low-AS individuals; they also related these words more strongly to fear-triggers and showed prolonged reaction times. During the processing of fear-symptom words, greater activation in the left anterior insula was observed in high-AS subjects than in low-AS subjects. Lower activation in the left inferior frontal gyrus, angular gyrus, fusiform gyrus and bilateral amygdalae was found in high-AS subjects when fear-symptom words were preceded by fear-trigger words. The findings suggest that cognitive biases and the anterior insula play a crucial role in high-AS individuals. Furthermore, semantic processes may contribute to high AS and the risk of developing anxiety disorders.

Yang, Y., Lueken, U., Wittmann, A., Holtz, K., Kleint, N. I., Herrmann, M., Sass, K., Jansen, A., Konrad, C., Ströhle, A., Pfeleiderer, B., Lotze, M., Hamm, A. O., Deckert, J., Arolt, V., Wittchen, H.-U., Kircher, T. & Straube, B. (2016). Neural correlates of individual differences in anxiety sensitivity: An fMRI study using semantic priming. *Social Cognitive & Affective Neuroscience*, 11(8), 1245-1254.

P12. Probing the interoceptive network by listening to heartbeats: An fMRI study

Kleint, N. I., Wittchen, H.-U. & Lueken, U.

Exposure to cues of homeostatic relevance (i.e. heartbeats) is supposed to increase the allocation of attentional resources towards the cue, due to its importance for self-regulatory, interoceptive processes. This functional magnetic resonance imaging (fMRI) study aimed at determining whether listening to heartbeats is accompanied by activation in brain areas associated with interoception, particularly the insular cortex. Brain activity was measured with fMRI during cue-exposure in 36 subjects while listening to heartbeats vs. sinus tones. Autonomic markers (skin conductance) and subjective measures of state and trait anxiety were assessed. Stimulation with heartbeat sounds triggered activation in brain areas commonly associated with the processing of interoceptive information, including bilateral insular cortices, the inferior frontal operculum, and the middle frontal gyrus. A psychophysiological interaction analysis indicated a functional connectivity between the middle frontal gyrus (seed region) and bilateral insular cortices, the left amygdala and the supplementary motor area. The magnitude of neural activation in the right anterior insular cortex was positively associated with autonomic arousal. The present findings indicate that listening to heartbeats induced activity in areas of the interoception network as well as changes in psychophysiological arousal and subjective emotional experience. As this approach constitutes a promising method for studying interoception in the fMRI environment, a clinical application in anxiety prone populations should be addressed by future studies.

Kleint, N. I., Wittchen, H.-U. & Lueken, U. (2015). Probing the interoceptive network by listening to heartbeats: An fMRI study. *PLoS ONE*, 10(7).

P13. Support vector machine analysis of functional magnetic resonance imaging of interoception does not reliably predict individual outcomes of cognitive behavioral therapy in panic disorder with agoraphobia

Sundermann, B., Bode, J., Lueken, U., Westphal, D., Gerlach, A. L., Straube, B., Wittchen, H.-U., Ströhle, A., Wittmann, A., Konrad, C., Kircher, T., Arolt, V. & Pfeleiderer, B.

Background: The approach to apply multivariate pattern analyses based on neuro imaging data for outcome prediction holds out the prospect to improve therapeutic decisions in mental disorders. Patients suffering from panic disorder with agoraphobia (PD/AG) often exhibit an increased perception of bodily sensations. The purpose of this investigation was to assess whether multivariate classification applied to a functional magnetic resonance imaging (fMRI) interoception paradigm can predict individual responses to cognitive behavioral therapy (CBT) in PD/AG.

Methods: This analysis is based on pretreatment fMRI data during an interoceptive challenge from a multicenter trial of the German PANIC-NET. Patients with DSM-IV PD/AG were dichotomized as responders ($n = 30$) or non-responders ($n = 29$) based on the primary outcome (Hamilton Anxiety Scale Reduction $\geq 50\%$) after 6 weeks of CBT (2 h/week). fMRI parametric maps were used as features for response classification with linear support vector machines (SVM) with or without automated feature selection. Predictive accuracies were assessed using cross validation and permutation testing. The influence of methodological parameters and the predictive ability for specific interoception-related symptom reduction were further evaluated. **Results:** SVM did not reach sufficient overall predictive accuracies (38.0-54.2%) for anxiety reduction in the primary outcome. In the exploratory analyses, better accuracies (66.7%) were achieved for predicting interoception-specific symptom relief as an alternative outcome domain. Subtle information regarding this alternative response criterion but not the primary outcome was revealed by post hoc univariate comparisons. **Conclusion:** In contrast to reports on other neurofunctional probes, SVM based on an interoception paradigm was not able to reliably predict individual response to CBT. Results speak against the clinical applicability of this technique.

Sundermann, B., Bode, J., Lueken, U., Westphal, D., Gerlach, A. L., Straube, B., Wittchen, H.-U., Ströhle, A., Wittmann, A., Konrad, C., Kircher, T., Arolt, V. & Pfeleiderer, B. (2017). Support vector machine analysis of functional magnetic resonance imaging of interoception does not reliably predict individual outcomes of cognitive behavioral therapy in panic disorder with agoraphobia. *Frontiers in Psychiatry*, 8(99).

AG 3 Women's and Infant's Health

Jun.-Prof. Dr. Julia Martini, PD Dr. Susanne Knappe & Prof. Dr. Hans-Ulrich Wittchen

This work group is currently working on the following lines of research:

P1. Maternal anxiety and depression in relation to infant development (MARI Study)

P2. Natural course of mental disorders in women during reproductive phases

P3. Mental and physical health in parents of chronically ill children

P1. Maternal anxiety and depression in relation to infant development (MARI Study)



PI: Jun.-Prof. Dr. Julia Martini, Prof. Dr. Hans-Ulrich Wittchen

Core staff members: Dr. E.Asselmann, Y. Hansche, Dr. M. Höfler, J. Niehoff, J. Petzoldt, J. Strehle, G. Wieder, S. Winkel, J. Wittchen

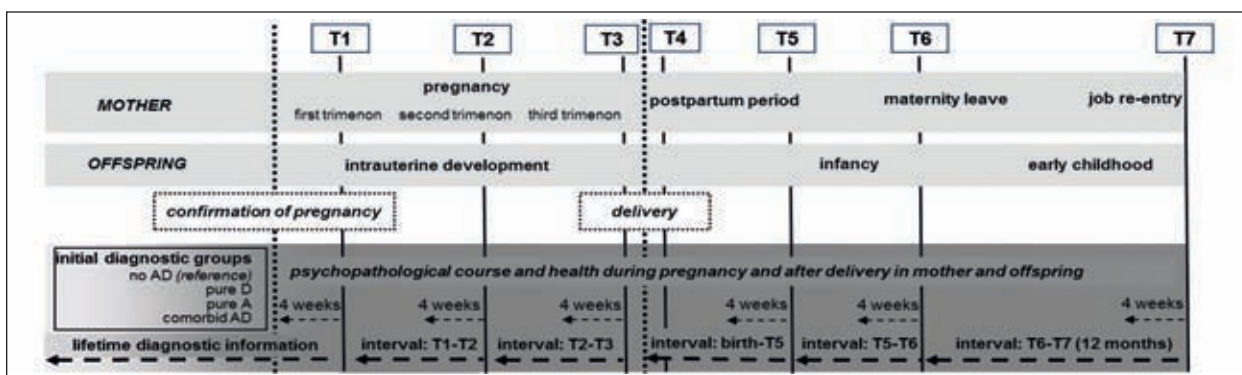
Consultants: Prof. Dr. Katja Beesdo-Baum, Dr. Franziska Einsle, PD Dr. Susanne Knappe

Funding: Lundbeck Institute Skodsborg (Denmark), Gesellschaft von Freunden und Förderern der TU Dresden e. V., Fellowship Stiftung der Deutschen Wirtschaft (J. Petzoldt)

Cooperations: Prof. Dr. M. Bolten, Prof. Dr. E. Brähler, Dr. S. Garthus-Niegel, Dr. J. Junge-Hoffmeister, Prof. Dr. C. Kirschbaum, Dr. S. Mudra, Prof. Dr. K. Petrowksi, Prof. Dr. C. Reck, PD Dr. J. Reichert, Prof. Dr. M. Rüdiger, Dr. G. Schmid, Prof.

M. Schulte-Markwort, Prof. C. N. Soares, Prof. Dr. M. Steiner, Dr. P. Trautmann-Villalba, Dr. C. Urech, Prof. Dr. K. Weidner, Prof. Dr. M. Weissbluth, Prof. Dr. D. Wolke

The MARI Study is a prospective-longitudinal study program with seven waves of assessment: T1 (10th to 12th week of gestation), T2 (22th to 24th week of gestation), T3 (35th to 37th week of gestation), T4 (10 days postpartum), T5 (2 months postpartum), T6 (4 months postpartum), and T7 (16 months postpartum). Overall, n=306 pregnant women were enrolled during early pregnancy and prospectively investigated until 16 months postpartum during January 2009 and September 2012 at the Institute of Clinical Psychology and Psychotherapy in Dresden. Finally, n=284 mothers could be retained until T6 (retention rate: 92.8 %) and n=274 until T7 (retention rate:



Design of the MARI Study

Note: T1: week 10 to 12 of gestation, T2: week 22 to 24 of gestation, T3: week 35 to 37 of gestation, T4: 10 days postpartum, T5: 2 months postpartum, T6: 4 months postpartum, T7: 16 months postpartum, initial diagnostic groups: No AD (reference): No anxiety nor depressive disorder prior to pregnancy; pure D: Pure depressive disorder(s) prior to pregnancy; pure A: Pure anxiety disorder(s) prior to pregnancy; comorbid AD: Comorbid anxiety and depressive disorders prior to pregnancy. Diagnoses with an onset 4 weeks prior to baseline interview (around the time when pregnancy is confirmed by a pregnancy test or by a gynaecologist) were not incorporated in the initial diagnostic groups.

89.5 %). Clinical and psychosocial measures were used including a standardized diagnostic interview (CIDI-V) of the mother and standardized observation paradigms of mothers and infants. Findings from this study contribute to improved knowledge about the natural course of anxiety disorders during transition to parenthood and associated outcomes that are assumed to be early indicators of later psychopathology in the offspring. Results provide new insights into mechanisms of familial transmission and clues for targeted prevention and early intervention. Until now, twelve original research articles in peer-review journals and seven book contributions have been published and about thirty talks and posters have been presented at national and international conferences. Moreover, more than fifty theses were based on data of the MARI Study and/or advised by staff members (one habilitation thesis, three PhD theses and about fifty diploma-, master- and bachelor theses). The publication by Martini and colleagues (2015) on risk factors and course patterns of anxiety and depressive disorders during pregnancy and postpartum period was repeatedly highly cited in Web of Science (during 03/04 2016, 07/08 2016, 09/10 2016, 11/12 2016, 01/02/2017, 03/04 2017 and 05/06 2017 this paper received enough citations to place it in the top 1% of the academic field of Psychiatry/Psychology based on a highly cited threshold for the field and publication year). One Masters Student was honoured with the Lohrmann Medaille for extraordinary achievements (I. Huttarsch) and one PhD student successfully applied for a three-year fellowship granted by the Foundation of German Business (Stiftung der Deutschen Wirtschaft, sdw) in collaboration with the German Federal Ministry of Education and Research (J. Petzoldt). Furthermore, several travel awards were designated to staff members of MARI study by the Friends and Sponsors (Gesellschaft der Freunde und Förderer) and the Graduate Academy (Graduiertenakademie) of the TU Dresden as well as by the German Academic Exchange Service (Deutscher Akademischer Austauschdienst).

Risk factors and course patterns of anxiety and depressive disorders during pregnancy and after delivery: A prospective-longitudinal study*

J. Martini, J. Petzoldt; F. Einsle, K. Beesdo-Baum, M. Höfler & H.-U. Wittchen

*Highly cited in Web of Science: during 03/04 2016, 07/08 2016, 09/10 2016, 11/12 2016 and 01/02 2017, 03/04 2017 and 05/06

Background: Peripartum anxiety and depressive disorders are associated with adverse consequences for mother and child. Thus, it is important to examine risk factors, correlates and course patterns of anxiety and depressive disorders during pregnancy and after delivery. **Methods:** In the prospective-longitudinal Maternal Anxiety in Relation to Infant Development (MARI) Study, n=306 expectant mothers were recruited from gynaecological outpatient settings in Germany and completed up to seven waves of assessment from early pregnancy until 16 months postpartum. Anxiety and depressive disorders and potential risk factors/correlates were assessed with the Composite International Diagnostic Interview for Women (CIDI-V), medical records and additional questionnaires. **Results:** Although peripartum anxiety and depressive disorders appeared to be persistent in some women, others reported major changes with heterogeneous courses and shifts between diagnoses and contents. There was a considerable amount of incident disorders. Strongest predictors for peripartum anxiety and depressive disorders were anxiety and depressive disorders prior to pregnancy, but psychosocial (e. g. maternal education), individual (e. g. low self-esteem), and interpersonal (e. g. partnership satisfaction, social support) factors were also related. Limitation: Knowing the aims of the study, some participants may have been more encouraged to report particular symptoms, but if so, this points to the importance of a comprehensive assessment in perinatal care. **Conclusion:** Peripartum time is a sensitive period for a considerable incidence or persistence/recurrence of anxiety and depressive disorders albeit the course may be rather heterogeneous. Interventional studies are needed to examine whether an alteration of associated factors could help to prevent peripartum anxiety and depressive disorders.

Martini, J., Petzoldt, J., Einsle, F., Beesdo-Baum, K., Höfler, M., & Wittchen, H.-U. (2015). Risk factors and course patterns of anxiety and depressive disorders during pregnancy and after delivery: A prospective-longitudinal study. *Journal of Affective Disorders*, 175, 385-395.

Martini, J., Wittich, J. & Knappe, S. (2013) „Der Apfel fällt nicht weit vom Stamm“: Von der familiären Übertragung psychischer Störungen. In Reichert, J. & Rüdiger M. *Psychologie in der Neonatologie: Psychologisch-sozialmedizinische Versorgung von Familien Frühgeborener*. Göttingen: Hogrefe.

A prospective-longitudinal study on the association of anxiety disorders prior to pregnancy and pregnancy- and child-related fears (J. Martini, E. Asselmann, F. Einsle, J. Strehle, H.-U. Wittchen)

This study aimed to investigate the relation between anxiety disorders prior to pregnancy and specific pregnancy- and child-related fears during pregnancy and after delivery. 306 expectant mothers were interviewed regarding anxiety (and depressive) disorders prior to pregnancy and pregnancy- and child-related fears (e. g. fear of labor pain, fear of infant injury) using the Composite International Diagnostic Interview for Women (CIDI-V). Pregnancy- and child-

related fears were particularly pronounced in women with multiple anxiety disorders and women with comorbid anxiety and depressive disorders prior to pregnancy. Further analyses revealed associations between particular anxiety disorders and specific pregnancy- and child-related fears. Results remained stable when considering potential confounders such as maternal age, education, marital status, parity, prior abortion and preterm delivery or low birthweight. Our study suggests that especially women with multiple anxiety and/or comorbid depressive disorders may benefit from early targeted interventions to prevent an escalation of anxiety and fears over the peripartum period.

Martini, J., Asselmann, E., Einsle, F., Strehle, J., & Wittchen, H. U. (2016). A prospective-longitudinal study on the association of anxiety disorders prior to pregnancy and pregnancy- and child-related fears. *Journal of Anxiety Disorders*, 40, 58-66.

Peripartum changes in social support among women with and without anxiety and depressive disorders prior to pregnancy: A prospective-longitudinal study

E. Asselmann, H.-U. Wittchen, L. Erler & J. Martini

This study aims to prospectively examine peripartum changes in social support in women with and without anxiety and depressive disorders prior to pregnancy. Data come from the Maternal Anxiety in Relation to Infant Development (MARI) Study, a prospective-longitudinal investigation among n=306 expectant mothers. DSM-IV anxiety and depressive disorders were assessed in early pregnancy using the Composite International Diagnostic Interview for Women (CIDI-V). Social support was assessed with the Social Support Questionnaire during pregnancy as well as 4 and 16 months postpartum. Perceived social support in the total sample declined from prepartum to postpartum. Levels of prepartum and postpartum social support were lower in women with comorbid anxiety and depressive disorders compared to those with pure depressive disorder(s), pure anxiety disorder(s), or comorbid anxiety and depressive disorders prior to pregnancy. Moreover, social support more strongly declined from prepartum to postpartum in women with comorbid anxiety and depressive disorders compared to those without anxiety and depressive disorder prior to pregnancy. Findings suggest that women with a previous history of comorbid anxiety and depressive disorders are at particular risk for deficient social support during pregnancy and after delivery and might thus profit from targeted early interventions.

Asselmann, E., Wittchen, H. U., Erler, L., & Martini, J. (2016). Peripartum changes in social support among women with and without anxiety and depressive disorders prior to pregnancy: A prospective-longitudinal study. *Archives of Womens Mental Health*, 19(6), 943-952.

Peripartum changes in partnership quality in women with and without anxiety and depressive disorders prior to pregnancy: A prospective-longitudinal study

E. Asselmann, J. Petzoldt, H.-U. Wittchen & J. Martini

Aims: To prospectively investigate peripartum changes in partnership characteristics in women with and without anxiety and depressive disorders prior to pregnancy. **Methods:** The MARI (Maternal Anxiety in Relation to Infant Development, 01/2009-09/2012) Study is a prospective-longitudinal study of expectant mothers recruited from gynecological outpatient settings. n=306 women completed up to 7 assessments from early pregnancy to 16 months postpartum. Lifetime DSM-IV-TR anxiety and depressive disorders were assessed at baseline using the CIDI-V (Martini et al., 2009). Partnership characteristics were assessed during pregnancy, 4 and 16 months postpartum using the Partnership Questionnaire (Hahlweg, 1996). Linear regressions were used to test associations between diagnostic status prior to pregnancy and pre-/postpartum partnership characteristics. **Results:** Women with comorbid anxiety and depression prior to pregnancy reported less tenderness during pregnancy as well as less postpartum tenderness, satisfaction, and overall partnership quality compared to women with neither anxiety nor depression. From pre- to postpartum, women with comorbid anxiety and depression reported a lower decrease in communication and a higher increase in quarrelling, while women with pure depression reported a higher increase in quarreling and a higher decline in overall partnership quality compared to women with no anxiety nor depression prior to pregnancy. Most of these associations were attenuated to non-significance when adjusting for peripartum anxiety and depressive disorders. **Conclusion:** Findings suggest that especially women with pure depression and comorbid depression prior to pregnancy are at risk for unfavorable peripartum partnership characteristics and might thus profit from targeted interventions to successfully adjust to the new family situation.

Asselmann, E., Wittchen, H. U., Petzoldt, J., & Martini, J. (2016). Peripartum changes in partnership quality among women with and without anxiety and depressive disorders prior to pregnancy: A prospective-longitudinal study. *Archives of Womens Mental Health*, 19(2), 281-290.

Sexual problems during pregnancy and after delivery among women with and without anxiety and depressive disorders prior to pregnancy: A prospective-longitudinal study

E. Asselmann, J. Hoyer, H.-U. Wittchen & J. Martini

Introduction: Few prospective-longitudinal studies have examined the course of sexual problems during pregnancy and after delivery in women with and without anxiety and depressive disorders prior to pregnancy as well as with and without maternal birth injuries. **Aims:** To prospectively investigate associations of anxiety and depressive disorders prior to pregnancy and maternal birth injuries with sexual problems during the peripartum period. **Methods:** The Maternal Anxiety in Relation to Infant Development Study is a prospective-longitudinal study of 306 women enrolled during early pregnancy and repeatedly assessed in seven waves during the peripartum period. Anxiety and depressive disorders prior to pregnancy were assessed in early pregnancy (T1) using the Composite International Diagnostic Interview for Women. Maternal birth injuries were assessed by questionnaire shortly after delivery (T4). Sexual problems during pregnancy (T2) as well as 4 months (T6) and 16 months (T7) postpartum were measured using the German version of the Massachusetts General Hospital Sexual Function Questionnaire. **Main Outcome Measures:** Impairment of sexual interest, arousal, orgasm, lubrication, and overall sexual satisfaction at T2, T6, and T7. **Results:** Rates of sexual problems generally increased from T2 to T6 and decreased from T6 to T7. Compared with women without anxiety and depressive disorders, those with comorbid anxiety and depressive disorders prior to pregnancy more often specified impairment of overall sexual satisfaction at T2 (odds ratio [OR]=2.0) and T7 (OR=2.1). In contrast, sexual problems were not pronounced in those with pure anxiety or pure depressive disorders, and women with pure anxiety disorders often reported even less impairment of sexual interest at T7 (OR=0.5). Compared with women without birth injury, those with vaginal birth injury more often reported impairment of sexual interest (OR=1.8) and lubrication (OR=2.3) at T6. **Conclusion:** Findings suggest that especially women with comorbid anxiety and depression and vaginal birth injury are at increased risk for sexual problems during pregnancy and after delivery and thus might benefit from targeted early interventions.

Asselmann, E., Hoyer, J., Wittchen, H. U., & Martini, J. (2016). Sexual problems during pregnancy and after delivery among women with and without anxiety and depressive disorders prior to pregnancy: A prospective-longitudinal study. *Journal of Sexual Medicine*, 13(1), 95-104.

Associations of anxiety disorders, depressive disorders and body weight with hypertension during pregnancy

S. Winkel, F. Einsle, L. Pieper, M. Höfler, H.-U. Wittchen & J. Martini

The purpose of this study was to prospectively examine the relationships between maternal DSM-IV-TR anxiety disorders, depressive disorders, and body mass index (BMI) with arterial hypertension and blood pressure during pregnancy. In the Maternal Anxiety in Relation to Infant Development (MARI) study, n=306 women were enrolled in early pregnancy and repeatedly assessed during peripartum period. DSM-IV-TR anxiety and depressive disorders prior to pregnancy, lifetime anxiety/depression liability, and BMI during early pregnancy were assessed with the Composite International Diagnostic Interview for Women (CIDI-V). Based on their pre-pregnancy status, all participants were assigned to one of the following initial diagnostic groups: No anxiety nor depressive disorder (no AD), pure depressive disorder (pure D), pure anxiety disorder (pure A), and comorbid anxiety and depressive disorder (comorbid AD). Blood pressure measurements were derived from medical records. Arterial hypertension during pregnancy was defined by at least two blood pressure values ≥ 140 mmHg systolic and/or ≥ 90 mmHg diastolic. n=283 women with at least four documented blood pressure measurements during pregnancy were included in the analyses. In this sample, n=47 women (16.6 %) were identified with arterial hypertension during pregnancy. Women with comorbid AD (reference group: no AD) had a significantly higher blood pressure after adjustment for age, parity, smoking, occupation, household income, and education (systolic: Linear regression coefficient [β]=3.0, 95 % confidence interval [CI]=0.2–5.7; diastolic, β =2.3, 95 % CI=0.1–4.4). Anxiety liability was associated with an increased risk of hypertension (odds ratio [OR]=1.1, 95 % CI=1.0–1.3) and a higher systolic blood pressure (β =0.4, 95 % CI=0.0–0.7). The adjusted interaction model revealed a significant interaction between the diagnostic group pure A and BMI for hypertension (ORIT=1.5, 95 % CI=1.1–2.1). Especially, women with a lifetime history of comorbid anxiety and depression and obese pregnant women with a lifetime history of pure anxiety disorder should be informed about their heightened risk of hypertension, monitored with regular blood pressure measurements, and provided with strategies for prevention and early intervention such as changes in diet and physical activity.

Winkel, S., Einsle, F., Pieper, L., Höfler, M., Wittchen, H. U., & Martini, J. (2015). Associations of anxiety disorders, depressive disorders and body weight with hypertension during pregnancy. *Archives of Womens Mental Health*, 18(3), 473-483.

The role of maternal anxiety and depressive disorders prior to and during pregnancy and perinatal psychopathological symptoms for early infant diseases and drug administration

L. Krause, F. Einsle, J. Petzoldt, H.-U. Wittchen & J. Martini

Background: Maternal mental health prior to and during pregnancy has been shown to be associated with inflammatory diseases and gastrointestinal complaints in the offspring. Unfortunately, many studies merely focused on perinatal distress without consideration of lifetime anxiety and depressive disorders. **Aims:** To prospectively investigate associations of anxiety and depressive disorders prior to and during pregnancy as well as perinatal distress with infants' inflammatory diseases, gastrointestinal complaints and corresponding drug administration. **Methods:** Study design: Prospective-longitudinal study initiated in 2009/2010. Subjects: n=306 (expectant) mothers with and without DSM-IV lifetime anxiety and depressive disorders (Composite International Diagnostic Interview for Women) and low vs. high severity of psychopathological symptoms during pregnancy (Brief Symptom Inventory) enrolled in early pregnancy and repeatedly assessed during peripartum period. Outcome measures: Infant inflammatory diseases, gastrointestinal complaints and drug administration assessed via questionnaire (maternal report) at four months postpartum (n=279). **Results:** Severe psychopathological symptoms during pregnancy were associated with inflammatory diseases and anti-infective medication, whereas anxiety and depressive disorders prior to and during pregnancy were related to gastrointestinal complaints (diarrhea, colic complaints) and corresponding medication. **Conclusions:** These results have to be discussed with caution, because information on infants' diseases were based exclusively on maternal self-reports. However, they suggest promising directions regarding our current knowledge about the relevance of maternal perinatal distress for infant inflammatory diseases (e. g. fetal programming). Moreover, the association between maternal anxiety and depressive disorders and infant gastrointestinal complaints may be explained by an anxious misinterpretation of 'normal' infant signals or a transmission of adverse gut microbiota, respectively.

Krause, L., Einsle, F., Petzoldt, J., Wittchen, H.-U. & Martini, J. (2017). The role of maternal anxiety and depressive disorders prior to and during pregnancy and perinatal psychopathological symptoms for early infant diseases and drug administration. *Early Human Development*, 109, 7-14.

Maternal anxiety versus depressive disorders: Specific relations to infants' crying, feeding and sleeping problems

J. Petzoldt, H.-U. Wittchen; F. Einsle & J. Martini

Background: Maternal depression has been associated with excessive infant crying, feeding and sleeping disorders, but the specificity of maternal depression as compared to maternal anxiety remains unclear and manifest disorders prior to pregnancy have been widely neglected. In this study, we simultaneously examine maternal anxiety and depressive disorders prior to, during and after pregnancy within one prospective-longitudinal study to predict later excessive infant crying, feeding and sleeping disorders. **Methods:** In the Maternal Anxiety in Relation to Infant Development (MARI) Study n=306 primiparous and multiparous women were repeatedly interviewed from early pregnancy until 16 months postpartum with the Composite International Diagnostic Interview for Women (CIDI-V) to assess DSM-IV anxiety and depressive disorders. Information on excessive infant crying, feeding and sleeping disorders was obtained from n=286 mothers during postpartum period via questionnaire and interview (Baby-DIPS). **Results:** Excessive crying (10.1%), feeding (36.4%) and sleeping disorders (12.2%) were common. When considering all three time frames, namely prior to, during and after pregnancy, maternal anxiety disorders consistently predicted excessive crying and feeding disorders especially in primiparous mothers, whereas maternal depressive disorders predicted sleeping disorders irrespective of parity. **Conclusions:** Primiparous and anxious mothers may be more prone to anxious misinterpretations of crying and feeding situations and a subsequent escalation of mother-infant interactions. The relation between maternal depressive and infant sleeping disorders may be better explained by other mechanism e. g. a transmission of unsettled maternal sleep to the fetus during pregnancy. Maternal anxiety and depression prior to pregnancy require more attention in research and clinical practice.

Petzoldt, J., Wittchen, H. U., Einsle, F., & Martini, J. (2016). Maternal anxiety versus depressive disorders: Specific relations to infants' crying, feeding and sleeping problems. *Child Care Health and Development*, 42(2), 231-245.

Petzoldt, J., Wittchen, H. U., Wittich, J., Einsle, F., Hofler, M., & Martini, J. (2014). Maternal anxiety disorders predict excessive infant crying: a prospective longitudinal study. *Archives of Disease in Childhood*, 99(9), 800-806

Petzoldt, J., & Martini, J. (2014). Frühkindliche Regulationsstörungen. In E. Brähler & H.-W. Hoefert (Eds.), *Lexikon der Modernen Krankheiten*. Berlin: Medizinisch Wissenschaftliche Verlagsgesellschaft.

A prospective-longitudinal study on infant, maternal, and familial predictors and correlates of regulatory problems in early infancy

J. Martini, J. Petzoldt, S. Knappe, S. Garthus-Niegel, E. Asselmann & H.-U. Wittchen

Background: Infant regulatory problems likely emerge from the complex interplay of various factors. This study investigates the role of infant (e. g., temperament), maternal (e. g., anxiety and depressive disorders, emotion regulation), and familial (e. g. social support) factors as potential precursors of excessive infant crying, feeding and sleeping problems. **Methods:** In the Maternal Anxiety in Relation to Infant Development Study, n=286 mother-infant dyads were prospectively investigated from early pregnancy until 16 months postpartum. Infant, maternal, and familial factors as well as regulatory problems were assessed by standardized diagnostic interviews and questionnaires. **Results:** Fussy infant temperament and maternal anxiety disorders predicted excessive infant crying (OR=1.16 [1.05-1.29], OR=3.28 [1.16-9.26]) and feeding problems (OR=1.05 [1.01-1.11], OR=2.27 [1.36-3.80]) whereas maternal depressive disorders were associated with infant sleeping problems (OR=2.55 [1.06-6.11]). Moreover, high maternal age (OR=0.86 [0.75-0.98]) was associated with a lower risk for excessive crying and being a single mother (OR=0.16 [0.03-0.73]) and cognitive reappraisal to regulate emotions (OR: 0.59 [0.36-0.96]) predicted a lower risk for sleeping problems. **Conclusion:** Excessive infant crying and feeding problems may be explained by interactional deficits of anxious mothers who perceive their infants as "difficult" during soothing or feeding situations whereas sleeping problems may be transmitted already during pregnancy by an altered sleep-wake-rhythm of mothers with a history of depression or by a genetic predisposition. Therapeutic interventions should focus on maternal anxiety and depression, behavior management techniques to cope with difficult situations with "fussy" infants and potential protective factors (e. g. favorable maternal emotion regulation) to address crying, feeding and sleeping problems.

Martini, J., Petzoldt, J., Knappe, S., Garthus-Niegel, S., Asselmann, E., Wittchen, H.-U. (2017). Infant, maternal, and familial predictors and correlates of regulatory problems in early infancy: The differential role of infant temperament and maternal anxiety and depression. *Early Human Development*, 115, 23-31.

Systematic review on maternal depression versus anxiety in relation to excessive infant crying: It is all about the timing

Petzoldt, J.

Different types of studies suggest a link between maternal depression/anxiety and excessive infant crying (EC). However, comparability is hampered due to different designs, definitions and measurements. This systematic review investigates the specific role of maternal depression and anxiety considering them as preceding, concurrent and subsequent conditions of EC. A computerised literature search was conducted in January 2017 using Medline, PubMed, PsycINFO and Web of Science. After screening n=399 records for inclusion/exclusion criteria, n=33 records based on n=30 projects were eligible for systematic qualitative data synthesis. All studies on maternal depression/anxiety and EC within the first 3 years of life were included. Included studies investigated predominantly maternal depression (25/30) and secondly maternal anxiety (17/30). Significant positive results were found in the majority of studies for maternal depression (21/25) as well as for maternal anxiety (12/17) in relation to EC. In-depth analyses further revealed that concurrent and subsequent maternal depression was robustly related with EC, whilst preceding maternal depression was not. In contrast, preceding and concurrent (but not subsequent) maternal anxiety was consistently related to subsequent EC. Maternal depression is more likely a correlate or even a consequence of EC, whereas anxiety is rather a temporally preceding condition and thus a potential risk factor or risk marker for both subsequent EC and associated maternal depression. Interventions for EC should address concurrent maternal depression, whilst preventive approaches might target preceding maternal anxiety as early as prior to or during pregnancy.

Petzoldt, J. (2017). Systematic review on maternal depression versus anxiety in relation to excessive infant crying: it is all about the timing. *Archives of women's mental health*.

Maternal bonding and infant attachment in women with and without social phobia

A. Kraft, S. Knappe, K. Petrowski & J. Martini

Objective: To examine the association of maternal social phobia with maternal bonding and infant attachment in a prospective-longitudinal study (MARI study, n=306). **Method:** A subsample of 46 women with and without lifetime social phobia (Composite International Diagnostic Interview for Women, CIDI-V) and their infants was investigated. Mothers reported antenatal and postnatal bonding (MAAS, MPAS). Infants' attachment classifi-

cations/behavior were observed in the strange situation test at 16 months after delivery. **Results:** The rate of insecure attachment was higher in infants of mothers with social phobia (45.4 % vs. 33.3 %), and infants needed significantly more time to reconnect with their mothers during reunion in the strange situation ($U=160.0$, $p=.019$). There were no group differences with regard to maternal bonding during pregnancy ($t=-.151$, $p=.881$) and after delivery ($t=.408$, $p=.685$) and resistant ($U=262.5$, $p=.969$), avoidant ($U=311.5$, $p=.258$) as well as contact-keeping behaviors ($U=224.0$, $p=.373$) of the infant in the strange situation. **Conclusions:** Mothers with social phobia may transmit their inhibited behavioral disposition to their infants or fail to encourage their infants to interact with other people. Mothers with social phobia should be informed about the possible link of maternal avoidance behavior with adverse infant development and should be provided with information on treatment options.

Kraft*, A., Knappe*, S. (shared first authorship), Petrowski, K., Petzoldt, J., & Martini, J. (2017). Maternal bonding and infant attachment in women with and without social phobia. *Zeitschrift für Kinder-und Jugendpsychiatrie und Psychotherapie*, 45(1), 49-57. *shared first authorship

Interaction behaviors during the face-to-face-still-face paradigm among 4 months old infants: Do maternal pure and comorbid anxiety and depressive disorders matter?

E. Asselmann, J. Venz, H.-U. Wittchen & J. Martini

Background: Few studies prospectively examined the role of preceding maternal anxiety and depressive disorders for early infant interaction behaviors. **Methods:** The Maternal Anxiety in Relation to Infant Development (MARI) study prospectively examined $n=306$ women from early pregnancy until 4 months postpartum. Maternal anxiety (A) and depressive (D) disorders were repeatedly assessed using the Composite International Diagnostic Interview for Women (CIDI-V). Infant interaction behaviors (positive/negative facial expression and vocalization, distancing behavior, self- and object-touch) were observed in $n=251$ dyads 4 months postpartum during the Face-to-Face-Still-Face Paradigm (FFSFP). **Results:** As expected, still face, reunion and carry over effects were seen in all diagnostic groups. As indicated by fractional logit models, significant higher proportions of object-touch were seen in infants of mothers with pure A (still face: 7.8%) and comorbid AD (still face: 7.9%; reunion: 2.9%) compared to no AD. Significant higher proportion changes in object-touch were found in infants of mothers with pure A (play to still face: 6.4%) and comorbid AD (play to still face: 7.2%; play to reunion: 2.7%) compared to no AD. Moreover, significant higher proportion changes in distancing behavior were seen in infants of mothers with comorbid AD (still face to reunion: 1.1%; play to reunion: 1.3%) compared to no AD. **Conclusion:** Altered interaction behaviors among 4 months old infants of mothers with pure A and comorbid AD might be indicators of increased self-regulatory abilities but conversely also early signs/precedents of avoidance and associated internalizing symptoms.

Asselmann, E., Venz, J., Wittchen, H.-U. & Martini, J. (submitted) Interaction behaviors during the face-to-face-still-face paradigm among infants at 4 months: Do maternal anxiety and depressive disorders matter? *Child Development*.

P2. Natural course of mental disorders in women during reproductive phases

Mental disorders in women: Natural course during premenstrual phases, peripartum period and perimenopause (Psychische Störungen in den reproduktiven Phasen der Frau: Häufigkeiten, Verlauf und Besonderheiten)

J. Martini, S. Knappe, S. Garthus-Niegel & J. Hoyer

Epidemiological studies indicate sex-specific differences in prevalence rates and the natural course of mental disorders. Affective, anxiety, somatoform and eating disorders are more prevalent in women than men, whereas substance use disorders occur more commonly in men, and some disorders are equally distributed in both sexes (e. g. psychotic disorders). The aim of this review is to depict the natural course of mental disorders during the reproductive stages (premenstrual phases, peripartum period, perimenopause) in women, including also neuroendocrine features associated with the menstrual cycle, pregnancy, puerperium and perimenopause. Recommendations for sex-specific diagnostic and therapeutic procedures are provided.

Martini, J. (2014) Reproduktiver Subtyp der Depression (Reproductive subtype of depression). In E. Brähler & H.-W. Hoefert (Eds.) *Lexikon der Modernen Krankheiten*. Medizinisch Wissenschaftliche Verlagsgesellschaft.

Martini, J., & Einsle, F. (2014) Prämenstruelles Syndrom und Prämenstruelle Dysphorische Störung (Premenstrual Syndrome and Premenstrual Dysphoric Disorder). In E. Brähler & H.-W. Hoefert (Eds.) *Lexikon der Modernen Krankheiten*. Medizinisch Wissenschaftliche Verlagsgesellschaft.

Martini, J., Knappe, S., Garthus-Niegel, S. & Hoyer, J. (2016) Psychische Störungen bei Frauen. Besonderheiten im Zusammenhang mit den reproduktiven Phasen. [Mental

disorders in women: Natural course during premenstrual phases, peripartum period and perimenopause]. *Fortschritte der Neurologie Psychiatrie*, 84(07), 432-449.

Martini, J., Knappe, S., Garthus-Niegel, S. & Hoyer, J. (2017) Psychische Störungen bei Frauen: Verlauf und Besonderheiten im Zusammenhang mit den reproduktiven Phasen [Mental disorders in women: Natural course during premenstrual phases, peripartum period and perimenopause]. *Frauenheilkunde up to date*, 11 (3): 1–20

Martini, J., Winkel, S. & Einsle, F. (2014) Menstruelle Zyklusstörungen, Prämenstruelles Syndrom und Prämenstruelle Dysphorische Störung. In J. Bitzer & H.-W. Hoefert (Eds) *Psychologie in der Gynäkologie*. Pabst Science Publ.

Posttraumatische Belastungsstörung (PTBS) in der Peripartalzeit: Bedingungsfaktoren, diagnostische Besonderheiten und Implikationen für Mutter und Kind

(J. Martini, K. Weidner, J. Junge-Hoffmeister, S. Garthus-Niegel)

Epidemiological studies indicate that post-traumatic stress disorder (PTSD) is twice as frequent in women as in men. The aim of this article is to describe the clinical picture of this disorder in the context of pregnancy and traumatic birth experience in terms of prevalence, risk factors and consequences for mother and child. Recommendations for therapeutic approaches are provided.

Martini, J., Weidner, K., Junge-Hoffmeister, J., Garthus-Niegel, S. (2017) Posttraumatische Belastungsstörung (PTBS) in der Peripartalzeit: Bedingungsfaktoren, diagnostische Besonderheiten und Implikationen für Mutter und Kind. [Posttraumatic stress disorder during peripartum period]. *Trauma und Gewalt*, 11(4) 280-293.

P3. Mental and physical health in parents of chronically ill children

Fear of Progression in parents of children with leukemia – Investigating the relationship between disease-related coping strategies and experienced fear

PI: Prof. H. Christiansen, Dr. F. Schepper, Jun.-Prof. Dr. Julia Martini, K. Clever
Deutsche José Carreras Leukämie-Stiftung (DJCLS F14/06); Department of Pediatric Oncology, Hematology and Blood Coagulation, University of Leipzig; Duration: 12/2014–11/2017; Cooperations: Elternhilfe für krebserkrankte Kinder Leipzig e. V.

Fear of Progression (FoP), the fear of further disease progression, is one of the most common psychological strains of cancer patients and has also proven to apply to healthy parents of children with cancer. Despite increasing research on the psychological strain of parents of children with cancer over the last years, empirical data on parents' specific fear of disease progression is scarce. This research project, therefore, aims to establish knowledge about the prevalence, diagnosis and treatment of parental FoP in pediatric oncology and hematology and to develop a feasible questionnaire to assess FoP in parents. The research project is partially carried out as a multicenter study with support from pediatric-hemato-oncology wards and parent associations in Germany/Austria and comprises the following sub-studies:

1. An online expert survey of psychosocial/medical professionals in pediatric oncology and hematology is conducted to gain insight into current perception, assessment and treatment of FoP in parents of children with cancer.
2. The adapted parent version of the Fear of Progression-Questionnaire (FoP-SF/PR; Schepper et al., 2015) is validated in a sample of parents of children with cancer.
3. The relationship between disease-related coping strategies and experienced FoP is investigated in a sample of parents of children with leukemia/lymphoma.

Recommendations for psychosocial care in pediatric oncology and hematology are derived from study results.

Schepper, F., Abel, K. & Martini, J. (2015). Progredienzangst bei Eltern krebserkrankter Kinder: Adaptation eines Fragebogens und Korrelate (Fear of progression in parents of children with cancer: Adaptation of the Fear of Progression Questionnaire and correlates). *Klinische Pädiatrie*, 227, 151-156

Clever, K. Schepper, F., Küpper, L., Christiansen, H., Martini, J. (submitted) Fear of Progression in parents of children with cancer: Results of an online expert survey of professionals in pediatric oncology. *Klinische Pädiatrie*.

Clever, K. Schepper, F., Pletschko, T., Herschbach, P., Christiansen, H. & Martini, J. Validation of the Fear of Progression-Questionnaire for parents of children with cancer (FoP-Q-SF/PR): Factor solution and psychometric properties. To be submitted to: *Journal of Psychosomatic Research*.

AG 4 ROAMER

A Roadmap for Mental Health and Well-Being Research in Europe

Prof. Dr. Hans-Ulrich Wittchen & PD Dr. Susanne Knappe

Overview: On the regional level, Europe has one of the highest levels of resources for mental health care. Despite this, the high burden and impact of mental disorders in Europe is expected to rise. "ROADmap for MEntal health Research" (ROAMER) was designed to develop a comprehensive, consensus-based roadmap to promote and integrate mental health and well-being research in Europe. Research advances and innovations are to be devoted to decreasing the burden of mental disorders and increasing the mental health and well-being of Europeans. ROAMER has been initiated and funded as a three-year project funded by the European Commission (FP7 - HEALTH.2011.3.3-4), to create a coordinated road map for the promotion and integration of mental health and well-being research across Europe, based on a common methodology and conceptual framework that covers the full spectrum of biological, psychological, epidemiological, public health, social and economic aspects of mental health and well-being. ROAMER combines a consortium of renowned mental health research scientists, with a methodologically sound, pragmatic and comprehensive approach with an extensive stakeholder involvement. The main objectives of the project were

1. To develop an accurate picture of the state-of-art in mental health and wellbeing research in Europe
2. To analyse gaps and salient advances, to establish research priorities and infrastructure and capacity requirements of mental health and wellbeing research in Europe
3. The wide involvement of Europe's leading scientists in the mental health field in a collective endeavour to prioritise mental health and wellbeing research
4. Full engagement with key non-academic stakeholders in mental health and wellbeing research, including funders, policy makers, professionals, end users, carers and family members
5. To help to close the gap between science and society
6. To inform the public about mental health and wellbeing research and launch the definitive roadmap.

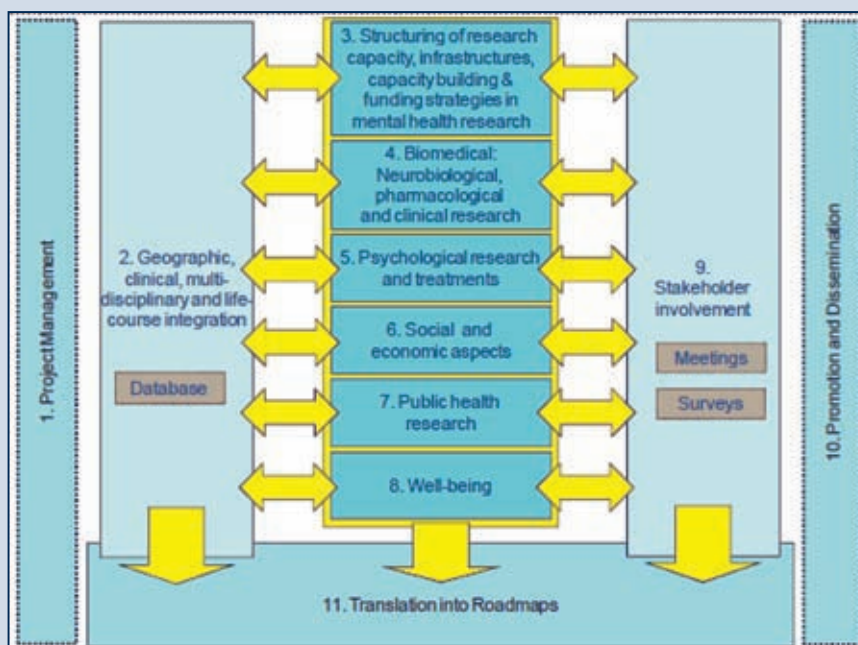


Figure 1 AG ROAMER: project components

At TU Dresden, the workpackage "Psychological research and treatments – state of the art and advances needed" was led by

PI: Prof. Dr. Hans-Ulrich Wittchen and coordinated by Dr. Susanne Knappe, Dr. Sarah Forberger. Project partners were Prof Joseph Maria Haro Abad (project coordinator; CIBERSAM), Dr. Carla Obradors (project manager; CIBERSAM), Prof. José Luis Ayuso (CIBERSAM); Prof. Til Wykes, Prof. Graham Thornicroft, Prof. Gunter Schumann (King's College London), Prof. Marion Leboyer (FondaMental), Dr. Jacques Demotes (INSERM), Prof. Jim van Os, Prof. Don Linszen (Maastricht University Medical Centre), Dr. Dave McDaid (London School of Economics), Prof. A.

Meyer-Lindenberg (Central Institute of Mental Health), Prof. Kristian Wahlbeck (Nordic School of Public Health), Prof. Mario Maj (University of Naples), Prof. Istvan Bittér (Semmelweis University Budapest), Prof. Shôn Lewis (University of Manchester), Prof. Trevor W. Robbins (Cambridge University); Collaborators for WP 5: Prof. Wolfgang Lutz (Universität Trier), Prof. Dr. Dr. Uwe Koch (UKE Hamburg), Prof. Ilse Kryspin-Exner (Universität Wien), Prof. Herta Flor (Universität Heidelberg), Prof. Arne Holte (Nordic School of Public Health), Prof. Francesco Colom (Institute of Neurosciences Barcelona), Prof. Daniel David (Romania), Prof. Tim Dalgleish (Cambridge University), Prof. Arnoud Arntz (Maastricht University), Prof. Giovanni A. Fava (University Institute of Neurosciences)

Psychological treatments and interventions comprise a large group of methods and approaches to address the needs of patients and groups of patients with mental disorders or mental health problems, as well as their networks of support (e. g. partner and family) as it applies to prevention, treatment and rehabilitation. Psychological treatments and intervention range from highly sophisticated psychotherapy, delivered by specialised psychotherapists, to the application of specific behavioral techniques as part of a broader treatment plan (e. g. psychoeducation or motivational interviewing). The effectiveness of strictly psychological treatments is well established by randomised clinical trials of variants of Cognitive Behavioral Therapy (CBT) in the areas of anxiety, depressive, somatoform and stress-related disorders (e. g. PTSD), the eating disorders and personality disorders, where such methods are typically regarded as first-line treatments. They are also established as core elements in the treatment of substance use disorders and most childhood and adolescent neurodevelopmental disorders and conditions (e. g. ADHD). For the group of psychodynamic and psychoanalytic methods similar strong evidence is lacking.

There are however a number of gaps such as the general lack of understanding about the basic mechanisms of behavior or the mediators of interventions, a fundamental lack in understanding behavior change in the specific context of CBT, a lack of knowledge about the situation of research on psychological treatments and interventions in Europe. In fact – and despite some coordinated EU-efforts in this domain there is even a profound lack of knowledge about the degree to which psychological treatments are applied in the EU countries, where and what kind of research and service delivery programs are in place and how they integrated into the wider network of mental health care infrastructure. As a result of this situation, Europe lacks even the most basic prerequisites for an evidence based mental health research policy. Two scientific workshops were held in May/June 2012 in Dresden in the Institute of Clinical Psychology and Psychotherapy and in March 2013 in the Kings College of Psychiatry in London in collaboration with the ROAMER workpackage 4. Consensus was derived on conceptual issues and fields of interest for the workpackage 5, namely (i) basic mechanisms of behaviour, (ii) mechanisms of behaviour change, (iii) psychological factors and mechanisms involved in the onset and the progression of mental disorders, (iv) the research on psychological interventions and treatments in Europe with regard to basic research, clinical research and service delivery. Position papers to reflect the current state of the art, advances in the last years but also gaps and needs are currently drafted by distinguished experts in the respective field.

Press conferences took place in **London** and **Berlin** to present the publication of ROAMER in the Lancet psychiatry on 22 September 2015. On September 24, 2015 results were also presented at a press conference in Berlin to German press associates and the media. The full ROAMER brochure and materials from the press-conference can be downloaded here:

web: <https://psy2.psych.tu-dresden.de/i2/klinische/news.html>

In addition, a number of publications were generated from the ROAMER project. The corer publication is a supplement in IJMPR: Wittchen, H. U. (2014). ROAMER. International Journal of Methods in Psychiatric Research, 23, V-VI.

2016

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AG 5 Stress- and Trauma-Related Disorders

Dr. Sebastian Trautmann, Dr. Judith Schäfer & Prof. Dr. Hans-Ulrich Wittchen

Overview:

The working group Stress- and Trauma-Related Disorders focuses on the impact of stressful and traumatic events on the risk for mental disorders and their treatment. Therefore, data from epidemiologic and experimental studies as well as data from intervention studies are used to describe prevalence and associations and to identify causal mechanisms. Thereby, various cognitive (e. g. information processing), biological (e. g. genetics; stress hormones) and environment factors (e. g. adverse childhood experiences) are considered. In addition to own studies the working group cooperates with other working groups to investigate its research questions.

The workgroup mainly focuses on the following areas of research:

- Trauma-related mental disorders in the general population
- Mental health consequences of military deployment in conflict areas
- Underlying mechanisms in the association between stressful experiences and alcohol use
- Consequences of (early) traumatization for the treatment of mental disorders in adulthood
- Cognitive information processing and its association with the development and maintenance of traumarelated disorders (e. g. PTSD, depression) and syndromes (e. g. suicidality).

P1. Evidence for two different ICD-11 posttraumatic stress disorders in a community sample of adolescents and young adults

Perkonig, A., Höfler, M., Cloitre, M., Wittchen, H.-U., Trautmann, S. & Maercker, A.

For the 11th revision of the International classification of diseases, a general category of posttraumatic stress disorders has been proposed with two distinct sibling disorders: posttraumatic stress disorder (PTSD) and complex PTSD (CPTSD). General population data are examined on evidence for these two disorders. Data were drawn from a 10-year prospective longitudinal, epidemiological study with a representative community sample (N = 3021, 14-24 years at baseline) in Germany. Mixture modelling on latent classes was conducted in a subset of all reported episodes with exposure to interpersonal traumas. Associations between class membership, symptom criteria, and other mental disorders were investigated. Four distinctly interpretable latent classes were found. Class 1 episodes (N = 181) typically included core PTSD symptoms associated with strong impairment (OR 11.68; 95 % CI 4.54-30.05). 18.3 % of these episodes matched the criteria of ICD-11 PTSD. Class 2 episodes (N = 78) had a high probability of PTSD core symptoms and disturbances in self-organization and were associated with strong impairment (OR 38.47; 95 % CI 15.77-93.86). Half of them (49.4 %) matched the proposed ICD-11 criteria of CPTSD. Class 3 (N = 79) was typically characterized by episodes with disturbances in self-organization but a low probability of PTSD core symptoms and impairment. Class 4 (N = 633) was related to a relatively low probability of symptom reports. Membership in class 2 was associated with lower educational attainment, a lower social class, and more other mental disorders. Findings support the ICD-11 proposal to differentiate between PTSD and CPTSD. Further studies should extend exploration to other types of traumatic events in samples covering the full age range.

Perkonig, A., Höfler, M., Cloitre, M., Wittchen, H.-U., Trautmann, S. & Maercker, A. (2015). Evidence for two different ICD-11 posttraumatic stress disorders in a community sample of adolescents and young adults. *European Archives of Psychiatry and Clinical Neuroscience*, 266(4).

P2. Trauma-related mental disorders in the general population

Dr. Sebastian Trautmann & Dr. Hans-Ulrich Wittchen

Background: According to a report of the World Mental Health Surveys in 2015, the majority of individuals will be exposed to at least one traumatic event worldwide. The exposure to such events is associated with an increased risk for mental disorders such as posttraumatic stress disorder (PTSD), anxiety disorders, depressive disorders and substance use disorders. An up-to-date knowledge about the prevalence of traumatic events and related mental disorders as well as a detailed description of regional differences and high-risk groups is essential to inform policy makers and public health decisions. Our workgroup analyzes nationally representative data (e. g. German mental health survey) and summarizes both national and cross-national findings to be able to give an overview about the prevalence and distribution of traumatic events and related disorders as well as about related risk factors with a focus on PTSD.

AG 5 STRESS- AND TRAUMA-RELATED DISORDERS

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P3. Mental health consequences of military deployment

Dr. Hans-Ulrich Wittchen, Dr. Sebastian Trautmann, Dipl.-Psych. Judith Schäfer, Dr. Clemens Kirschbaum & Dipl.-Psych. Anke Heinrich

Background: Military deployment in conflict areas such as Afghanistan can be associated with a higher risk for stressful event experience. Within the relatively young history of foreign deployment in the German Federal Armed Forces there has so far been no comprehensive study to monitor possible psychological consequences of stressful experiences related to military deployment. There are concerns that available administrative statistics dramatically underestimate the true rates of trauma and stress-related disorders on one side and having not allocated sufficient treatment and intervention resources for those affected. From a scientific viewpoint, studying this sample will also allow the investigation of mechanisms behind the transition between stressful experiences and psychopathology. Therefore, an epidemiological study was conducting in two steps. The first step was a cross-sectional study comparing soldiers with recent deployment (n=1.483) to those without (n=889). The focus of this study was to obtain prevalence data of trauma and deployment-related disorders such as posttraumatic stress disorder, somatic syndromes, depression, anxiety, suicide attempts as well as comorbidities. The impact of personal variables (e. g. gender), military specific variables (e. g. unit) as well as proximal and distal correlates were also taken into account. Finally, help-seeking behavior and the quality of services provided by the military were assessed. A second, longitudinal study was built upon these results investigating the direct impact of deployment-related stressors within a prospective design. Soldiers (n=476) were assessed before and 12 months after their return from deployment. Here we obtained data on a potential increase of number of trauma experience and posttraumatic symptoms directly related to deployment, the course of symptom development, and the possible functional mechanisms behind this. Additionally to variables which have been found relevant in the first study component, cognitive and biological data were obtained in a supplementary experimental session, including several aspects of memory and attention as well as hormonal variables.

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P4. Underlying mechanisms in the association between stressful experiences and alcohol use

Dr. Sebastian Trautmann, Dr. Anja Kräplin, Dr. Markus Mühlhan & Dr. Susann Stedte-Schmiedgen

A wealth of epidemiological, clinical and pre-clinical research in the past three decades has identified stressful experiences as a major risk factor for excessive alcohol consumption and alcohol use disorders. Given the high individual and societal burden associated with these conditions, a deeper understanding of the nature of this relationship might enable us to develop and improve targeted measures to effectively reduce the incidence of alcohol-related physical and mental health problems. Although there is considerable empirical support for the self-medication hypothesis, accumulating evidence suggests that it is not able to fully explain this association. In recent years, many biological and psychological processes such as endocrine and autonomic stress reactivity, processing of motivational information, prefrontal control functions and impulsivity have been related to both stress and alcohol use. Moreover, it seems that there are subgroups with specific characteristics such as genetic predispositions, early adverse experiences, past psychopathology and lower basal hypothalamic-pituitary-adrenal axis activity which are more vulnerable to the effects of stress on alcohol consumption. Based on these theoretical considerations, we aim at identifying underlying mechanisms in the association between stressful experiences and alcohol use by studying potential mediators and moderators. This is done by combining different methodological approaches including epidemiological (e. g. data of the military study, see above) and experimental designs (e. g. use of standardized laboratory stressors) and by considering many biological and psychological mechanisms as described earlier in this section.

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P5. Consequences of (early) traumatization for the treatment of mental disorders in adulthood

Dr. Sebastian Trautmann, Dr. Andre Pittig, Dr. Markus Mühlhan

Although the majority of mental disorders can be effectively treated, a considerable proportion of patients does not benefit from existing treatments interventions. Arguably, the identification of patient characteristics and associated mechanisms underlying poor treatment outcome is essential to inform the modification of existing interventions. Previous exposure to traumatic events, particularly in early life, is not only related to the risk for the development of trauma-related disorders but also with neurobiological and psychological changes that might moderate the response to later treatment of mental disorders. Against this background, we aim to investigate the association between trauma history and treatment outcome as well as potential mechanisms that could underlie a poorer treatment response in traumatized individuals. Therefore, we mainly use secondary data analysis of intervention studies and work closely together with the clinical research workgroup to investigate the consequences of childhood adversities for the treatment of anxiety disorders in adulthood.

- Trautmann, S., Richter, J., Muehlhan, M., Höfler, M., Wittchen, H.-U., Domschke, K., Deckert, J., Ströhle, A., Hamm, A. O., Weber, H., Kircher, T., Arolt, V., Gerlach, A. L., Alpers, G. W., Fydrich, T. & Reif, A. (2017). Does prior traumatization affect the treatment outcome of CBT for panic disorder? The role of the MAOA gene and depression symptoms. *European Archives of Psychiatry and Clinical Neuroscience*.

P6. Attentional Bias in Posttraumatic Stress Disorder: A Temporal Dynamics Process Perspective

Dipl.-Psych. Judith Schäfer in Kooperation mit Prof. Amit Bernstein (University of Haifa)

It has been long theorized that attentional biases play an important function in the development and maintenance of posttraumatic stress disorder (PTSD). Findings testing this theory, however, yielded conflicting findings. Some studies have reported that attentional bias towards threat is linked to PTSD, other studies that attentional bias away from threat is associated with PTSD, and yet others that there are no relations between attentional bias and PTSD. We propose that conceptualizing and quantifying attentional bias as a dynamic process may help disambiguate these mixed findings. Thus the aim of our research is 1) to understand the relationship between attentional bias to threat and trauma-related stimuli and its association with the development and maintenance of PTSD and 2) based on these findings, the development of a new generation of cognitive bias modification treatments. We use cognitive experimental tasks and experimental designs for the investigation of these research issues.

- Schäfer, J., Bernstein, A., Zvielli, A., Höfler, M., Wittchen, H. U., & Schönfeld, S. (2016). Attentional Bias Temporal Dynamics Predict Posttraumatic Stress Symptoms: A Prospective-Longitudinal Study Among Soldiers. *Depression and Anxiety*, 33(7), 630-639.
- Schäfer, J., Zvielli, A., Höfler, M., Wittchen, H.-U., & Bernstein, A. (under review). Trauma, Attentional Dysregulation, and Posttraumatic Stress Etiology: An Investigation of Risk Pathways. *Behaviour Research and Therapy*.

P7. Stressful experiences, attentional control and suicidality

Dipl.-Psych. Judith Schäfer

Understanding determinants of suicidality is of crucial importance for the development of prevention and intervention programs. Theoretical accounts suggest that deficits in emotional regulation manifesting in an impaired ability to control attention might contribute to suicidality, particularly in the context of stress. This assumption is supported by research evidence indicating that attentional control is related to suicidality. However, there is a lack of research investigating which type of attentional control might be associated with suicidality, i. e. attentional focusing or attentional shifting. Thus, the aim of this research is to investigate associations between attentional control and suicidality in a sample of German soldiers experiencing stressful events during deployment in Afghanistan. In addition, specific associations between suicidality and each attentional focusing and attentional shifting are examined.

- Schäfer, J., Schönfeld, S., Höfler, M., Wittchen, H.-U. (2014). Associations between attentional control and suicidality in German soldiers after deployment in Afghanistan. ECNP Congress 2014 in Berlin (Poster and abstract publication in the supplement of the Journal *European Neuropsychopharmacology*).

AG 6 ADDICTION RESEARCH UNIT

G. BÜHRINGER, SINCE 2016: T. ENDRASS, A. KRÄPLIN, S. BERENDT & J. REHM

AG 6 Addiction Research Unit

Prof. Dr. Gerhard Bühringer, since 2016: Prof. Dr. Tanja Endrass, Dr. Anja Kräplin, Dr. Silke Behrendt & Prof. Dr. Jürgen Rehm

Overall scientific topics are (1) the description and analysis of processes and factors (mediators and moderators) in the context of onset, course, reduction and remission of substance-related and non-substance-related disorders and (2) the analysis and development of options to modify such disorders, both on an individual (e. g. treatment) and societal level (e. g. health policy or taxation). Research projects are structured according to the following areas:

1. Studies on the aetiology of substance use and gambling
2. Impaired cognitive control and impaired learning as core aetiopathological mechanisms for the development of addictive behaviours
3. Development and evaluation of therapeutic programs and treatment service systems
4. Development and evaluation of consumer protection in the field of gambling regulation

Further information and all previous publications on this program can be found on the Addiction Research Unit Web: <https://tu-dresden.de/mn/psychologie/riskmanagement/forschung>.

Research Area: 1 Studies on the aetiology of substance use and gambling disorders

P1.- P6. Addictions and lifestyles in contemporary europe-reframing addictions project (ALICE-RAP)

PI: Prof. Jürgen Rehm, Prof. Gerhard Bühringer; Staff: Dr. S. Behrendt, Dr. S. Forberger, Dipl.-Psych. M. Neumann, Dipl.-Psych. C. Probst

Funding: European Commission; Duration: 04/2011-03/2016

ALICE RAP is a Europe wide project of 107 researchers and 71 research institutions from 25 European countries to analyse the place and challenges of addictions and lifestyles to the cohesion, organization and functioning of contemporary European society. Through integrated multidisciplinary research, a wide range of factors will be studied through a foresight approach to inform a redesign of effective addictions governance (for further information see: www.alicerap.eu).

P1. Work area 2/Work package 5-Counting addiction

Prof. Jürgen Rehm

Objectives: WP 5 will give an epidemiological overview of addictions related to alcohol, tobacco, illegal drug use, gambling, and gaming for 31 countries. The following estimates will be undertaken by country, sex and age: prevalence of dependence, incidence of dependence, prevalence of abuse (DSM)/harmful use (ICD) and mortality, years of life lost and burden of disease attributable to addiction and to substance use.

Methods: The revised DISMOD III tool will be used to systematically integrate all epidemiological exposure data available from different countries. Epidemiological data will be combined with risk relation data to estimate substance-attributable mortality, years of life lost due to mortality and disability, and burden of disease due to addiction and substance use based on methods developed by the ongoing Comparative Risk Assessment of the Global Disease Burden study. Data will be systematically gathered from 31 countries by local experts via systematic assessment. Data will include but not be limited to unpublished data from governmental surveys or data in local data-banks that are accessible from government websites or relevant departments.

P2. Work area 3/Work packages 7-9-Determinants of addiction

Prof. Gerhard Bühringer

Objectives: Each work package (WP) has four main objectives: 1. to develop agreed definitions for transitions focused in the respective WP, that is WP 7: Risky use and risky gambling, WP 8 harmful substance use and harmful gambling (including substance use disorders according to DSM IV and ICD 10) and WP 9: reductions in harmful substance use and gambling; 2. to synthesise evidence held in each discipline about the predictors of each transition; 3. to produce a synthesis report as an up-to-date comprehensive review on the determinants of the respective transition from a multidisciplinary perspective and 4. to develop multidisciplinary logic models that can form the basis for future research.

Methods: The work within the WPs has been structured into tasks. These include a start-up meeting at which the team agreed on terms and methods and an expert paper about the determinants of each transition in each of the partners' disciplines. These papers provided an overview on identified determinants of each transition within particular disciplines. Where possible, determinants for different age groups were considered. Assisted by the partners, a science writer used the expert papers and the findings from expert meetings and skype conferences to generate a final synthesis report and logic models and a logic model report. Additionally, in collaboration with WP5, evidence for quantitative transition probabilities for the transition from risky substance use/gambling to harmful substance use/gambling will be identified. The results are used to explore implications for the EU addiction research and policy. **Contribution of the institute:** Prof. Bühringer is scientific leader of work package 8. Beyond this, Prof. Dr. Bühringer and associated staff produced expert papers from psychology for each work package and contributed to each synthesis report and logic models via discussion in expert meetings, comments and feedback on the reports and writing parts of the report (implications for future research).

- Gavens, L., Holmes, J., Buehringer, G., McLeod, J., Neumann, M., Lingford-Hughes, A., Hock, E.S., Meier, P. S. (2017). Interdisciplinary working in public health research: A proposed good practice checklist. *Journal of Public Health*, 1-8.
- Gell, L., Holmes, J., Bühringer, G., Allamani, A., Bjerger, B., Forberger, S., Neumann, M., Room, R. (2016). Methods. In L. Gell, G. Bühringer, J. McLeod, S. Forberger, J. Holmes, A. Lingford-Hughes, & M. H. Meier (Eds.), *What determines harm from addictive substances and behaviours?* Oxford: Oxford University Press.
- Gell, L., McLeod, J., Holmes, J., Allamani, A., Baumberg, B., Bjerger, B., Neumann, M., Withington, P. (2016). Determinants of harmful substance use and harmful gambling. In L. Gell, G. Bühringer, J. McLeod, S. Forberger, J. Holmes, A. Lingford-Hughes, & M. H. Meier (Eds.), *What determines harm from addictive substances and behaviours?* Oxford: Oxford University Press.
- McLeod, J., Gell, L., Holmes, J., Allamani, A., Baumberg, B., Bjerger, B., Neumann, M., Withington, P. (2016). Determinants of transitions from harmful to low-risk substance use and gambling. In L. Gell, G. Bühringer, J. McLeod, S. Forberger, J. Holmes, A. Lingford-Hughes, & M. H. Meier (Eds.), *What determines harm from addictive substances and behaviours?* (pp. 113-156). Oxford: Oxford University Press.
- McLeod, J., Gell, L., Holmes, J., Allamani, A., Bjerger, B., Buehringer, G., Neumann, M., Weirs, R. (2016). Determinants of risky substance use and risky gambling. In L. Gell, G. Bühringer, J. McLeod, S. Forberger, J. Holmes, A. Lingford-Hughes, & M. H. Meier (Eds.), *What determines harm from addictive substances and behaviours?* Oxford: Oxford University Press.
- Gell, L., McLeod, J., Holmes, J., Everson-Hock, E., Buehringer, G., Lingford-Hughes, A., Neumann, M., & Meier, P. (2014). Reflections and best practice recommendations for interdisciplinary working: A case study on the identification of the determinants of addiction from the Addiction and Lifestyles In Contemporary Europe Reframing Addictions Project (ALICE RAP). *The Lancet*, 384, S13.

P3. Work area 4/Work package 10-Revenues, profits and participants (sub-study on prison interviews)

Prof. Jürgen Rehm, Prof. Gerhard Bühringer

Objectives: Work package 10 has four main objectives: 1. to calculate retail expenditures on addictive goods (illicit drugs, gambling, alcohol and tobacco) in Member States and estimate what share of these markets are attributable to those who are addicted; 2. to improve understanding of suppliers in the illicit drug trade, 3. to improve understanding of the costs and profits associated with the illegal drug trade, and 4. to improve understanding of public-sector corruption in the provision of addictive substances. **Methods:** The estimation of illicit drug markets will build on RAND, Europe's recent report for the EC. For gambling a framework for understanding how revenues are generated from addicts in the gambling industry will be developed. Using expenditure surveys and gambling prevalence surveys in the UK, this work will provide quantitative estimates of one Member State to illustrate how the model could be used for all Member States with relevant data. For alcohol and tobacco, LSE and RAND will systematically review studies which analyze expenditure information and quantity consumed in Member States. These demand-side estimates will be compared with information about EU production, exports, and imports and incorporate information about unrecorded alcohol consumption. Given the hidden nature of illicit markets, a major contribution will be to conduct prison-based interviews with convicted drug dealers at all levels of the supply-chain in Germany, Slovenia, and Italy. At TU Dresden the prison based interviews for Germany were conducted.

- Tzvetkova, M., Pardal, M., Disley, E., Rena, A., Talic, S., & Forberger, S. (2016). Strategies for a risky business: How drug dealers manage customers, suppliers and competitors in Italy, Slovenia and Germany. *International Journal of Drug Policy*, 31, 90-98.

P4. Work area 5/Work package 13.1-Theoretical overview of governance views

Prof. Dr. Gerhard Bühringer

Objectives: This part of work package 13 will be achieved through in depth and systematic reviews of the published literature on governance views and as they apply to governance of addictions. An historical perspective (and thus linking with WP1.1) will be taken, using the laboratory of Europe to look at different governance views. Stakeholders' perspectives will be captured through three expert meetings and colloquia ensuring a very wide range of representatives and capturing some of the broader related governance issues including trade, control, commerce, agriculture, health, international bodies, and users. Topics for inclusion in the publication will include:

Introduction to governance and governance of addictions; History of governance of addictions (Europe and global); Conceptual models for governance approaches, Application of concepts to differing governance views across Europe, Governance and health: A public good; Trade and governance; Private sector governance; Civil society and governance; Partnerships and governance; Governance of illegal issues; Governance of communications and the Internet; and What do we learn from an analysis of the governance view. **Methods:** Book publication with chapter authors, edited by Peter Anderson, Gerhard Bühringer, and Jean Collins.

Anderson, P., Bühringer, G., & Colom, J. (Eds.). (2014). Reframing addiction: Policies, processes and pressures. The ALICE RAP project.

P5. Work area 3/Work packages 7-9-Transition probabilities between different stages of substance use

PI: Prof. Jürgen Rehm

Funding: Alice Rap; Duration: 04/2013-03/2016

Objectives: Substance use disorders are usually preceded by a history of use initiation, periods of low-risk use, and risky patterns of use. Aim of the study was to contribute to our understanding of transition probabilities (TPs) between such patterns of use and respective influential factors. **Methods:** Panel data from three waves assessing a sample of German adolescents and young adults (N=3,021 at baseline) were used to calculate annual TPs for nicotine and alcohol use, taking a few important covariates into account. Use states were abstinence, use, risky use (for alcohol only), and harmful use and as covariates we considered age, gender, socioeconomic status (for alcohol only) and mental comorbidity. Age- and gender-specific TPs were used to simulate the prevalence of drinking states over the ages 14 to 30. For alcohol a four-state Markov model was fit and annual TPs and hazard ratios (HRs) were calculated based on that. **Results:** For nicotine the TPs were highest ($\geq 80\%$) for staying in one state. TPs for going back to abstinence or use were higher in younger age groups (13-17) and very low in older age groups (>17 , $<10\%$). In older age groups (>17) TPs for becoming a user or harmful user were very low ($<5\%$). For alcohol the highest TPs ($\geq 70\%$) were found for staying in one state (abstinence, use, risky use) and for transitioning from harmful use to use. Lowest TPs were found between abstinence and risky or harmful use and between risky and harmful use ($\leq 6\%$). Gender was found to influence transitions between abstinence and use, socioeconomic status was found to influence transitions between use and risky or harmful use. With one exception TPs decreased with increasing age. Conclusion: German adolescents and young adults tend to be stable in the drinking states of abstinence, use of alcohol, risky single-occasion drinking and frequent risky single-occasion drinking. Females are less likely to transition to riskier states and more likely to transition back from frequent risky single-occasion drinking, higher age is associated with lower hazard of transitioning and participants of higher socio-economic status are less likely to transition from 'use of alcohol' to 'risky single-occasion drinking'.

Probst, C., Manthey, J. & Rehm, J. (2017). Understanding the prevalence of lifetime abstinence from alcohol: An ecological study. *Drug and Alcohol Dependence*, 178, 126-129.

Probst, C., Moyo, D., Purshouse, R. & Rehm, J. (2015). Transition probabilities for four states of alcohol use in adolescence and young adulthood: What factors matter when? *Addiction*, 110(8), 1272-1280.

P6. Doctoral thesis: Individuumsbezogene Prädiktoren für Entwicklung und Verlauf problematischen Cannabiskonsums in der Allgemeinbevölkerung und bei Patienten in Psychotherapie ["Individual predictors of the development and course of problematic cannabis use in the general population, and of patients in psychotherapy"]

PhD student: Maria Neumann; Supervisor: Prof. Dr. Gerhard Bühringer

Duration: 10/2014–09/2017

Background: While predictors for the onset of cannabis use (CU) and CU disorders are well known, predictors of many other stages of problematic CU have been rarely looked at. Understanding these helps developing individually tailored prevention and intervention programs. **Objective:** The thesis focuses on problematic courses of CU and asks two main questions:

1. What are the individual predictors of the development and course of a problematic CU in the general population?
2. What are individual predictors to achieve the desired outcomes in CU treatment?

Methods: To address the first question, a systematic review on prospective cohort studies has been conducted. To address the second question, data from the multicenter treatment study CANDIS II, a randomized-controlled trial study were used. The three potentially relevant individual predictors polysubstance use, withdrawal and refusal self-efficacy were examined in 166 patients who fully completed the treatment. **Results:** 29 publications were included into the review. Some specific predictors, such as alcohol use and peer cannabis use for use increase and persistence were identified, as well as some predictors of relevance for many stages such as recent negative life

events, a high use frequency and externalising symptoms. All three individual attributes predicted treatment outcomes with some differentiation. E. g. Polysubstance use did predict abstinence, but not remission.

Conclusions:

Practical implications of the thesis include the following.

- Certain risky use patterns (e. g. consuming also by day) and externalising disorders should be critical signals for an adverse course of cannabis use at any stage. Above, certain stage-specific predictors need to be considered for the development of prevention and intervention programs.
- Clients with problematic cannabis use can also be successfully treated in cases with mild to moderate polysubstance use and if withdrawal occurs.
- Refusal self-efficacy seems to be an essential resource in the achievement of abstinence and remission and should be sustained appropriately during the intervention.

P7. „Addiction: Early recognition and intervention across the lifespan (AERIAL)“; Teilprojekt P8, Technische Universität Dresden

PI: Prof. Gerhard Bühringer, Prof. Michael Rapp (Universität Potsdam); Staff: Dr. S. Behrendt, Dr. D. Schad
Funding: BMBF; Duration: 02/2015–06/2018

As part of the project „Addiction: Early Recognition and Intervention Across the Lifespan (AERIAL)“, project AERIAL-P8 focuses on the identification of risk factor profiles for the onset and stability of alcohol use disorders and hazardous alcohol use. To achieve this goal, analyses of epidemiological data are conducted at TU Dresden (Prof. Gerhard Bühringer, Dr. Silke Behrendt) and the Universität Potsdam (Prof. Michael Rapp, Dr. Daniel Schad). The project started in 02/2015. It is funded by the Federal Ministry of Education and Research and is part of the Research Network on Mental Disorders.

Background: Comorbid mental disorders in alcohol use disorders (AUD) and problematic alcohol use (PAU) can represent underlying shared psychopathology vulnerabilities or putative independent risk factors for AUD and PAU. However, the role of psychopathology risk profiles in the onset and course of AUD and PAU remains understudied. Also, it is unclear whether risk profiles and their putative roles in AUD and PAU differ by age group. Aims: To investigate psychopathology risk profiles as predictors of subsequent AUD-incidence and -stability in adolescents and young adults as well as in middle-aged and older subjects from the community. **Methods:** Data from two epidemiological studies are used: the prospective-longitudinal EDSP study and the cross-sectional DEGS1-MH study. To investigate risk-profiles and their associations with AUD-outcomes, latent class analysis with auxiliary variables is applied. **Results:** Among adolescents and young adults, a normative-male class (45.9%), an internalizing class (5.3%), and a “nicotine dependence” class (4.5%) were associated with a higher risk of incident alcohol dependence ($p < 0.05$). A baseline comorbidity profile with elevated AUD and other substance use disorder (SUD) probabilities (11.6%) predicted any subsequent AUD (OR 8.5, 95% CI 5.4–13.3). Among middle aged and older adults, risk profiles showed two normative classes (45.5%, 44.9%) with low mental disorder and high male respectively female gender probabilities, a “male-substance use disorder-depression” (4.0%) and a “female-internalizing” class (5.5%). The male-normative and the “male-substance use disorder” class were associated with a higher 12-month PAU-risk (e. g. drinking in excess of different health guidelines). **Conclusions:** In adolescence and young adulthood, an internalizing vulnerability may constitute a pathway to AUD incidence. In contrast, no indication for a role of internalizing comorbidity profiles in AUD-stability was found. This may indicate a limited importance of such profiles in AUD stability for this age group. Among middle aged and older adults, the large group of male individuals with low mental disorder probabilities may be relevant for predicting critical alcohol use behaviors. It may profit from low-threshold general preventive measures. The smaller male group with elevated lifetime substance use disorder and depression risk may rather profit from adapted clinical interventions. For both age groups under consideration, the mechanisms behind the association between the male normative groups and AUD respectively PAU need to be investigated in future research. Substance use disorder-related profiles appear to be relevant for AUD and PAU in both age groups, while the relevance of internalizing profiles appears to differ by age group and the alcohol-related outcome of interest.

Behrendt, S., Bühringer, G., Höfler, M. & Beesdo-Baum, K. (2017). Prediction of incidence and stability of alcohol use disorders by latent internalizing psychopathology risk profiles in adolescence and young adulthood. *Drug and Alcohol Dependence*, 179, 32-41.

Projekt 8: The temporal relationship between internet gaming disorder symptoms and dysfunctional decision-making Staff: Dr. A. Kräplin; re-analysis of data from the project „Verlauf und Stabilität von problematischem Computerspielverhalten über einen Zeitraum von drei Jahren“ [Course and stability of problematic computer game use over three years]

Staff: E.-M. Kraft (geb. Zenses); PI: Prof. Dr. Thomas Mößle, Dr. Florian Rehbein (Kriminologisches

Forschungsinstitut Niedersachsen); Supervisors: Prof. Dr. Gerhard Bühringer, Prof. Dr. Thomas Goschke
Duration: 03/2011-05/2015; ongoing data analysis

Background and aims: Although dysfunctional decision-making is clearly related to the severity of substance-related and addictive disorders (SAD), their temporal relationship remains unclear. Internet gaming disorder (IGD) as a condition that is intended to be included in SAD has shown comparable decision-making impairments. We aimed to examine the temporal role of dysfunctional decision-making in the course of IGD symptom severity. **Method:** A convenience sample of 70 male participants between 18 and 21 was recruited. Stratified sampling was applied to ensure sufficient participants with an increased IGD symptom severity and an increased number of hours spent gaming. All participants were invited for three annual assessments (T1, T2, T3) where we screened IGD symptom severity with the Video Game Dependency Scale (KFN-CSAS-II) and gaming behavior. At T2, an intertemporal-choice task was applied to assess decision-making. **Results:** Partial correlation analyses revealed that increased IGD symptom severity at T1 predicted higher delay discounting in the intertemporal-choice task at T2 ($p=.29$, $p=.03$). In contrast, delay discounting was neither related to IGD symptom severity at T2 nor at T3. Hours spent gaming were not related to delay discounting at any assessment point. Previous IGD symptom severity resp. hours spent gaming significantly predicted the same variables one year later (T1 to T2: $p=.38$, $p<.01$ resp. $p=.49$, $p<.001$; T2 to T3: $p=.58$, $p<.001$ resp. $p=.49$, $p<.001$). **Conclusions:** Dysfunctional decision-making seem to be a consequence of increased IGD symptom severity rather than a correlate or predictive factor. More severe IGD symptoms may be related to further dysfunctional changes in reward-based learning which lead to an overvaluation of immediate rewards. Clinical characteristics like symptom severity and time spent gaming may be more promising predictors in the course of IGD symptom severity than neurocognitive measures of decision-making.

Research Area 2: Impaired cognitive control and impaired learning as core aetiopathological mechanisms for the development of addictive behaviours

P9. Addiction as disorder of volition: Impaired cognitive control functions in nicotine dependence and pathological gambling

PI: Prof. Thomas Goschke, Prof. Gerhard Bühringer; Staff: Dipl.-Psych. A. Kräplin, Dr. R. Mayer
Duration: 04/2011-03/2014, ongoing data analyses; Funding: DFG

Background and aims: Research of the past two decades has suggested that dysfunctional changes in valuation systems and impaired cognitive control networks are two core mechanisms involved in Substance-Related and Addictive Disorders (SAD). In Study 1, we addressed the important open research question 1) which patterns of decision-making impairments and cognitive control dysfunctions are associated with nicotine dependence (ND) and pathological gambling (PG). To improve our knowledge on the adequate stability of the applied decision-making and cognitive control measures for future longitudinal studies on the aetio-pathological processes in SAD, we further aimed 2) to analyze retest reliabilities of such behavioral measures in SAD and controls. In Study 2 we aimed to find out 3) whether decision-making and cognitive control dysfunctions are general characteristics of SAD or specifically prominent in substance-related contexts. **Methods:** Study 1: We recruited a convenience sample of three groups: A PG group ($n=26$), a ND group ($n=42$), both diagnosed according to DSM-IV, and a healthy control group ($n=52$). Participants performed two test sessions within 3-4 weeks with six tasks assessing decision-making and cognitive control. Study 2: In a convenience sample of 27 smokers with ND according to DSM-IV and a control group of 33 never smokers we assessed inhibitory control and decision-making. Priming with smoking-related and neutral pictures was applied before each trial within the tasks. Additionally, we tested the effects of the arousal and valence ratings of the priming pictures as well as of nicotine deprivation and craving. **Results:** Our findings in Study 1 highlight 1) that ND and PG exhibit lower inhibitory control compared to the control group. Decision-making deficits are more pronounced in PG when compared to ND. 2) Retest reliabilities varied extremely between tasks and parameters with the majority displaying fair to good reliabilities. Importantly, retest reliabilities differed significantly between the SAD groups and the control group. In Study 2, we found that 3) participants with ND exhibited lower inhibitory control after smoking-related pictures compared to the control group. This priming effect was explained by the more pleasant valence ratings of the smoking-related pictures in the ND group compared to the control group and was also positively related to nicotine deprivation and craving. Regarding decision-making, we found no priming-effects. **Conclusions:** 1) While ND and PG share deficits in inhibitory control, decision-making is more impaired in PG. Intervention strategies strengthening cognitive control skills might be effective for PG as well as ND whereas strategies enhancing maladaptive valuation of rewards might be specifically effective in PG. 2) Retest reliabilities of decision-making and cognitive control measures are adequate for longitudinal and intervention studies of SAD, although tasks parameters should be selected carefully. However, group differences in retest reliabilities may result in misleading group and intervention effects. To minimize measurement error, studies investigating longitudinal designs may apply latent variable models. 3) While smoking-related priming may trigger impul-

sive and habitual responses by positive affect and approach motivation in ND, never-smokers may display opposing effects due to the negative valuation of the priming cues. Further models and studies on SAD should increasingly focus on underlying aberrant interactions between brain networks involved in valuation and cognitive control.

- Kräplin, A., Behrendt, S., Goschke, T. & Bühringer, G. (2015, 14.05). Assoziation zwischen Nikotinabhängigkeit und erhöhter Impulsivität: Welche Rolle spielen Geschlechtseffekte? (poster). Paper presented at the 9. Workshopkongress für Klinische Psychologie und Psychotherapie & 33. Symposium der Fachgruppe Klinische Psychologie und Psychotherapie der DGPs, Dresden.
- Kräplin, A., Scherbaum, S., Goschke, T. & Bühringer, G. (2016, 14.-16.03.). Real differences or measurement error? Retest reliabilities of behavioral measures in gambling disorder (lecture) (abstract). Paper presented at the 3rd International Conference on Behavioral Addictions (ICAB).
- Kräplin, A., Behrendt, S., Scherbaum, S., Dshemuchadse, M., Bühringer, G. & Goschke, T. (2015). Increased impulsivity in pathological gambling: Considering nicotine dependence. *Journal of Clinical and Experimental Neuropsychology*, 37(4), 367-378.
- Kräplin, A., Bühringer, G., Oosterlaan, J., van den Brink, W., Goschke, T. & Goudriaan, A. E. (2014). Dimensions and disorder specificity of impulsivity in pathological gambling. *Addictive Behaviors*, 39(11), 1646-1651.
- Kräplin, A., Bühringer, G. & Goschke, T. (2017, 09.03.-12.03.). Nicotine deprivation and craving in smokers are related to inhibitory control in smoking-related contexts. Paper presented at the ECNP Workshop for Junior Scientists in Europe, Nice, France.
- Kräplin, A., Dshemuchadse, M., Behrendt, S., Scherbaum, S., Goschke, T. & Bühringer, G. (2014). Dysfunctional decision-making in pathological gambling: Pattern specificity and the role of impulsivity. *Psychiatry Research*, 215(3), 675-682.
- Kräplin, A., Goschke, T. & Bühringer, G. (2015, 16.-18.03). Conflict adaptation in pathological gambling (poster). Paper presented at the 2nd International Conference on Behavioral Addictions, Budapest.
- Kräplin, A., Scherbaum, S., Bühringer, G. & Goschke, T. (2016, 06.09.). Nikotin-assoziiertes Priming erhöht die inhibitorische Kontrolle bei Nikotinabhängigkeit (lecture). Paper presented at the Deutscher Suchtkongress, Berlin, Germany.
- Kräplin, A., Scherbaum, S., Bühringer, G. & Goschke, T. (2016). Retest reliabilities of decision-making and cognitive control measures in addictive disorders *Sucht*, 62, 191-202.
- Kräplin, A., Scherbaum, S., Bühringer, G., & Goschke, T. (submitted). Decision-making and inhibitory control after smoking-related priming in nicotine dependent smokers and never-smokers. *Psychopharmacology*.

P10. Volitional dysfunction in self-control failures and addictive behaviors

PI: Prof. Dr. Thomas Goschke, Prof. Dr. Gerhard Bühringer, Prof. Dr. Michael Smolka, Prof. Dr. Hans-Ulrich Wittchen; Staff: Dr. A. Kräplin, Dr. K.-M. Krönke, Dipl.-Psych. M. Wolff

Funding: Deutsche Forschungsgemeinschaft (DFG), Collaborative Research Centre (CRC 940); Duration: 07/2012-06/2020 (second funding period)

Background and aims: Conflicts between long-term goals (e. g., maintaining health, achieving good grades) and immediate desires or strong habits (e. g., to smoke; eat a tasty dessert; to watch TV) are frequent in everyday life. Failures of self-control in such conflict situations are sources of a wide range of harmful behaviors including substance-related and addictive disorders (SAD), which incur immense personal and societal costs. The long-term aim of our project is to investigate whether impaired cognitive control, performance-monitoring, value-based decision-making and dysfunctional interactions between the underlying brain systems constitute vulnerability factors and/or mediating mechanisms underlying non-pathological daily self-control failures (SCFs) as well as addictive behaviors. **Methods:** In the first funding period we launched a prospective cohort study using a multi-level approach that combines (i) a comprehensive clinical assessment, (ii) behavioral task batteries assessing cognitive control and decision-making functions, (iii) task-related and resting state fMRI, and (iv) smartphone-based experience sampling of daily SCFs. In the first funding phase, from a representative community sample we recruited three groups of participants (each n=110; age 20-26) with (a) symptoms of non-substance related and (b) substance-related addictive disorders according to DSM-5 and (c) syndrome-free controls. **Results and conclusions of the first funding period:** Hypothesis-driven cross-sectional analyses revealed that reduced error-related activity in brain areas involved in performance-monitoring and salience processing (anterior insula; aINS) and inhibitory control (right inferior frontal gyrus; IFG) as well as insufficient modulation of neural value signals in the ventromedial prefrontal cortex (vmPFC) by long-term goals predicted higher proneness to daily SCFs. Moreover, reduced conflict-related brain activity in performance-monitoring areas was associated with repeated unsuccessful attempts to quit smoking. These findings are consistent with a working model according to which deficient performance-monitoring, insufficient recruitment of cognitive control networks in response to conflicts or errors, and insufficient top-down modulation of value signals by long-term goals increase proneness to commit daily SCFs and show symptoms of SAD. **Aims of the second funding period:** Based on these encouraging results, in the second funding period our project will be expanded into a prospective-longitudinal cohort study with yearly clinical follow-up assessments and continued multi-level assessments 3 and 5 years after initial recruitment. This will provide the unique opportunity to examine with a cross-lagged panel design whether daily SCFs and SAD can be predicted by (a) cognitive control competencies as derived from latent variable analyses of our task battery and by (b) activity in brain areas involved in performance-monitoring, cognitive control, and value-based decision-making. This will not only allow us to investigate with sufficient statistical power (1) commonalities and differences in cognitive control functions between subgroups of SAD, but also (2) to address the central unresolved question whether cognitive control and performance-monitoring impairments are causally involved in the development of real-life SCFs and SAD.

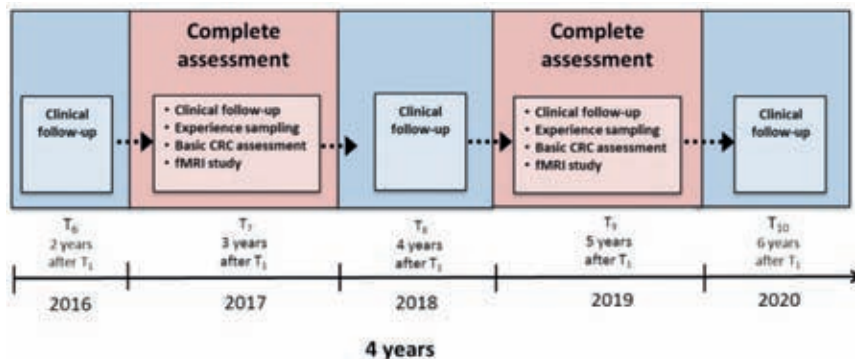


Figure 1: Overview of the planned assessments in the sub-project „Volitional dysfunction in self-control failures and addictive behaviors“ of the Collaborative Research Centre (CRC) 940 in funding period 2.

Kräplin, A., Wolff, M., Krönke, K.-M., Smolka, M. N., Bühringer, G. & Goschke, T. (2015, 23.-25.09). Dysfunctions of cognitive control in addiction: Advances and needs in current research (lecture). Paper presented at the 1st Lisbon Addictions Conference, Lisbon, Portugal.

Kräplin, A. (2017). Conceptualizing behavioural addiction in children and adolescents. *Addiction*.

Wolff, M., Krönke, K.-M., Venz, J., Kräplin, A., Bühringer, G., Smolka, M. N. & Goschke, T. (2016). Action versus state orientation moderates the impact of executive functioning on real-life self-control. *Journal of Experimental Psychology*, 145(12), 1635-1653.

Krönke, K.-M., Wolff, M., Benz, A., & Goschke, T. (2015). Successful smoking cessation is associated with prefrontal cortical function during a Stroop task: A preliminary study. *Psychiatry Research: Neuroimaging*, 234(1), 52-56.

P11. Pilot project: The role of cognitive dysfunctions in predicting real-life gambling behaviour (GAP)

PI: Dr. Anja Kräplin

Funding: Funding opportunities for young researchers of the Department of Psychology, TU Dresden Duration 08/2016-12/2017

Background and aims: There has been important research progress in recent years to understand the onset and course of gambling disorder (GD): First, increasing evidence revealed that cognitive dysfunctions are a core characteristic of GD. Second, recent research has identified gambling characteristics, which differentiate risky gambling behaviour in subjects with clinical and sub-clinical GD from non-problem gambling behaviour. However, there is a high need to combine both research approaches to find out 1) whether specific cognitive processes are related to real-life gambling behavior and whether this relation is interacting with 2) gambling characteristics and 3) the severity of GD. **Methods:** We will recruit a convenience sample of $n=100$ from gambling halls that are either irregular gamblers, regular gamblers, problem gamblers or disordered gamblers to achieve a wide range in GD severity. Participants will undergo laboratory cognitive testing with a comprehensive task battery to assess cognitive control and conflict monitoring. To assess real-life gambling, participants will gamble on two gambling machines with different gambling characteristics for 20 minutes each. To control for cue reactivity, the heart rate of participants will be acquired during the gambling session. Expected results: Our results will gain a better understanding of the aetiopathological processes underlying GD and will gain more knowledge for public health measures, prevention and intervention strategies.

Projekt 12: The effect of negative interpersonal scenes on inhibitory control and decision-making in gambling disorder

Staff: Dr. A. Kräplin; re-analysis of data from the project **“Selbststeuerung, kognitive Kontrolle und Persönlichkeitsaspekte bei der Störung durch Glücksspielen” [Self-control, cognitive control and personality in gambling disorder]**

PI: Dipl.-Psych. Andre Schmidt; Supervisors: Prof. Dr. Thomas Goschke, Prof. Dr. Gerhard Bühringer

Duration: 05/2012-12/2017

Background: Gambling disorder (GD) is characterized by impaired inhibitory control and decision-making and various negative interpersonal experiences. As one possible mechanism in the course of GD, we hypothesized that negative interpersonal scenes further impair inhibitory control and decision-making in GD. **Methods:** In 49 in-patients with GD and 29 healthy individuals, we applied an intertemporal choice task and a go-nogo task. In these tasks, we randomly presented pictures depicting either neutral scenes or negative interpersonal scenes related to a lack of appreciation (e. g., thumb downwards) or a lack of autonomy (e. g., prison scene). **Results:** Relative to the GD group, the control group exhibited a larger reduction of inhibitory control in the go-nogo task after negative autonomy-related compared to neutral scenes. Within the control group, we also found a reduction of inhibitory control after negative appreciation-related compared to neutral scenes. There were no further significant between or within group effects. **Conclusions:** Our contrary finding that negative interpersonal scenes decreased inhibitory control in healthy individuals but not in GD patients, may be explained by different regulation strategies for picture-induced negative affect. In healthy individuals, emotion regulation and inhibitory control may interfere, whereas GD patients may avoid or be less aware of negative affect.

P13. DFG-Research Group FOR 1617 “Learning & habitization as predictors of the development & maintenance of alcoholism”

Coordinator: Prof. Hans-Ulrich Wittchen; Speaker: Prof. Andreas Heinz; Deutsche Forschungsgemeinschaft DFG
Duration: 04/2015-03/2018

The overall aim of the proposed research group is to combine computational models of reinforcement learning and habitization with neuroimaging data and behaviourally relevant outcomes such as harmful alcohol intake, alcohol-associated aggression and the prospective relapse risk. The specific aim of the second FP is to:

- Project 1:** Continue the on-going prospective study in young adults to examine and identify learning mechanisms and their alterations that predict excessive alcohol intake, alcohol use disorders and alcohol-associated aggression.
- Project 2:** Examine the effects of the Zooming Joystick Task, a training designed to reduce an alcohol approach bias, on the neurobiological correlates of learning mechanisms such as Pavlovian-to-Instrumental Transfer (PIT) and to explore whether such neurobiological effects predict treatment outcome in detoxified alcohol-dependent patients.
- Project 3:** Use both individual and group level mixed effects modelling for analysing models of learning mechanisms and develop multivariate risk profiles from learning parameters together with Z-Project.
- Project 6:** Investigate genetic and environmental contributions to the development and maintenance of drinking behaviour using imaging (epi)genetics.
- Project 7:** Predict the development and maintenance of AUD using multivoxel pattern analysis.
- Project 8:** Examine the influence of psychosocial (e.g., social stress) and neuropsychological variables on PIT and goal-directed behavioural patterns in AUD compared to controls.

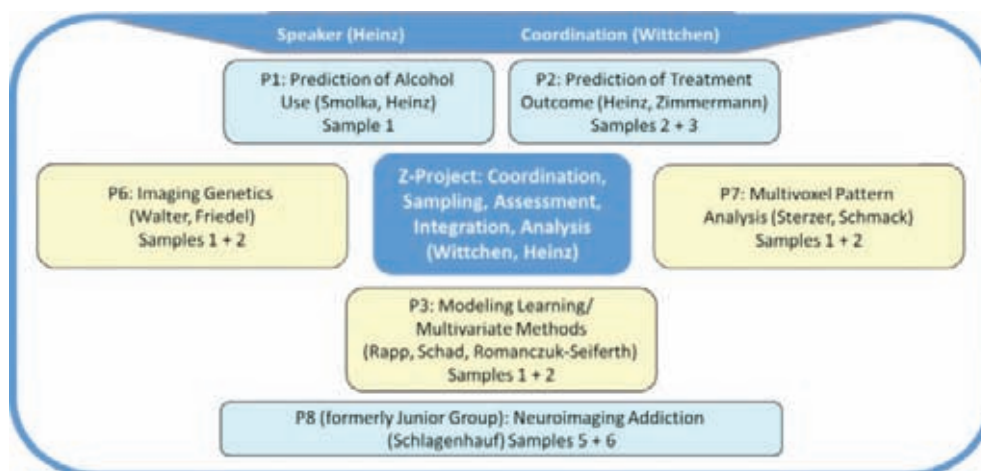


Figure 2: Components of the DFG-Research Group FOR 1617 “Learning & habitization as predictors of the development & maintenance of alcoholism” in its second funding period

In the second FP, we will analyse two groups of subjects, subjects at risk of developing AUD and AUD patients, and their respective controls:

- 1 We will continue to retain, examine, rescan and follow-up for another three years the 200 young adult men aged 21 from the general population, who were successfully recruited at age 18 and enrolled during the first FP (Project 1). The longitudinal approach of the study with repeated re-examinations in yearly intervals including the assessment of alcohol consumption patterns will allow us to link patterns of (excessive) alcohol intake assessed over the whole follow-up observation period to reward-based learning assessed twice, first at the time of inclusion three years ago and then again at the beginning of the second FP.
- 2 We will assess 130 AUD patients and 40 healthy controls with the Zooming Joystick Task, which aims at the reduction of an alcohol approach bias towards drug-related cues (Eberl et al. 2013, Wiers et al. 2011) (Project 2). We endeavour to recruit a substantial number of female alcohol-dependent patients to explore gender differences, which will subsequently be specifically investigated in the second FP. Patients will be recruited in reference to the general population using established inclusion and exclusion criteria and clinical and neuropsychological testing (Heinz et al. 2004, Heinz et al. 2005).
- 3 The focus of **Project 8** is the examination of acute social stress on habitual control and on Pavlovian-to-Instrumental Transfer in AUD in comparison with matched controls. Stress is known to be highly relevant for relapse behaviour; however the underlying neurocognitive mechanisms have yet to be investigated in AUD patients. **Project 8** will also investigate reconsolidation manipulation as a non-pharmacological intervention strategy to reduce the effects of appetitive Pavlovian cues on behaviour.

With respect to our research focus, we are aware of the predominance of males among alcohol-dependent patients, with only 25% of patients being female. Based on our experience from the first FP, we will oversample female alcohol-dependent patients and address gender differences in the second FP.

We will assess the effects of 1) alcohol-associated and affective cues (Grüsser et al. 2004) as well as 2) abstract Pavlovian conditioned cues (fractals) in behavioural and functional imaging paradigms that measure 1) instrumental training, 2) Pavlovian training, 3) Pavlovian-to-Instrumental Transfer (Belin et al. 2009, Garbusow et al. 2014b, Tricomi et al. 2009); furthermore, we will assess functional activation elicited by 3) habitual versus goal-directed decision making using a 2-Step Task (Daw et al. 2011), and by 4) a WM task (Charlet et al. 2013b, Heinz et al. 2014). Finally, we will utilize a WM paradigm to assess executive functions and functional activations elicited in the frontal cortex during test performance, because functional activations elicited by this task predict relapse in alcohol-dependent patients (Charlet et al. 2013b) and moderate alcohol-related aggression (Giancola et al. 2012); moreover, WM capacity appears to have a moderating effect on alcohol avoidance training with the ZJT (Sharbanee et al. 2014). We will employ functional magnetic resonance imaging (fMRI) and positron emission tomography (PET) to identify neuro-functional abnormalities in reinforcement learning (**Projects 1-3**), and assess genetic variation and epigenetic modifications that contribute to the development and maintenance of AUD (**Project 6**). This approach is supported by thorough and precise formulations of the implicated learning mechanisms in a computational framework and a broad approach to contributing factors (using both individual differences measures of cognitive abilities and psychosocial vulnerabilities as well as multivariate risk profiles, with **Project 8** focussing on social stress factors). The results from model-based analyses (**Project 3 & 7**) will be combined with individual difference variables and multivariate risk profiles to longitudinal data in order to extract factors of predictive importance in the development and maintenance of AUD (**Project 3 & Z-Project**).

To increase the power of brain imaging data for the prediction of drinking behaviour, we will apply-in addition to univariate analyses for all imaging analyses-multi-voxel pattern analysis, which uses the information contained in multivariate neural activation patterns to predict individual outcome variables (**Project 7**). Multivariate statistical techniques for multivoxel pattern analysis have proven extremely useful not only for decoding brain states from patterns of brain imaging data on the individual-subject level (Schmack et al. 2013, Sterzer et al. 2008, van Kemenade et al. 2014), but also for between-subject classification, e.g., of clinical diagnosis (Kawasaki et al. 2007, Klöppel et al. 2008a, Klöppel et al. 2008b) and prediction of clinical outcomes (Costafreda et al. 2009, Koutsouleris et al. 2009; unpublished data, manuscript submitted). Importantly, multivariate statistical methods will be adopted to elucidate pathophysiological mechanisms of AUD by relating multivariate neural activation patterns to learning parameters derived from modelling of learning at both individual and group levels (**Project 3**) as well as genetic variables (**Project 6**).

Throughout both funding periods, several scientific contributions to the fields of experimental addiction science (Garbusow et al., 2015; Jünger et al., 2017; Sebold et al., 2017), applied decision-making (Friedel, Sebold et al., 2017), and learning mechanisms (Nebe et al., 2017), have been published as well as conference contributions regarding mathematical modelling (Rapp et al., 2015), research methodology (Kuitunen-Paul, 2017; Kuitunen-Paul, Bühringer et al., 2017; Kuitunen-Paul, Rehm et al., 2017), and psychometrics (Kuitunen-Paul, Jadcowski et al., 2017; Kuitunen-Paul, Schulz et al., 2017; Paul, Rodehacker & Krömer, 2013). The Z-project is also a vital environment for students, providing mentoring for master students, research internships for regional and international students, student assistant opportunities, and selected lectures on addiction topics. Two of these lectures were awarded the Karl-und-Charlotte-Bühler-Preis for outstanding teaching of the TU Dresden. Moreover, six Bachelor theses and ten Master/Diploma theses were finished within the past five years with more in progress.

The publication by Garbusow et al. (2015) is a vivid example of the mixed-methods-approach of our Forschergruppe:

Garbusow, M., Schad, D., Sebold, M., Friedel, E., Bernhardt, N., Koch, S., Steinacher, B., Kathmann, N., Geurts, D., Sommer, C., Müller, D., Nebe, S., Paul, S., Wittchen, H.-U., Zimmermann, U., Walter, H., Smolka, M., Sterzer, P., Rapp, M., Huys, Q., Schlagenhaut, F. & Heinz, A. (2015). Pavlovian to instrumental transfer effects in the nucleus accumbens relate to relapse in alcohol dependence. *Addiction Biology*, 21(3), 719-731.

Abstract:

In detoxified alcohol-dependent patients, alcohol-related stimuli can promote relapse. However, to date, the mechanisms by which contextual stimuli promote relapse have not been elucidated in detail. One hypothesis is that such contextual stimuli directly stimulate the motivation to drink via associated brain regions like the ventral striatum and thus promote alcohol seeking, intake and relapse. Pavlovian-to-Instrumental-Transfer (PIT) may be one of those behavioral phenomena contributing to relapse, capturing how Pavlovian conditioned (contextual) cues determine instrumental behavior (e.g. alcohol seeking and intake). We used a PIT paradigm during functional magnetic resonance imaging to examine the effects of classically conditioned Pavlovian stimuli on instrumental choices in $n = 31$ detoxified patients diagnosed with alcohol dependence and $n = 24$ healthy controls matched for age and gender.

Patients were followed up over a period of 3 months. We observed that (1) there was a significant behavioral PIT effect for all participants, which was significantly more pronounced in alcohol-dependent patients; (2) PIT was significantly associated with blood oxygen level-dependent (BOLD) signals in the nucleus accumbens (NAcc) in subsequent relapsers only; and (3) PIT-related NAcc activation was associated with, and predictive of, critical outcomes (amount of alcohol intake and relapse during a 3 months follow-up period) in alcohol-dependent patients. These observations show for the first time that PIT-related BOLD signals, as a measure of the influence of Pavlovian cues on instrumental behavior, predict alcohol intake and relapse in alcohol dependence.

Our staff personal also contributed to findings in cooperative work groups, including:

- the IMAGEN study on European substance use and development in adolescence (Jurk, Kuitunen-Paul et al., 2015)
- the APC study on alcohol treatment in primary care across several European countries (Kuitunen-Paul, Manthey et al., 2017; Trautmann et al., 2016),
- the Centre for Addiction and Mental Health in Toronto, Canada, with findings on alcohol-related mortality (Kuitunen-Paul & Roerecke, 2017),
- the Raucherambulanz Dresden with results on smoking relapse in an established group-based outpatient intervention (Kuitunen-Paul, Kuipers et al., 2016),
- and the work group Addictive Behaviors, Risk Analysis And Risk Management of sen.-Prof. Gerhard Bühringer with findings on Cannabis use motives in German students (Paul, Bühringer, & Noack, 2014; Paul et al., 2012).

Further achievements include several university and third-party travel fundings, research grants, scholarships for a winter school, an invited talk at the 16. Präsentationsrunde von Forschungsergebnissen des Interdisziplinären Zentrums für Suchtforschung Würzburg (IZSW), and, finally, the Nachwuchspreis of the Norddeutscher Suchtforschungsverbund e.V. in 2017, awarded to our staff member for the following paper:

Jurk*, S., Kuitunen-Paul*, S., Kroemer, N. B., Artiges, E., Banaschewski, T., Bokde, A. L. W., the IMAGEN consortium (www.imagen-europe.com). (2015). Personality and substance use: Psychometric evaluation and validation of the Substance Use Risk Profile Scale (SURPS) in English, Irish, French and German adolescents. *Alcoholism: Clinical and Experimental Research*, 39(11), 2234-2248.

Abstract:

Background: The aim of the present longitudinal study was the psychometric evaluation of the Substance Use Risk Profile Scale (SURPS). **Methods:** We analyzed data from N=2,022 adolescents aged 13-15 at baseline assessment and 2 years later (mean interval 2.11 years). Missing data at follow-up was imputed (N=452). Psychometric properties of the SURPS were analyzed using confirmatory factor analysis, concurrent validity in regard to other personality measurements at baseline assessment, and predictive validity concerning substance use at follow-up. **Results:** The hypothesized four-factorial structure (i.e. the factors Anxiety Sensitivity, Hopelessness, Impulsivity and Sensation Seeking) based on all 23 items resulted in acceptable fit to empirical data, acceptable internal consistencies, moderate retest-reliability coefficients, as well as evidence for factorial, convergent (with other personality measures and drinking motives), and discriminant validity. The proposed factor structure was stable across genders and, to lesser degree, across languages. However, only the SS and the IMP subscales of the SURPS predicted substance use outcomes at 16 years of age. **Conclusions:** The SURPS is unique in its specific assessment of traits related to substance use disorders as well as the resulting shortened administration time. Test-retest reliability was moderate and comparable to other personality scales. However, its relation to future substance use was limited to the SS and IMP subscales in this sample.

Research Area 3: Development and evaluation of therapeutic programs and treatment service systems

P14. Project Elderly: Motivational Enhancement Therapy and Community Reinforcement Approach For Treating Alcohol Problems in the Elderly-an international multicenter study

PI for Germany: Prof. Dr. Gerhard Bühringer, Site coordinator Dresden: Dr. Silke Behrendt; Staff: Dipl.-Psych. A. Kohlmann

Funding: Lundbeck Foundation; Duration: 01/2013-12/2017

Background: Western societies are aging rapidly. There is epidemiological evidence for increasing rates of problematic alcohol consumption patterns and alcohol use disorders in elderly individuals to date. Also, the respective

rates in nursing homes for the elderly are considerable. In contrast to this situation, there is a lack of specifically tailored interventions for alcohol use disorders in the elderly. Usage of outpatient treatment offers in Germany (drug counselling services) by the elderly is low. Established models and infrastructure for an effective cooperation between the service system for substance use disorders and institutions for the elderly are lacking. **Methods:** An international multicenter study. N=1,000 subjects aged ≥ 60 years with DSM-V alcohol use disorders will receive outpatient treatment at four different study sites (Dresden and Munich, Germany; Albuquerque, USA; Odense, Denmark). Participants are randomly assigned to either a short (four sessions) or a long (12 sessions) version of treatment. The short version consists of Motivational Enhancement Therapy (MET), the long version of MET (sessions 1-4) and interventions based on the Community Reinforcement Approach (CRA) (sessions 5-12).

Expected results: We hypothesise that patients in the MET-condition will show a clinically significant improvement of their drinking pattern between onset, end of treatment, and 6- and 12-month follow-up. A good clinical outcome is defined as abstinence or controlled use (i.e. Blood Alcohol Content $\leq 0.5\%$). We further hypothesise that patients randomly assigned to the MET+CRA condition will show a clinically better improvement of their drinking pattern between onset, end of treatment and 6- and 12-month follow-up compared to subjects in the MET condition.

First results on baseline clinical sample characteristics: lost control, desired control, mental/physical problem and craving were the most prevalent ($>70\%$) DSM-5 AUD-symptoms. 54.9% of the sample showed severe AUD according to DSM-5 (moderate: 28.2%, mild: 16.9%). Mean age at DSM-5 AUD-onset was 46.0 years (SD: 15.5). On average, subjects drank 6.3 standard drinks á 12 gram ethanol per day. 39.2% drank daily or almost daily. 93.9% reported bingeing. Greater AUD-severity and male gender were associated with more intense alcohol consumption. Differences between treatment sites were observed for alcohol use, AUD-severity, and age at onset. **Conclusion:** older subjects with AUD presenting for outpatient treatment can possibly be expected to show intense alcohol use patterns, typical dependence symptoms (e. g. lost control, craving), and a wide range of severity and chronicity possibly requiring adapted interventions. Future identification of AUD-features as factors for treatment prognosis in the elderly is needed.

P15. ELDERLY Transfer-Studie

PI: Prof. Dr. Gerhard Bühringer, Dr. Silke Behrendt, Dr. Barbara Braun (IFT Institut für Therapieforschung München)
Funding: German Federal Ministry of Health; Duration: 08/2017-01/2018

The aim is to disseminate results from the ELDERLY-study (see P14) into the German addiction care system, regarding the study and therapeutic concept, interventions, study results, and cooperations with the German care systems for the elderly. Professionals in the addiction care system will be enabled to integrate knowledge and experiences from the ELDERLY-study into the care for elderly subjects with alcohol use disorders. Dissemination will be achieved by a) publications on concepts and results of the Elderly-study in German, b) Workshops and lectures at addiction care conferences in Germany, and c) publication of a treatment-manual for the two ELDERLY-intervention programs in German.

P16. Evaluation of a treatment and control system for pilots with mental disorders

PI: Prof. Dr. Gerhard Bühringer; Staff: Dipl.-Psych. R. Czernecka
Duration: 01/2017-12/2018

AntiSkid is a treatment and control program for commercial pilots with mental disorders. After about 30 years of implementation program utilization, patient and outcome characteristics will be evaluated.

Research Area 4: Development and evaluation of consumer protection in the field of gambling regulation

P17. CEGG-Characteristics and follow-up of gamblers from the German casino exclusion program

PI: Prof. Dr. Gerhard Bühringer; Staff: Dipl.-Psych. R. Kotter, Dr. A. Kräplin
Funding: Unrestricted research grant from Bundesverband deutscher Spielbanken gegründet 2008 als BupriS e.V. to TU Dresden; Duration: 08/2015-06/2018

Background: In the last decades, about 30.000 gamblers were (initially casino-specific, now nationwide) excluded from German casinos. However, the specific characteristics of excluded gamblers remain unclear. Furthermore, scientific research has only focused on self-excluded participants even though exclusion programs also offer forced exclusion by a third party. It is therefore also unclear whether there are any differences between self- and forced-

excluded gamblers with regard to their gambling behaviour and comorbid mental disorders. **Aim:** The characteristics of excluded gamblers and gambling related changes after exclusion will be examined focussing on: 1) sociodemographic, gambling-related, and clinical characteristics, 2) the procedure of the exclusion process, 3) the changes of gambling behaviour including shifting behaviour to non-excluded gambling segments, and 4) treatment utilisation by excluded gamblers. **Methods:** Excluded subjects from 26 German casinos will be assessed with questionnaires and partly with clinical in-depth interviews concerning the mentioned topics. The sub-sample of interviewed participants will be assessed again after one year. **Expected result:** We expect detailed information about excluded gamblers from German casino with regard to their characteristics and the development of gambling behaviour (including shifting behaviour to non-excluded gambling segments). The results will help to monitor and improve exclusion programs as an important component of consumer protection in the field of gambling.

P18. Doctoral thesis: Psychological and behavioral characteristics of gamblers in a follow-up study from the German Casino Exclusion Program [Psychologische und behaviorale Charakteristika gesperrter Glücksspieler in einer Follow-Up Studie in deutschen Spielbanken].

PhD student: Roxana Kotter, Supervisors: Prof. Dr. G. Bühringer, Dr. Anja Kräplin

Funding: Unrestricted research grant from Bundesverband deutscher Spielbanken gegründet 2008 als BupriS e. V. an die TU Dresden; Duration: 08/2015-06/2018

Topic of the doctoral thesis are the analyses of behavioural and clinical changes after exclusion from the access to German casinos and the comparison of self- and forced exclusion (see also P17)

P19. Development and evaluation of consumer protection in the field of gambling regulation

PI: Prof. Dr. Gerhard Bühringer; Staff: Dipl.-Psych. Robert Czernecka

Funding: Unrestricted grant from several public and commercial gambling providers; Duration: 12.2016-11.2019

Background: There is a scientific and health-political debate on how to effectively select and implement consumer protection measures in the field of gambling regulation. **Aim:** The current scientific evidence will be reviewed, e. g. covering licencing and supply regulations, access criteria, staff-based and automatic monitoring of gambling behaviour, support programs and exclusion concepts.

P20. The vulnerable gambler: characteristics, disorder development, remission, early recognition, and protective measures

PI: Prof. Dr. Gerhard Bühringer; Staff: Dipl.-Psych. Robert Czernecka

Funding: Unrestricted research grant from several public and private gambling providers; Duration: 03/2017-11/2019

Background: Only a small share of the active gambling population (in Germany about 1%) develop gambling related problems including a gambling disorder. However the negative consequences of gambling disorders usually impact all areas of life including the family and work field. There fore it is vital to early recognise and protect gamblers in the process of developing a gambling disorder. It is known that the risk for a gambling disorder is not equally distributed in the general population, people seem to have different expressions of vulnerabilities. **Aim:** The scientific evidence will be reviewed to better describe the concept and characteristics of the vulnerable gambler, and to develop effective consumer protection measures to early detect and protect such gamblers.

AG 7 Behavioral Health and Behavioral Medicine

PI: Prof. Dr. Hans-Ulrich Wittchen & Dr. Lars Pieper

Overview:

The Behavioral health and behavioural medicine workgroup focusses on the complex interaction between behavioral factors and the physical and/or mental health of people using epidemiological designs in various research fields. Recent core work packages are:

- Continued publication work of the prospective-longitudinal landmark DETECT program, extending the analyses to a range of new topics, including emphasis on cardio-metabolic and cardiovascular risk factors and markers
- Continued publication work of a project focusing on alcohol use disorders in primary and specialized care (APC Study)
- Continued publication work of a research program with several projects in Alzheimer Dementia (DEMPARK/LANDSCAPE)
- Continued publication work on the International Day for the Evaluation of Abdominal Obesity Study (IDEA)
- Continued publication work of a research program International Study of Prediction of IntraAbdominal Adiposity and its RELationships with CardioMETabolic Risk (INSPIRE-ME)
- Continued publication work of a nationwide study on severe allergic asthma (SAP Needs)
- As a cooperation partner of the Department of Biological Psychology, TU Dresden, we perform a large-scale epidemiological study of the biological and psychological risk factors for burnout disease (ROB study)
- Completion of an epidemiological study on primary care of Adults with Congenital Heart Disease (VEMAH)
- Continued publication work of Registry of Dupuytren's Contracture Treatment Outcomes (ReDUCTo)
- Continued publication work of Maternal Anxiety in Relation to Infant Development Study (MARI)

Diabetes cardiovascular risk-evaluation targets and essential data for commitment of treatment (DETECT)

Chronic kidney disease in primary care in Germany Gergei, I., Klotsche, J; Woitas, R. P., Pieper, L., Wittchen, H.-U., Kramer, B. K., Wanner, C., Mann, J. F. E., Scharnagl, H., März, W. & Mondorf, U.

Aims: The continuing growth of the population with end-stage renal disease (ESRD) in the past two decades has been recognized as a global health burden. In 2002, a definition of chronic kidney disease (CKD) was introduced and different categories of CKD have been reported in the general population. In this study, we examined the prevalence of CKD in primary health care in Germany. **Subjects and methods:** From 2004 to 2007 the prevalence of CKD was estimated in the Diabetes Cardiovascular Risk-Evaluation Targets and Essential Data for Commitment of Treatment (DETECT) study using the Simplified Modification of Diet in Renal Disease (MDRD) and the CKD Epidemiology Collaboration (CKD-EPI) equations. A sample of 4,080 subjects were analysed with detailed laboratory and comorbidity assessment from 851 primary care centres across Germany. **Results:** The prevalence of CKD (≤ 60 ml/min/1.73 m²) was 27.9% estimated by CKD-EPI equation (MDRD eGFR 36.1%) and the prevalence of CKD increased with age and during follow-up. The overall decline in eGFR per year was -1.83 ml/min/year (CKD-EPI). Women have shown a higher decline in eGFR than men. The prevalence of CKD was highest in coronary artery disease patients, followed by diabetes mellitus and arterial hypertension. Individuals with diabetes mellitus have shown the highest progress developing CKD. **Conclusion:** In this representative sample of patients seeking medical advice in primary care, the prevalence of impaired kidney function was almost one third. Given the therapeutic implications, our results call for focused measures to increase the awareness of CKD in primary care.

Gergei, I., Klotsche, J., Woitas, R. P., Pieper, L., Wittchen, H.-U., Krämer, B. K., Wanner, C., Mann, J. F. E., Scharnagl, H., März, W. & Mondorf, U. (2016). Chronic kidney disease in primary care in Germany [Epub2016]. *Journal of Public Health*, 25(2), 223-230.

Obesity and abdominal fat markers in patients with a history of stroke and transient ischemic attacks

Winter, Y., Pieper, L., Klotsche, J., Riedel, O. & Wittchen, H.-U.

Background: Abdominal obesity is a well-recognized cardiovascular risk factor. Conflicting data concerning its significance with respect to stroke have been discussed in recent years. The objective of this study was to analyze the association between anthropometric parameters and the risk of stroke and transient ischemic attacks (TIAs) in German primary care. **Methods:** Patient recruitment in this large-scale epidemiological study was performed in 3188 representative primary care offices in Germany. Among 6980 study participants, 1745 patients with a history

of stroke or TIA were identified and matched for age and gender with 5235 regional controls. Associations between standard anthropometric measures such as body mass index (BMI), waist-to-hip ratio, waist circumference, waist-to-height ratio, and cerebrovascular risk were investigated using logistic regression analysis with adjustment for age, gender, and vascular risk factors. **Results:** BMI showed no significant associations with the risk of stroke or TIA in any of the applied mathematical models. Markers of abdominal obesity were associated with an increased risk of stroke or TIA in the unadjusted model (waist circumference: odds ratio [OR] 1.15; 95% confidence interval [CI], 1.00-1.32; waist-to-hip ratio: OR 1.21; 95% CI, 1.05-1.38; waist-to-height ratio: OR 1.25; 95% CI, 1.09-1.44, comparisons between top and bottom tertiles). After adjustment for vascular risk factors, all associations were insignificant. **Conclusions:** Abdominal obesity is a stronger predictor of risk of stroke or TIA than BMI. However, the association between abdominal obesity and the risk of stroke or TIA is not independent of other vascular risk factors. Stroke-related weight changes should be considered in longitudinal studies examining the role of obesity in cerebrovascular disease.

Winter, Y., Pieper, L., Klotsche, J., Riedel, O. & Wittchen, H.-U. (2016). Obesity and abdominal fat markers in patients with a history of stroke and transient ischemic attacks. *Journal of Stroke and Cerebrovascular Diseases*, 25(5), 1141-1147.

Reduced sleep quality and depression associate with decreased quality of life in patients with pituitary adenomas Leistner, S., Klotsche, J., Dimopoulou, C., Athanasoulia, A. P., Römmler-Zehrer, J., Pieper, L., Schopohl, J., Wittchen, H.-U., Stalla, G. K., Fulda, S. & Sievers, C.

Objectives: Several studies reported decreased quality of life (QoL) and sleep as well as increased rates of depression for patients with pituitary adenomas. Our aim was to explore to what extent differences in depression and sleep quality contribute to differences in QoL between patients with pituitary adenomas and controls. **Design:** A cross-sectional case-control study. Setting: Endocrine Outpatient Unit of the Max Planck Institute of Psychiatry, Munich, Department of Internal Medicine, Ludwig-Maximilians-University, Munich, and the Institute of Clinical Psychology and Psychotherapy, Technical University, Dresden. Participants: Patients with pituitary adenomas (n=247) and controls (from the DETECT cohort, a large epidemiological study in primary care patients) matched individually by age and gender (n=757). **Measurements:** Sleep quality was assessed with the Pittsburgh Sleep Quality Index (PSQI) and QoL was measured by the generic EQ-5D and calculated by the time trade-off- and VAS-method. Depression was categorized as ‚no depression‘, ‚subclinical depression‘, and ‚clinical depression‘ according to the Beck Depressions Inventory for patients and the Depression Screening Questionnaire for control subjects. Statistical analyses: General linear and generalized, logistic mixed models as well as proportional odds mixed models were calculated for analyzing differences in baseline characteristics and in different subgroups. **Results:** Patients with pituitary adenomas showed decreased QoL (VAS index: 0.73+/-0.19) and sleep (PSQI score: 6.75+/-4.17) as well as increased rates of depression (subclinical or clinical depression: 41.4%) compared with their matched control subjects (VAS index: 0.79+/-0.18, PSQI score: 5.66+/-4.31, subclinical or clinical depression: 25.9%). We have shown that a substantial proportion of the reduced QoL (48% respectively 65%) was due to the incidence of depression and reduced sleep quality. **Conclusions:** These findings emphasize the importance of diagnosing depressive symptoms and sleep disturbances in patients with pituitary disease, with the ultimate goal to improve QoL in patients with pituitary adenomas.

Leistner, S., Klotsche, J., Dimopoulou, C., Athanasoulia, A. P., Römmler-Zehrer, J., Pieper, L., Schopohl, J., Wittchen, H.-U., Stalla, G. K., Fulda, S. & Sievers, C. (2015). Reduced sleep quality and depression associate with decreased quality of life in patients with pituitary adenomas. *European Journal of Endocrinology*, 172(6), 733-743.

Predictions get tougher in older individuals: A longitudinal study of optimism, pessimism and depression Armbruster, D., Pieper, L., Klotsche, J. & Hoyer, J.

To examine whether optimism/pessimism reliably predicts depression and whether such function is stable also in older age. In a prospective study, we observed a representative sample of n=4,046 primary care patients over 5 years. The Life Orientation Test (LOT-R, measuring optimism/pessimism) and the Depression-Screening Questionnaire were applied. Medical diagnoses were recorded by the treating physician in a structured medical interview. Depression could only be predicted by LOT-R scores in younger-age cohorts. In older adults, test stability and predictive accuracy of optimism/pessimism were markedly reduced, while somatic comorbidity gained importance as a predictor. Predictive value of screening measures for mental disorders may be specific in older age due to lower trait stability and age-specific psychometric limitations as well as age-related changes in relevant predictors.

Armbruster, D., Pieper, L., Klotsche, J. & Hoyer, J. (2015). Predictions get tougher in older individuals: A longitudinal study of optimism, pessimism and depression [Epub 2014]. *Social psychiatry and psychiatric epidemiology*, 50(1), 153-163.

APC Study**Prävalenz und Behandlungsraten von Störungen durch Alkoholkonsum in der primärärztlichen Versorgung in Deutschland** Trautmann, S., Pieper, L., Kuitunen-Paul, S., Manthey, J., Wittchen, H.-U. & Rehm, J.

Aims: To present findings on the prevalence and treatment of alcohol use disorders (AUD) in primary care in Germany. **Methods:** The APC study (Alcohol Dependence in Primary and Specialist Care in Europe) is a cross-sectional study of primary and specialist healthcare in eight European countries. Findings for the German subsample of 1,356 of the 2,304 participants in 76 out of 207 randomly selected primary healthcare settings in Berlin, Brandenburg, and Saxony are presented. The assessments of general practitioners (GPs) as well as personal and telephone interviews were collected in 2013/2014. **Results:** The 12-month prevalence of alcohol dependence (AD) in primary healthcare was 17.0% for men and 6.4% for women. Only 22.3% of males and 6.7% of female patients with AD had received a disorderspecific treatment. The 12-month prevalence of alcohol abuse was 3.6%, while none of these cases was currently under treatment. Treatment of AUD was associated with risky alcohol consumption (heavy use, binge drinking) as well as somatic (liver disease) and psychiatric (severe mental distress) comorbidity. **Conclusions:** Despite the high prevalence of AUD in primary healthcare, treatment rates are considerably low. Patients with AUD have a higher probability of receiving treatment for more severe AUD if adverse psychological and physical consequences have already occurred. Through early recognition of AUD and early initiation of treatment, GPs could contribute to preventing progression and to reducing the negative consequences of AUD.

Trautmann, S., Pieper, L., Kuitunen-Paul, S., Manthey, J., Wittchen, H.-U. & Rehm, J. (2016). Prävalenz und Behandlungsraten von Störungen durch Alkoholkonsum in der primärärztlichen Versorgung in Deutschland. *Sucht*, 62(4), 233-243.

Alkoholabhängigkeit in der primärärztlichen Versorgung: Welche Patienten werden erkannt? [Alcohol Dependence in Primary Care: Which Patients are Diagnosed?] Kuitunen-Paul, S., Manthey, J., Trautmann, S., Pieper, L., Wittchen, H.-U. & Rehm, J.

Aim: The access to the specialized addiction treatment system is limited when general practitioners do not identify alcohol dependence in patients. We tested how well physicians' diagnoses match results of a standardized diagnostic interview. **Method:** The German sample of the Europe-wide APC-Study comprises n=1356 patients and their diagnoses based on judgements of n=76 German general practitioners and self-reports in the Composite International Diagnostic Interview (CIDI). Diagnoses from both sources were compared using weighted regression analysis. **Results:** German general practitioners identified as many cases as the CIDI-interview, with small overlap. General practitioners identified mostly male and higher-aged patients. Cases with psychiatric comorbidities, risky consumption patterns or disability in everyday activities were diagnosed equivalently. **Conclusion:** Standardized diagnostic methods may enhance the identification of younger and female alcohol-dependent primary care patients.

Kuitunen-Paul, S., Manthey, J., Trautmann, S., Pieper, L., Wittchen, H.-U. & Rehm, J. (2017). Alkoholabhängigkeit in der primärärztlichen Versorgung: Welche Patienten werden erkannt? [Epub 2016]. *Suchttherapie*, 18(2), 82-89.

People with alcohol use disorders in specialized care in eight different European countries

Rehm, J., Allamani, A., Aubin, H.-J., Della Vedova, R., Elekes, Z., Frick, U., Jakubczyk, A., Kostogianni, N., Landsmane, I., Manthey, J., Miquel, L., Paille, F., Pieper, L., Probst, C., Scafuri, F., Shield, K. D., Snikere, S., Struzzo, P., Trapencieris, M., Voller, F., Wittchen, H.-U., Gual, A. & Wojnar, M.

Aim: To provide a description of patients receiving alcohol treatment in eight different European countries, including the level of comorbidities and functional limitations. **Methods:** Drinking behaviours, DSM-IV alcohol use disorder (AUD), mental and somatic comorbidities, disability and health services utilization of 1767 patients from various specialized treatment settings were assessed as representative for regions of eight European countries. Severity of alcohol dependence (AD) in terms of drinking level was compared with a large representative US sample. **Results:** Patients in specialized care for AUDs showed high levels of consumption [average level of daily ethanol intake: 141.1 g, standard deviation (SD): 116.0 g], comorbidity [e. g. liver problems: 19.6%, 95% confidence interval (CI): 17.5-21.6%; depression: 43.2%, 95% CI: 40.7-45.8%; anxiety: 50.3%, 95% CI: 47.8-52.9%], disability and health services utilization (average number of nights spent in hospital(s) during the last 6 months: 8.8, SD: 19.5 nights). Severity of AD was similar to the US sample, but European men consumed on average more alcohol daily. **Conclusions:** High levels of consumption, somatic and mental comorbidities, disability and functional losses were found in this representative treatment sample, indicating that treatment was initiated only at severe stages of AUDs. Earlier initiation of treatment could help to avoid some of the health and social burden.

Rehm, J., Allamani, A., Aubin, H.-J., Della Vedova, R., Elekes, Z., Frick, U., Jakubczyk, A., Kostogianni, N., Landsmane, I., Manthey, J., Miquel, L., Paille, F., Pieper, L., Probst, C., Scafuri, F., Shield, K. D., Snikere, S., Struzzo, P., Trapencieris, M., Voller, F., Wittchen, H.-U., Gual, A. & Wojnar, M. (2015). People with alcohol use disorders in specialized care in eight different European countries. *Alcohol and Alcoholism*, 50(3), 310-318.

General practitioners recognizing alcohol dependence: A large cross-sectional study in 6 European countries

Rehm, J., Allamani, A., Della Vedova, R., Elekes, Z., Jakubczyk, A., Landsmane, I., Manthey, J., Moreno-Espana, J., Pieper, L., Probst, C., Snikere, S., Struzzo, P., Voller, F., Wittchen, H.-U., Gual, A. & Wojnar, M.

Purpose: Although alcohol dependence causes marked mortality and disease burden in Europe, the treatment rate is low. Primary care could play a key role in reducing alcohol-attributable harm by screening, brief interventions, and initiating or referral to treatment. This study investigates identification of alcohol dependence in European primary care settings. **Methods:** Assessments from 13,003 general practitioners, and 9,098 interviews (8,476 joint number of interviewed patients with a physician's assessment) were collected in 6 European countries. Alcohol dependence, comorbidities, and health service utilization were assessed by the general practitioner and independently using the Composite International Diagnostic Interview (CIDI) and other structured interviews. Weighted regression analyses were used to compare the impact of influencing variables on both types of diagnoses. **Results:** The rate of patients being identified as alcohol dependent by the CIDI or a general practitioner was about equally high, but there was not a lot of overlap between cases identified. Alcohol-dependent patients identified by a physician were older, had higher rates of physical comorbidity (liver disease, hypertension), and were socially more marginalized, whereas average consumption of alcohol and mental comorbidity were equally high in both groups. **Conclusion:** General practitioners were able to identify alcohol dependence, but the cases they identified differed from cases identified using the CIDI. The role of the CIDI as the reference standard should be reexamined, as older alcohol-dependent patients with severe comorbidities seemed to be missed in this assessment.

Rehm, J., Allamani, A., Vedova, R. D., Elekes, Z., Jakubczyk, A., Landsmane, I., Manthey, J., Moreno-Espana, J., Pieper, L., Probst, C., Snikere, S., Struzzo, P., Voller, F., Wittchen, H.-U., Gual, A. & Wojnar, M. (2015). General practitioners recognizing alcohol dependence: A large cross-sectional study in 6 European countries. *Annals of Family Medicine*, 13(1), 28-32.

Alcohol use disorders in Europe: A comparison of general population and primary health care prevalence rates

Manthey, J., Gual, A., Jakubczyk, A., Pieper, L., Probst, C., Struzzo, P., Trapencieris, M., Wojnar, M. & Rehm, J.

Aims: Alcohol use disorders (AUDs) are prevalent in Europe but occurrence in primary care and the proportion of treated cases are understudied. This study reports prevalence of AUDs and their treatment in European primary health care settings and compares them with general population estimates. **Procedure:** We sampled 358 general practitioners (GPs, refusal rate: 56.4%) across six European countries (Germany, Hungary, Italy, Latvia, Poland, and Spain) who assessed 13,003 patients including providing AUD diagnoses. A subsample of 8,476 patients (refusal rate: 17.8%) was interviewed subsequently, assessing DSM-IV AUD diagnoses via the Composite International Diagnostic Interview. Final AUD diagnoses combined GP and patient interview information. **Findings:** Past year AUDs were prevalent with 11.8% (95% CI: 11.2-12.5%) across all regions, which is 1.6 times the European general population AUD estimate. Of those diagnosed with AUDs, 17.7% (95% CI: 15.4-20.0%) received professional help. Compared to general population estimates, AUDs and their treatment were more prevalent in primary care settings in most countries, with disproportionately high AUD rates in Italy and Spain and unexpectedly low AUD rates in Hungary. **Conclusions:** We found higher prevalence and treatment rates of AUDs in primary health care compared to general population surveys, with large variability between the observed countries.

Manthey, J., Gual, A., Jakubczyk, A., Pieper, L., Probst, C., Struzzo, P., Trapencieris, M., Wojnar, M. & Rehm, J. (2016). Alcohol use disorders in Europe: A comparison of general population and primary health care prevalence rates. *Journal of Substance Use*, 21(5), 478-484.

DEMPARK/LANDSCAPE

Subtypes of mild cognitive impairment in patients with Parkinson's disease: evidence from the

LANDSCAPE study Kalbe, E., Rehberg, S. P., Heber, I., Kronenbueger, M., Schulz, J. B., Storch, A., Linse, K., Schneider, C., Graber, S., Liepelt-Scarfone, I., Berg, D., Dams, J., Balzer-Geldsetzer, M., Hilker, R., Oberschmidt, C., Witt, K., Schmidt, N., Mollenhauer, B., Trenkwalder, C., Spottke, A., Roeske, S., Wittchen, H.-U., Riedel, O. & Dodel, R.

Objective: Inconsistent results exist regarding the cognitive profile in patients with Parkinson's disease with mild cognitive impairment (PD-MCI). We aimed at providing data on this topic from a large cohort of patients with

PD-MCI. **Methods:** Sociodemographic, clinical and neuropsychological baseline data from patients with PD-MCI recruited in the multicentre, prospective, observational DEMPARK/LANDSCAPE study were analysed. **Results:** 269 patients with PD-MCI (age 67.8 +/- 7.4, Unified Parkinson's Disease Rating Scale (UPDRS-III) scores 23.2 +/- 11.6) were included. PD-MCI subtypes were 39.4% non-amnestic single domain, 30.5% amnestic multiple domain, 23.4% non-amnestic multiple domain and 6.7% amnestic single domain. Executive functions were most frequently impaired. The most sensitive tests to detect cognitive dysfunctions were the Modified Card Sorting Test, digit span backwards and word list learning direct recall. Multiple stepwise regression analyses showed that global cognition, gender and age, but not education or disease-related parameters predicted PD-MCI subtypes. **Conclusions:** This study with the so far largest number of prospectively recruited patients with PD-MCI indicates that non-amnestic PD-MCI is more frequent than amnestic PD-MCI; executive dysfunctions are the most typical cognitive symptom in PD-MCI; and age, gender and global cognition predict the PD-MCI subtype. Longitudinal data are needed to test the hypothesis that patients with PD-MCI with specific cognitive profiles have different risks to develop dementia.

Kalbe, E., Rehberg, S. P., Heber, I., Kronenbürger, M., Schulz, J. B., Storch, A., Linse, K., Schneider, C., Gräber, S., Liepelt-Scarfone, I., Berg, D., Dams, J., Balzer-Geldsetzer, M., Hilker-Roggendorf, R., Oberschmidt, C., Witt, K., Schmidt, N., Mollenhauer, B., Trenkwalder, C., Spottke, A., Roeske, S., Wittchen, H.-U., Riedel, O. & Dodel, R. (2016). Subtypes of mild cognitive impairment in Parkinson patients: Evidence from the LANDSCAPE study. *Journal of Neurology, Neurosurgery and Psychiatry*, 87(10), 1099-1105.

Verbal memory declines more in female patients with Parkinson's disease: The importance of gender-corrected normative data Fengler, S., Roeske, S., Heber, I., Reetz, K., Schulz, J. B., Riedel, O., Wittchen, H.-U., Storch, A., Linse, K., Baudrexel, S., Hilker, R., Mollenhauer, B., Witt, K., Schmidt, N., Balzer-Geldsetzer, M., Dams, J., Dodel, R., Graber, S., Pilotto, A., Petrelli, A., Funkele, S., Kassubek, J. & Kalbe, E.

Background: Data on gender-specific profiles of cognitive functions in patients with Parkinson's disease (PD) are rare and inconsistent, and possible disease-confounding factors have been insufficiently considered. **Method:** The LANDSCAPE study on cognition in PD enrolled 656 PD patients (267 without cognitive impairment, 66% male; 292 with mild cognitive impairment, 69% male; 97 with PD dementia, 69% male). Raw values and age-, education-, and gender-corrected Z scores of a neuropsychological test battery (CERAD-Plus) were compared between genders. Motor symptoms, disease duration, l-dopa equivalent daily dose, depression and additionally age and education for the raw value analysis were taken as covariates. **Results:** Raw-score analysis replicated results of previous studies in that female PD patients were superior in verbal memory (word list learning, $p=0.02$; recall, $p=0.03$), while men outperformed women in visuoconstruction ($p=0.002$) and figural memory ($p=0.005$). In contrast, gender-corrected Z scores showed that men were superior in verbal memory (word list learning, $p=0.02$; recall, $p=0.02$; recognition, $p=0.04$), while no difference was found for visuospatial tests. This picture could be observed both in the overall analysis of PD patients as well as in a differentiated group analysis. **Conclusions:** Normative data corrected for gender and other sociodemographic variables are relevant, since they may elucidate a markedly different cognitive profile compared to raw scores. Our study also suggests that verbal memory decline is stronger in women than in men with PD. Future studies are needed to replicate these findings, examine the progression of gender-specific cognitive decline in PD and define different underlying mechanisms of this dysfunction.

Fengler, S., Roeske, S., Heber, I., Reetz, K., Schulz, J. B., Riedel, O., Wittchen, H.-U., Storch, A., Linse, K., Baudrexel, S., Hilker, R., Mollenhauer, B., Witt, K., Schmidt, N., Balzer-Geldsetzer, M., Dams, J., Dodel, R., Graber, S., Pilotto, A., Petrelli, A., Funkele, S., Kassubek, J. & Kalbe, E. (2016). Verbal memory declines more in female patients with Parkinson's disease: The importance of gender-corrected normative data. *Psychological Medicine*, 46(11): 2275-2286.

Overlooking informal dementia caregivers' burden Riedel, O., Klotsche, J. & Wittchen, H.-U.

Patients with Alzheimer's disease (AD) need early caregiver support. Caregivers often have poor health, but usually do not have time to seek medical advice for their own conditions. Patients' physicians, who are frequently the sole medical practitioner caregivers contact regularly, have an important function in recognizing family caregivers' burdens. The current study investigated to what extent medical practitioners recognized family caregivers' problems. In a two-staged survey in neurology outpatient care, caregivers of patients with mild or moderate AD were enrolled and assessed by physicians regarding their physical and mental burden, as well as need for help and advice about AD. Subsequently, caregivers' mental health was evaluated in a comprehensive diagnostic interview by blinded psychologists. Overall, 73.7% of caregivers had at least one somatic condition and 43.7% had clinically relevant depressive symptoms (of these, 37.5% met criteria for major depression). The findings suggest that the burden of a substantial proportion of affected family caregivers is overlooked.

Riedel, O., Klotsche, J. & Wittchen, H.-U. (2016). Overlooking informal dementia caregivers burden. *Research in Gerontological Nursing*, 9(4): 167-174.

International day for the evaluation of abdominal obesity study (IDEA)**Users and utilization of support groups among the caregivers of dementia patients results of a naturalistic observational study** Riedel, O. & Wittchen, H.-U.

Caring for patients with Alzheimer's disease (AD) is frequently associated with an increased burden for the caregiving relatives (CG). While therapeutic options and low threshold assistance offers for a reduction of the burden have become well established, data on the utilization of support groups (SG) are still lacking.

In the outpatient neurological and psychiatric routine treatment, AD patients were enrolled with their accompanying CG in a 2-stage study. Firstly, each patient was clinically documented by the treating physician and each CG was asked to fill out a questionnaire on the current care situation at the patient's home. In stage two, each CG was additionally assessed with a standardized interview and screened for depression with the depression screening questionnaire (DSQ). Each CG also rated the current CG burden, life satisfaction and health condition on a visual analogue scale (VAS). Overall, 14.8% of CGs attended an SG. The CGs who visited an SG showed a tendency to report a severe CG burden more often than CGs who did not (71.9% vs. 56.3%, $p=0.060$) and more frequently a lower satisfaction with life (33.3 vs. 17.2%, $p<0.01$). They also reported higher rates of verbal and physical aggression by the patients (51.5% vs. 34.0%, $p<0.05$ and 39.4% vs. 12.7%, $p<0.01$, respectively) and appraised their health condition to be lower (VAS score 66.0 % vs. 54.0, $p < 0.01$). Depressive disorders occurred in both groups at similar rates (54.1% and 42.1%, $p=0.317$). The data suggest that the decision to join an SG is influenced more by behavioral and non-cognitive symptoms of the AD rather than its duration or severity.

Riedel, O. & Wittchen, H.-U. (2017). Users and utilization of support groups among the Caregivers of dementia patients results of a naturalistic observational study. *Zeitschrift für Gerontologie und Geriatrie*, 50(1): 14-20.

International study of prediction of intraabdominal adiposity and its relationships with cardiometabolic risk (INSPIRE-ME)

Visceral, subcutaneous abdominal adiposity and liver fat content distribution in normal glucose tolerance, impaired fasting glucose and/or impaired glucose tolerance Borel, AL., Nazare, JA., Smith, J., Aschner, P., Barter, P., Van Gaal, L., Tan, CE., Wittchen, H.-U., Matsuzawa, Y., Kadowaki, T., Ross, R., Brulle-Wohlhueter, C., Almerás, N., Haffner, SM., Balkau, B. & Despres, J. P.

Objectives: To examine the specific distribution of liver fat content, visceral and subcutaneous adiposity in normal glucose tolerance (NGT/NGT), isolated impaired fasting glucose (iIFG), isolated impaired glucose tolerance (iIGT) and combined conditions (IFG+IGT), as well as with newly diagnosed type 2 diabetes (nT2D). **Design:** Multicenter, international observational study: cross-sectional analysis. **SUBJECTS:** Two thousand five hundred and fifteen patients (50.0% women, 54.5% non-Caucasian) without previously known diabetes were recruited from 29 countries. Abdominal fat distribution was measured by computed tomography (CT). Liver fat was estimated using the CT-liver mean attenuation. **Results:** Compared with NGT/NGT patients, increased visceral adiposity was found in iIFG, iIGT, IFG+IGT and nT2D; estimated liver fat progressively increased across these conditions. A one-s.d. increase in visceral adiposity was associated with an increased risk of having iIFG (men: odds ratio (OR) 1.41 (95% confidence interval (CI) 1.15-1.74), women: OR 1.62 (1.29-2.04)), iIGT (men: OR 1.59 (1.15-2.01), women: OR 1.30 (0.96-1.76)), IFG+IGT (men: OR 1.64 (1.27-2.13), women: OR 1.83 (1.36-2.48)) and nT2D (men: OR 1.80 (1.35-2.42), women: OR 1.73 (1.25-2.41)). A one-s.d. increase in estimated liver fat was associated with iIGT (men: OR 1.46 (1.12-1.90), women: OR 1.81 (1.41-2.35)), IFG+IGT (men: OR 1.42 (1.14-1.77), women: OR 1.74 (1.35-2.26)) and nT2D (men: OR 1.77 (1.40-2.27), women: OR 2.38 (1.81-3.18)). Subcutaneous abdominal adipose tissue showed an inverse relationship with nT2D in women (OR 0.63 (0.45-0.88)). **Conclusions:** Liver fat was associated with iIGT but not with iIFG, whereas visceral adiposity was associated with both. Liver fat and visceral adiposity were associated with nT2D, whereas subcutaneous adiposity showed an inverse relationship with nT2D in women.

Borel, A.-L., Nazare, J.-A., Smith, J., Aschner, P., Barter, P., van Gaal, L., Tan, C. E., Wittchen, H.-U., Matsuzawa, Y., Kadowaki, T., Ross, R., Brulle-Wohlhueter, C., Almerás, N., Haffner, S. M., Balkau, B., Després, J.-P. & for the INSPIRE ME IAA investigators. (2014). Visceral, subcutaneous abdominal adiposity and liver fat content distribution in normal glucose tolerance, impaired fasting glucose and/or impaired glucose tolerance. *International Journal of Obesity*, 39(3), 495-501.

Usefulness of measuring both body mass index and waist circumference for the estimation of visceral adiposity and related cardiometabolic risk profile (from the INSPIRE ME IAA Study) Nazare, J. A., Smith, J., Borel, A. L., Aschner, P., Barter, P., Van Gaal, L., Tan, C. E., Wittchen, H.-U., Matsuzawa, Y., Kadowaki, T., Ross, R., Brulle-Wohlhueter, C., Almeras, N., Haffner, S. M., Balkau, B. & Despres, J. P.

Despite its well-documented relation with visceral adiposity (VAT) and cardiometabolic risk (CMR), whether waist circumference (WC) should be measured in addition to body mass index (BMI) remains debated. This study tested the relevance of adding WC to BMI for the estimation of VAT and CMR. In the International Study of Prediction of Infra-abdominal Adiposity and Its Relationship with Cardiometabolic Risk/Intra-abdominal Adiposity, 297 physicians recruited 4,504 patients (29 countries). Both BMI and WC were measured, whereas VAT and liver fat were assessed by computed tomography. A composite CMR score was calculated. From the 4,109 patients included in the present analyses (20.5 BMI < 40 kg/m², 47% women), about 30% displayed discordant values for WC and BMI quintiles, despite a strong correlation between the 2 anthropometric variables ($r=0.87$ and $r=0.84$ for men and women, respectively, $p<0.001$). Within each single BMI unit, VAT and WC showed substantial variability between subjects (mean difference between 90th and 10th percentiles: 175 cm²/16 cm and 137 cm²/18 cm for VAT/WC in men and women, respectively). Within each BMI category, increasing gender-specific WC tertiles were associated with significantly higher VAT, liver fat, and with a more adverse CMR profile. In conclusion, this large international cardiometabolic study highlights the frequent discordance between BMI and WC, driven by the substantial variability in VAT for a given BMI. Within each BMI category, WC was cross-sectionally associated with VAT, liver fat, and CMR factors. Thus, WC allows a further refinement of the CMR related to any given BMI.

Nazare, J.-A., Smith, J., Borel, A.-L., Aschner, P., Barter, P., van Gaal, L., Tan, C. E., Wittchen, H.-U., Matsuzawa, Y., Kadowaki, T., Ross, R., Brulle-Wohlhueter, C., Alméras, N., Haffner, S. M., Balkau, B., Després, J.-P. & for the INSPIRE ME IAA investigators. (2015). Usefulness of measuring both body mass index and waist circumference for the estimation of visceral adiposity and related cardiometabolic risk profile (From the INSPIRE ME IAA Study) [Epub 2014]. *The American Journal of Cardiology*, 115(3), 307-315.

SAP-Needs

Asthma trigger reports are associated with low quality of life, exacerbations and emergency treatments Ritz, T., Wittchen, H.-U., Klotsche, J., Mühlig, S. & Riedel, O.

Rationale: Despite the importance of trigger perceptions for asthma diagnosis and management, associations among asthma triggers, affective disorders, and asthma outcome have received little attention. Objectives: Because anxiety and depression are known to influence patients' health reports, we measured and controlled for these affective disorders in analyzing associations among patient perceptions of asthma triggers and asthma treatment outcomes. **Methods:** Patients from a nationally representative sample of respiratory specialist practices ($n=459$) were assessed for clinically significant anxiety and depression and completed questionnaires on asthma triggers, quality of life, and asthma control. Physicians recorded exacerbation and emergency treatment frequencies in the prior year, spirometric lung function, and allergy test results. Hierarchical multiple regressions examined associations among reported trigger factors, anxiety, depression, and asthma outcomes, including quality of life, asthma control, exacerbations, emergencies, and spirometry. **Measurements and Main Results:** Patients across asthma severity levels were well represented. Anxiety and depression were associated with more frequent nonallergic, in particular psychological, triggers. Controlling for demographics, asthma severity, anxiety, and depression, nonallergic asthma triggers (including psychological triggers) explained substantial portions of variance in asthma control (total of 19.5%, odds ratios [ORs]=2.07-1.37 for individual triggers), asthma-related quality of life (total of 27.5%, ORs=3.21-1.49), and general quality of life (total of 11.3%, ORs=1.93-1.55). Psychological triggers were consistently associated with exacerbations and emergency treatments (ORs=1.96-2.04) over and above other triggers and affective disorders. Spirometric lung function was largely unrelated to perceived asthma triggers. **Conclusions:** Patients' perceptions of asthma triggers are important determinants of asthma outcomes, which can help identify individuals at risk for suboptimal asthma management.

Ritz, T., Wittchen, H.-U., Klotsche, J., Mühlig, S., Riedel, O. & for the sap-NEEDs study group. (2016). Asthma trigger reports are associated with low quality of life, exacerbations and emergency treatments. *Annals of the American Thoracic Society*, 13(2), 204-211.

Psychological and biological risk factors of burnout (Dresden Burnout Study)

PI: Prof. Dr. Clemens Kirschbaum, Dr. Lars Pieper; Staff: Prof. A. Buske-Kirschbaum, Prof. Dr. J. Schmitt, Dr. R. T. Miller, Dipl.-Psych. R. Hoffmann;
 Funding: Support-the-best Pool (TU Dresden); Duration: 01/2014-ongoing

Research shows that psychological stress at work effects on the physical and mental health. Reports of health insurance and the stress-report 2012 illustrate the need to address stress at the workplace, as they reported an increase of work-related stress and mental disability days. According to findings of the World Health Organization (WHO) stress can be considered as one of the major health problems of our time. The pathological consequences of chronic stress include a syndrome, which is characterized by emotional, physical and cognitive exhaustion, cynicism and reduced performance – the burnout syndrome. Many years of research has led to a more or less clear picture of the symptoms of burnout. However, no precise statements about the psychological and biological conditions of origin of the disease can be drawn. Therefore, in this project psychological and biological risk factors of burnout should be explored in order to identify risk groups and develop effective prevention and intervention measures. This project will also generate current epidemiological information on burnout in Germany and German-speaking countries. For this purpose approximately 10,000 volunteers should be recruited to answer different questionnaires to the burnout topic and associated factors in an online survey. To identify risk structures data should be collected longitudinally in this study in contrast to the majority of previous studies. The first follow-up survey should take place about a year after the baseline survey. In addition to the questionnaire study a blood collection and analysis should be carried out in a subgroup of 500 subjects in order to determine exploratory biomarkers for burnout.

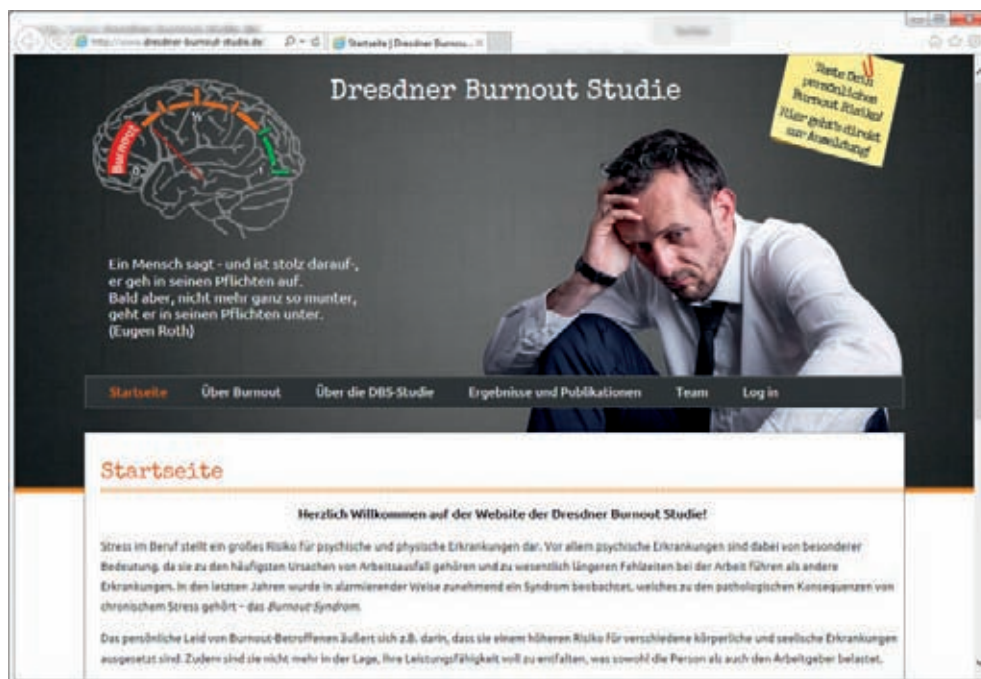


Figure: Online screening platform of the ROB study

Primary care of adults with congenital heart disease (VEMAH)

Sind Erwachsene mit angeborenen Herzfehlern ausreichend versorgt? Neidenbach, R., Schelling, J., Pieper, L., Sanftenberg, L., Oberhoffer, R., de Haan, F., Weyand, M., Schlensak, C., Lossnitzer, D., Nagdyman, N., von Kodolitsch, Y., Kallfelz, H. C., Helm, P.C., Bauer, U., Ewert, P., Meinertz, T. & Kaemmerer, H.

Die Zahl erwachsener Patienten mit angeborenen Herzfehlern (EMAH) wird in Deutschland auf ca. 280.000 geschätzt und ist damit größer als die der Kinder mit angeborenen Herzfehlern (AHF). Kardiovaskuläre Rest- und Folgezustände bei fast allen EMAH erfordern die lebenslange Nachsorge. Trotzdem werden schätzungsweise mehr

als 200.000 EMAH nicht von zertifizierten Spezialisten behandelt. Dies ist besonders kritisch, da viele Ärzte der Basisversorgung keine spezifischen Kenntnisse über die Probleme dieser teils sehr komplexen Anomalien haben. Auch können bei vorerst benignen Anomalien mit zunehmendem Patientenalter relevante Probleme auftreten, selbst nach frühzeitig durchgeführter Therapie. Typisches Beispiel ist die pulmonalarterielle Hypertonie bei primären Links-rechts-Shunt-Vitien. Unzureichende Verlaufskontrolle und Nachsorge können sich negativ auf Morbidität und Mortalität der Betroffenen auswirken. Frühzeitige präventive Maßnahmen werden möglicherweise nicht rechtzeitig eingeleitet. Kardiale Hauptprobleme der EMAH betreffen Herzinsuffizienz, -rhythmusstörungen, Endokarditiden und pulmonalvaskuläre Erkrankungen. Mit zunehmendem Alter stellen kardiale oder nichtkardiale Komorbiditäten weitere Probleme dar. Diese manifestieren sich oft anders als bei erworbenen Herzerkrankungen. Dort etablierte Therapieregime lassen sich nicht unbedingt auf AHF übertragen. Treten bei EMAH Probleme neu auf, wenden sie sich zumeist primär an ihren Haus- oder Allgemeinarzt. Trotz überwiegend fehlender spezifischer Kenntnisse zu EMAH stellt dieser die Weichen für die adäquate Diagnostik, Behandlung und prophylaktische Maßnahmen. Daher muss der Hausarzt wissen, welcher (Kinder-) Kardiologe mit entsprechender EMAH-Erfahrung für das gemeinsame Patientenmanagement infrage kommt.

Neidenbach, R., Schelling, J., Pieper, L., Sanftenberg, L., Oberhoffer, R., de Haan, F., Weyand, M., Schlensak, C., Lossnitzer, D., Nagdyman, N., von Kodolitsch, Y., Kallfelz, HC., Helm, PC., Bauer, U., Ewert, P., Meinertz, T. & Kaemmerer, H. (2017). Sind Erwachsene mit angeborenen Herzfehlern ausreichend versorgt? Zeitschrift für Herz-Thorax- und Gefäßchirurgie, 1–12.

Striking supply gap in adults with congenital heart disease?/Erwachsene mit angeborenen Herzfehlern – Eklatante Versorgungslücke? Neidenbach, R., Kaemmerer, H., Pieper, L., Ewert, P. & Schelling, J.

In Deutschland leben rund 200 000 Erwachsene mit angeborenen Herzfehlern, die sich nicht in Behandlung von zertifizierten Spezialisten befinden, obwohl in den letzten Jahren entsprechende Versorgungsstrukturen flächendeckend geschaffen wurden. Für diese Patienten besteht eine nicht unerhebliche medizinische Unterversorgung mit potenziellen Auswirkungen auf Morbidität und Mortalität.

Neidenbach, R., Kämmerer, H., Pieper, L., Ewert, P. & Schelling, J. (2017). Erwachsene mit angeborenen Herzfehlern – Eklatante Versorgungslücke? Deutsche Medizinische Wochenschrift, 142(4), 301-303.

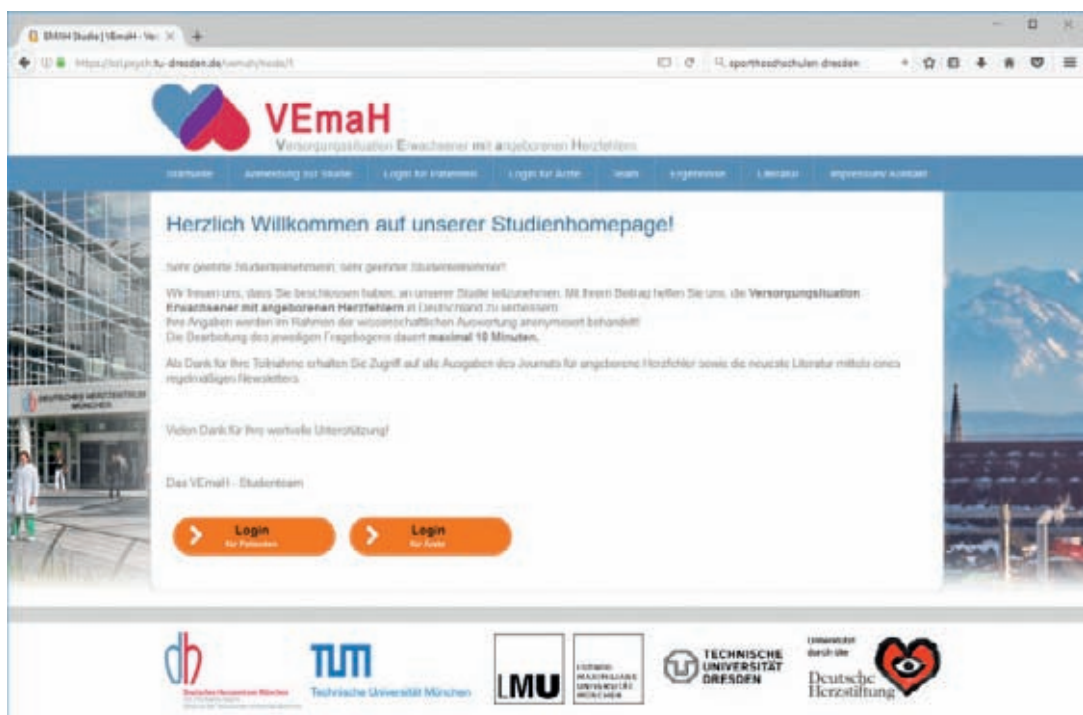


Figure: Online screening platform of the VEmaH study

Registry of Dupuytren's contracture treatment outcomes ReDUCTo

Treatment of Dupuytren's contracture with collagenase clostridium histolyticum under clinical practice conditions: ReDUCTo study Haerle, M., Witthaut, J., Giunta, R. E., Huscher, D., Pieper, L., Kirch, W. & Pittrow, D.

Background: To date, real-life data on non-surgical correction of Dupuytren's contracture with collagenase clostridium histolyticum injection (CCH, Xiapex®) are limited. **Methods and Results:** In an open-label non-interventional study in 87 patients in Germany (mean age 65.1±9.8 years, 79.3% males), patients were followed up until 1 year after injection. 63 (73.3%) received the injection at the MCP joint, and 23 (26.7%) at the PIP. The mean grade of contracture in the presently treated finger at baseline was for the MCP joint 32.4°±25.1, for the PIP° 29.2±31.5, and for the DIP° 0.5±2.0. At days 30/360 compared to baseline, the degree of contracture of the MCP joint was reduced by 28.2°±24.6/30.8°±25.0, of the PIP by 20.0°±24.7/8.5°±29.6, and of the DIP by 0.01°±1.9/0.7±2.3. Improvement of hand function at day 30/360 was rated by physicians as very good in 69.5/60.9%, as good in 23.2/28.3%, and as poor in 7.3/8.7%, and none in 0.0/2.2%. No serious adverse drug reactions (SADR) occurred. Adverse drug reactions (ADR) were noted within 24 hours injection in 64 patients (74.4%), mostly contusion/swelling, pain, blood blister or other bleeding at the injection site, or ecchymosis. In an overall assessment, at day 30/360, 73.5%/95.7% of the physicians rated tolerability of CCH in their patients as very good, 22.9%/2.2% as good, and 3.6%/2.2% as moderate. On the EQ-5D Visual Analog Scale the mean score improved from 79.5±17.9 to 83.8±15.8 at day 30, and to 85.4±14.1 at day 360. On the Michigan Hand Questionnaire, the total score was 67.5 points at baseline, 75.7 points at day 30 and 75.2 points at day 360. **Conclusions:** Overall, treatment with CCH under clinical practice conditions was effective and well tolerated. Quality of life and hand function improved substantially. No unknown safety issues were identified during the study.

Haerle, M., Witthaut, J., Giunta, R., Huscher, D., Pieper, L., Kirch, W. & Pittrow, D. (2015). Treatment of Dupuytren's contracture with collagenase clostridium histolyticum under clinical practice conditions: ReDUCTo study GMS German Plastic, Reconstructive and Aesthetic Surgery, 5.

Maternal anxiety in relation to infant development study (MARI)

Associations of anxiety disorders, depressive disorders and body weight with hypertension during pregnancy

Winkel, S., Einsle, F., Pieper, L., Höfler, M., Wittchen, H.-U. & Martini, J.

The purpose of this study was to prospectively examine the relationships between maternal DSM-IV-TR anxiety disorders, depressive disorders, and body mass index (BMI) with arterial hypertension and blood pressure during pregnancy. In the Maternal Anxiety in Relation to Infant Development (MARI) study, n=306 women were enrolled in early pregnancy and repeatedly assessed during peripartum period. DSM-IV-TR anxiety and depressive disorders prior to pregnancy, lifetime anxiety/depression liability, and BMI during early pregnancy were assessed with the Composite International Diagnostic Interview for Women (CIDI-V). Based on their prepregnancy status, all participants were assigned to one of the following initial diagnostic groups: No anxiety nor depressive disorder (no AD), pure depressive disorder (pure D), pure anxiety disorder (pure A), and comorbid anxiety and depressive disorder (comorbid AD). Blood pressure measurements were derived from medical records. Arterial hypertension during pregnancy was defined by at least two blood pressure values a parts per thousand yen 140 mmHg systolic and/or a parts per thousand yen 90 mmHg diastolic. n=283 women with at least four documented blood pressure measurements during pregnancy were included in the analyses. In this sample, n=47 women (16.6 %) were identified with arterial hypertension during pregnancy. Women with comorbid AD (reference group: No AD) had a significantly higher blood pressure after adjustment for age, parity, smoking, occupation, household income, and education (systolic: Linear regression coefficient [beta]=3.0, 95 % confidence interval [CI]=0.2-5.7; diastolic, beta=2.3, 95 % CI=0.1-4.4). Anxiety liability was associated with an increased risk of hypertension (odds ratio [OR]=1.1, 95 % CI=1.0-1.3) and a higher systolic blood pressure (beta=0.4, 95 % CI=0.0-0.7). The adjusted interaction model revealed a significant interaction between the diagnostic group pure A and BMI for hypertension (ORIT=1.5, 95 % CI=1.1-2.1). Especially, women with a lifetime history of comorbid anxiety and depression and obese pregnant women with a lifetime history of pure anxiety disorder should be informed about their heightened risk of hypertension, monitored with regular blood pressure measurements, and provided with strategies for prevention and early intervention such as changes in diet and physical activity.

Winkel, S., Einsle, F., Pieper, L., Höfler, M., Wittchen, H.-U. & Martini, J. (2015). Associations of anxiety, depressive disorders and body weight with hypertension during pregnancy [Epub 2014]. Archives of Women's Mental Health, 18(3), 473-483.

AG 8 Essstörungen/Eating Disorders & E-Mental-Health

Prof. Dr. Corinna Jacobi & Dr. Ina Beintner

Overview:

The main focus of our research in the past two years was the advancement of online-programmes for the prevention and treatment of eating disorders. Based on findings from over 10 years of research with different versions of the online prevention program StudentBodies, we developed a comprehensive suite of programs directed at women at diverse stages of risk for developing an eating disorder. In order to deliver this prevention program safely, we also developed an online screening to detect women with eating disorders who likely need more intensive treatment. The feasibility of disseminating this new tailored intervention in the general population – **everyBody** – was examined in a pilot study and currently, the mental health impact of the intervention is being evaluated in a large population study in Germany, Austria and Switzerland aiming for more than 4000 participants. This study is funded by the European Union's Horizon 2020 research and innovation programme (GA 63475).

Encouraged by the positive effects of StudentBodies in women with subthreshold eating disorders we also designed a pragmatic multicenter randomised controlled trial to evaluate if an adapted version of the program (**everyBody Plus**) will also be associated with benefits for women with bulimia nervosa and binge eating disorder who have to wait for outpatient treatment in Germany and the UK. This study is also funded by the European Union's Horizon 2020 research and innovation programme (GA 63475).

In a third multicenter study funded by the European Union's Horizon 2020 research and innovation programme (GA 63475) and led by a team of researchers from King's College London, we serve as a trial site to evaluate the online intervention **WE CAN** directed at carers of sufferers from anorexia nervosa.

These three large clinical studies are part of the research consortium „**ICare - Integrating Technology into Mental Health Care Delivery in Europe**“ which is coordinated by Prof. Dr. Corinna Jacobi and her team. ICare brings together experts in online mental health care from across Europe. The network consists of a total of seven clinical studies and supplementary research projects. In one of these supplementary projects, we will examine **Moderators and Mediators of Adherence and Outcomes** across all seven clinical studies in ICare using individual data meta-analysis.

We completed the randomized controlled trial on an online program (**StudentBodies-AN**) aiming at reducing risk factors for anorexia nervosa in young women age 18 and above which was funded by the Else Kröner-Fresenius-Stiftung.

We also continued our substudy “Interrelations between eating and substance use disorders” in the EC network “The Integrated Neurobiology of Food Intake, Addiction and Stress (**NeuroFAST**)” in collaboration with Prof. Dr. Hans-Ulrich Wittchen, our department represents one of the sites involved”.

P1. Entwicklung eines Online-Screenings zur Erkennung von Essstörungen

PI: Dr. Ina Beintner, Prof. Dr. Corinna Jacobi, Staff: Dr. I. Beintner, M. Nagl

Funding: Anschubfinanzierung aus dem Forschungspool der TU Dresden, Duration: 09/2013-05/2015

Hintergrund: Um Essstörungenprävention in der Gesamtbevölkerung anzubieten, müssen wir in der Lage sein, Essstörungen bei Frauen, die teilnehmen möchten, zu erkennen, um Betroffenen eine zeitnahe und angemessene Behandlung zu ermöglichen. Ziel der Studie war die Entwicklung eines kurzen und reliablen Online-Screening-Instrumentes. **Methoden:** Die Stichprobe (N=215) bestand aus gesunden Frauen sowie Frauen mit Anorexia nervosa, Bulimia nervosa, Binge Eating Störung und OSFED gemäß DSM5. Die Teilnehmerinnen bearbeiteten ein Online-Screening-Instrument, welches die Weight Concerns Scale (WCS), Angaben zu Größe und Gewicht, die Restraint Skala des Eating Disorder Examination Questionnaire (EDE-Q) sowie eine Erhebung der Kernsymptome von Essstörungen enthielt. Sie nah-



men außerdem an einem standardisierten diagnostischen Telefoninterview (Eating Disorder Examination, EDE) teil. Wir führten logistische Regressionsanalysen durch, um die beste Kombination von Variablen aus dem Screening zur Vorhersage der EDE-Diagnosen zu bestimmen. Mit diesen Variablen formulierten wir Algorithmen zur Fallerkennung und bestimmten Sensitivität und Spezifität. **Ergebnisse und Diskussion:** Die Sensitivität des Screening-Algorithmus betrug zwischen 1.0 für Anorexia nervosa und .86 für Binge Eating Störung. Die Spezifität betrug zwischen .99 für Anorexia nervosa und .81 für Binge Eating Störung. Die hohe Sensitivität und hohe bis akzeptable Spezifität des Screening-Algorithmus bestätigen seine Reliabilität und Eignung, um Frauen mit Anorexia nervosa, Bulimia nervosa und Binge Eating Störung zu erkennen, die eine Behandlung anstelle von Prävention benötigen.

Development of an online-screening to detect eating disorders

Background: To provide eating disorder prevention on a population level, we need to be able to detect eating disorders in women who want to participate to ensure timely and appropriate treatment for those affected. The study aim was to develop a short and reliable diagnostic online screening instrument. **Methods:** The sample (n=215) consisted of healthy women as well as women with Anorexia nervosa, Bulimia nervosa, Binge Eating Disorder and OSFED according to DSM5. Participants completed an online screening instrument including the Weight Concerns Scale (WCS), current height and weight, the Restraint Scale of the Eating Disorder Examination Questionnaire (EDE-Q) and an assessment of core eating disorder symptoms. They also took part in a standardized diagnostic telephone interview (Eating Disorder Examination, EDE). We conducted logistic regression analyses to determine the best combination of variables from the screening questionnaire to predict EDE diagnoses. Using these variables, we formulated algorithms for case detection and determined sensitivity and specificity. **Results and conclusions.** Sensitivity of the screening algorithm ranged from 1.0 for Anorexia nervosa to .86 for Binge Eating Disorder. Specificity ranged from .99 for Anorexia nervosa to .81 for Binge Eating Disorder. The high sensitivity and acceptable to high specificity of the screening algorithm confirms its reliability and feasibility for detecting women with Anorexia nervosa, Bulimia nervosa and Binge Eating Disorder, who need treatment instead of prevention.

Nacke, B., Beintner, I., Reinhardt, A.-K., & Jacobi, C. (2016, Oktober). Detecting Eating Disorders in Large Scale Eating Disorder Prevention Programs - Validation of an Online Eating Disorder Screening Algorithm. Poster presented at the XXII Meeting of the Eating Disorders Research Society (EDRS), New York, USA.

P2. everyBody - maßgeschneiderte Online-Prävention von Essstörungen und ernährungsbedingten Erkrankungen in der Allgemeinbevölkerung. Einer Pilotstudie in der Allgemeinbevölkerung.

PI: Dr. Ina Beintner, Prof. Dr. Corinna Jacobi, Staff: Dr. I. Beintner

Funding: Anschubfinanzierung aus dem Forschungspool der TU Dresden Bordmittel; Duration: 11/2013-05/2016; Cooperations: C. B. Taylor (Stanford University School of Medicine), Denise Wilfley (Washington University, St. Louis)

Hintergrund: Eine wachsende Anzahl an Frauen aller Altersgruppen ist von geringer Körperzufriedenheit und/oder ungünstigen Ess- und Bewegungsgewohnheiten betroffen. Wiederholte Diäten, ein restriktives Essverhalten



In diesem Sommer macht Brigitte ohne mich Diät!



und ein übermäßiger Einfluss von Figur und Gewicht auf das Selbstwertgefühl sind längsschnittlich bestätigte Risikofaktoren für Essstörungen und wurden auch mit Übergewicht und dessen Folgeerkrankungen in Verbindung gebracht. Studien haben gezeigt, dass diese Risikofaktoren durch Präventionsprogramme deutlich reduziert werden können. Ziel der Pilotstudie war die Überprüfung der Machbarkeit der Dissemination maßgeschneiderter Internet-gestützter Prävention von Essstörungen und ernährungsbedingten Erkrankungen in der Allgemeinbevölkerung. **Methode:** Auf der Grundlage umfangreicher Vorarbeiten wurde eine Online-Plattform entwickelt, die maßgeschneiderte Internet-gestützte Programme für Frauen mit und ohne Figursorgen, mit und ohne ersten Anzeichen gestörten Essverhaltens und mit und ohne Übergewicht enthält. "everyBody" wurde auf der Grundlage des "Health at every size"-Ansatzes sowie kognitiv-behavioraler Methoden zur Prävention von Essstörungen entwickelt. Ziel des Programms ist die Reduktion von dysfunktionalem Essverhalten und Unzufriedenheit mit dem Körper sowie die

Verbesserung gesundheitsfördernder Verhaltensweisen wie regelmäßige Bewegung und ausgewogene Ernährung, des Selbstwertgefühls und der Lebenszufriedenheit. Jede Interessentin wird auf der Grundlage eines Screenings einer von vier Programmversionen zugeordnet. Teilnehmerinnen wurden über Flyer, Postings in Online-Foren, Pressemitteilungen und Mailings durch kooperierende Krankenkassen rekrutiert. Die Teilnahme an der Studie konnte anonym erfolgen. Das Programm wurde im Rahmen einer unkontrollierten Prä-Post-FU-Erhebung über einen Zeitraum von 12 Monaten evaluiert. Hauptzielgrößen waren essstörungsbezogene Kognitionen und Einstellungen.

Ergebnisse und Diskussion: Von 919 Frauen, die den Screeningfragebogen vollständig bearbeiteten, erfüllten 735 die Einschlusskriterien für die Studie. An der ausführlicheren Vorbefragung (Prätest) nahmen insgesamt 641 Frauen teil, diese Frauen erhielten dann Zugang zur Intervention. 273 Frauen nahmen an der Nachbefragung zum Ende der Intervention teil und 231 Frauen am 12-Monats-FU. Eine Completer-Analyse zum 12 Monats-FU zeigt deutliche Verbesserungen hinsichtlich gezielten Essverhaltens ($d=.37-.71$), Gewichtsorgen ($d=.42-.83$) und Figursorgen ($d=.47-.78$), sowie einen Zuwachs an Lebenszufriedenheit ($d=.12-.52$) und Selbstwertgefühl ($d=.17-.48$). everyBody scheint geeignet, um in der Allgemeinbevölkerung dysfunktionales Essverhalten zu reduzieren und die Körperzufriedenheit zu verbessern, es zeigten sich mittlere bis große Effekte auf verschiedenen Skalen. Die Ergebnisse waren besonders vielversprechend in der Gruppe der Frauen mit Übergewicht oder Adipositas.

everyBody – Tailored online health promotion and eating disorder prevention for women: A pilot feasibility study in the general population

Background: A rising number of women is suffering from low body satisfaction and poor eating and exercise habits. Dietary restraint and body dissatisfaction are established risk factors for eating disorders and are also linked to eating related health problems like overweight. Studies have shown that targeted internet based prevention can lower these risk factors. The aim of this pilot study was to examine the feasibility of online health promotion and eating disorder prevention in women from the general population. **Method:** Based on comprehensive previous research we developed an online platform which contains tailored prevention programs for women with and without shape concerns, with and without early symptoms of disordered eating and with and without overweight and obesity.

Prä-FU12 Effects (d; Completer Analyses)

	Basic	Original	Plus	Fit
N	56	35	21	119
Weight Concerns Scale	0,41	0,71	(0,37)	0,59
EDE-Q Restraint	0,39	0,56	(0,29)	0,39
EDE-Q Eating Concern	(0,27)	0,39	0,56	0,50
EDE-Q Weight Concern	0,42	0,59	0,71	0,83
EDE-Q Shape Concern	0,47	0,63	0,58	0,78
Rosenberg Self-Esteem Scale	(0,17)	0,21	0,40	0,48
Satisfaction with Life Scale	0,52	(0,12)	0,43	0,41
Fruit/Veg Intake	(0,00)	0,39	(0,29)	0,21

“everyBody” has been developed based on “health at every size” principles as well as cognitive-behavioral methods for preventing eating disorders. The program aims to reduce dysfunctional eating behaviors and body dissatisfaction, enhance health-promoting behaviors including regular exercise and balanced eating, self-esteem and life satisfaction. Every prospective participant is allocated to one of four different program versions based on the results of an online screening. Participants were recruited via flyers, online posts, press release and mailings through cooperating health insurances. Women could participate in the study anonymously. The program was evaluated in an uncontrolled pre-post-follow-up-design over 12 months. Main outcome measures were eating disorder related cognitions and attitudes.

Results and Conclusion: Of 919 women who enrolled, 735 were eligible to participate in the trial. 641 women completed the baseline assessments and were granted access to the intervention. 273 women completed the post-intervention assessments and 231 women took part in the 12 month follow-up. A completer analyses at 12-month follow-up showed significant reductions in dietary restraint ($d=.37-.71$) and weight ($d=.42-.83$) and shape concerns ($d=.47-.78$), as well as an increase in life satisfaction ($d=.12-.52$) and self-esteem ($d=.17-.48$). everyBody seems a feasible program for reducing disordered eating and improving body image in the general population, with medium to large effects on various outcomes. Results were especially promising in women with overweight or obesity.

Beintner, I., Taylor, C. B., Wilfley, D., & Jacobi, C. (2016). everyBody fit – Tailored Online Health Promotion and Eating Disorder Prevention for Overweight and Obese Women: Results from a Pilot Feasibility Study. Paper presented at the 22nd Annual Eating Disorders Research Society Meeting, New York, USA.
 Beintner, I., Nacke, B., Vollert, B., & Jacobi, C. (2016, 03.). In diesem Sommer macht Brigitte ohne mich Diät – Ergebnisse einer Pilotstudie zur Online-Prävention von Essstörungen und ernährungsbedingten Erkrankungen in einer Bevölkerungsstichprobe übergewichtiger und adipöser Frauen. Talk at the „5. Wissenschaftlicher Kongress der Deutschen Gesellschaft für Essstörungen“ (DGESS), Essen, Germany.

Emmerich, O.L.M., Beintner, I., Dudek, A., Vollert, B., Nacke, B., Taylor, C.B., Wilfley, D., & Jacobi, C. (2016, 04.II). everyBody Fit- Tailored Online Health Promotion and Eating Disorder Prevention for Women with Overweight: Results of a Pilot Feasibility Study. Talk at the 8th Scientific Meeting of the International Society for Re-search on Internet Interventions (ISRII), Seattle, USA.

Beintner, I. & Jacobi, C. (2015). everyBody - maßgeschneiderte Online-Prävention von Essstörungen und ernährungsbedingten Erkrankungen in der Allgemeinbevölkerung. Ergebnisse einer Pilotstudie. Talk presented at the 9. Workshopkongress für Klinische Psychologie und Psychotherapie & 33. Symposium der Fachgruppe Klinische Psychologie und Psychotherapie der DGPs, Dresden, Germany.

Vollert, B., Beintner, I. & Jacobi, C. (2015, 25.-28.11.). everyBody - maßgeschneiderte Online-Prävention von Essstörungen und ernährungsbedingten Erkrankungen in der Allgemeinbevölkerung. Ergebnisse einer Pilotstudie. Talk at the DGPPN Kongress, Berlin, Germany.

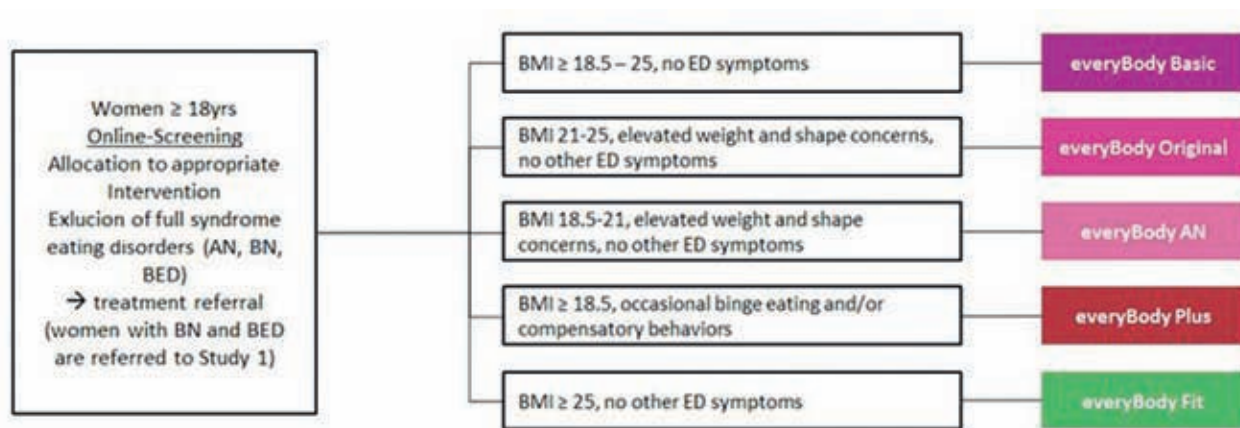
Dudek, A. M., Beintner, I., Emmerich, O. L. M., Vollert, B., Schmidt-Hantke, J., Taylor, C. B., Jacobi, C. (2016, 07.-09.04.). everybody – Adherence to Tailored Online Health Promotion and Eating Disorder Prevention in Women: Results of a Pilot Study. Poster presented at the 8th Scientific Meeting of the International Society for Re-search on Internet Interventions, Seattle, USA.

P3. everyBody – Maßgeschneiderte Online-Gesundheitsförderung und -Essstörungsprävention für Frauen

PI: Prof. Dr. Corinna Jacobi, Dr. Ina Beintner, Staff: Dipl.-Psych. B. Nacke

Funding: European Union’s Horizon 2020 research and innovation programme (GA 63475); Duration: 09/2015-08/2019

Hintergrund: Im Rahmen einer Pilotstudie (s.o.) konnte die Machbarkeit der Dissemination maßgeschneiderter Internetgestützter Prävention von Essstörungen und ernährungsbedingten Erkrankungen bei Frauen in der Allgemeinbevölkerung gezeigt werden. Ziel der aktuellen Studie ist die Verbreitung des internet-gestützten Programms in der Allgemeinbevölkerung zur Evaluation der Auswirkung auf die öffentliche Gesundheit anhand RE-AIM-Kriterien. In diesem Zusammenhang wird überprüft, anhand welcher Rekrutierungsstrategien welche Bevölkerungsgruppen erreicht werden, inwiefern das Programm in präventionsbezogenen Interessensgruppen akzeptiert, unterstützt und gefördert wird sowie welche Finanzierungsmöglichkeiten über die Studiendauer hinaus bestehen. Die Skalierbarkeit des Programms wird ebenfalls überprüft. **Methode:** Auf der Grundlage umfangreicher Vorarbeiten wurde das Online-Programm „everyBody“ entwickelt, das maßgeschneiderte Prävention für Frauen mit und ohne Figursorgen, mit und ohne ersten Anzeichen gestörten Essverhaltens und mit und ohne Übergewicht anbietet. everyBody wurde auf der Grundlage des “Health at every size“-Ansatzes sowie kognitiv-behavioraler Methoden zur Prävention von Essstörungen entwickelt. Ziel des Programms ist die Reduktion von dysfunktionalem Essverhalten und Unzufriedenheit mit dem Körper sowie die Verbesserung gesundheitsfördernder Verhaltensweisen wie regelmäßige Bewegung und ausgewogene Ernährung, des Selbstwertgefühls und der Lebenszufriedenheit. Jede Interessentin wird auf der Grundlage eines Screenings einer von fünf Programmversionen zugeordnet (s. Abb.). Teilnehmerinnen werden über Printmedien wie Tageszeitungen, Mitgliederzeitschriften von Krankenkassen, Postkarten und Online-Medien wie Social Media, Webseiten kooperierender Krankenkassen und Mailverteiler rekrutiert. Die Teilnahme an der Studie erfolgt anonym. Geplant ist eine Stichprobengröße von 4160 deutschsprachigen Frauen aus der Allgemeinbevölkerung.



All conditions are followed by post intervention assessments and 6 month follow-up assessments. Contact information and consent to take part in further follow-up assessments is collected from all participants.

Projektstand. Die Rekrutierung startete im November 2016. Bis voraussichtlich Februar 2019 werden Probandinnen in die Studie eingeschlossen.

everyBody – Tailored online health promotion and eating disorder prevention for women

Background: In a pilot study feasibility of dissemination of tailored online prevention of eating disorders and nutrition-related/diet-related diseases was confirmed. The current study aims to disseminate a readily developed internet-based program in the general population to evaluate its impact on public health based on RE-AIM measures. In this context we will examine which populations are reached by varying recruitment strategies, to what extent the program is accepted, supported and promoted by prevention-related stakeholders and try to establish funding following current funding resources. Scalability of the program will also be evaluated. **Method:** Based on extensive groundwork the online intervention “everyBody” was developed, which offers tailored prevention for women who may or may not have shape concerns, first symptoms of eating disorders or overweight. everyBody was developed based on “Health at every size” principles as well as cognitive-behavioural methods for prevention of eating disorders. The program aims to reduce dysfunctional eating patterns, body dissatisfaction, to enhance health-promoting behaviours like frequent exercising and a balanced diet. Prospective participants will be allocated to one of five program versions based on their answers in a screening survey (see figure). Participants will be recruited via print media, e. g. newspapers, membership magazines of health insurance companies, postcards, via online channels like social media, websites of health insurance companies and mailing lists. Participants remain anonymous. 4160 women from German-speaking countries will be recruited. **Project status:** Recruitment started in November 2016 and is expected to continue until February 2019.



Nacke, B., Beintner, I., & Jacobi, C. (2016, 03.). everyBody – Körperzufriedenheit für jederfrau. Maßgeschneiderte Online-Gesundheitsförderung und -Essstörungenprävention. Talk at the „5. Wissenschaftlicher Kongress der Deutschen Gesellschaft für Essstörungen“ (DGESS), Essen, Germany.
 Nacke, B., Beintner, I., Wilfley, D., Taylor, C. B., & Jacobi, C. (2016, 09.). everyBody – Tailored online health promotion and eating disorder prevention for women. Poster presented at the 4th Conference of the European Society for Research on Internet Interventions (ESRII), Bergen, Norway.
 Nacke, B., Beintner, I., Wilfley, D., Taylor, C. B., & Jacobi, C. (2016, 04.). everyBody – Tailored Online Health Promotion and Eating Disorder Prevention for Women. Poster presented at the 8th Scientific Meeting of the International Society for Research on Internet Interventions (ISRII), Seattle, USA.

P4. Internet-gestützte Selbsthilfe zur Überbrückung der Wartezeit auf ambulante Psychotherapie bei Patienten mit Bulimia nervosa, Binge Eating Disorder und OSFED

PI: Prof. Dr. Corinna Jacobi, Dr. Ina Beintner; Staff: Dipl.-Psych. B. Vollert

Funding: European Union’s Horizon 2020 research and innovation programme (GA 63475), Duration: 09/2015-08/2019, Cooperations: King’s College London (Prof. Dr. Ulrike Schmidt, Dr. Peter Musiat)

Hintergrund: In Studien mit verschiedenen kognitiv-verhaltenstherapeutischen Selbsthilfeinterventionen hat sich gezeigt, dass zumindest ein Teil der Patientinnen mit Bulimia nervosa und Binge Eating Störung allein durch die Teilnahme an einem Selbsthilfeprogramm Symptombefreiheit erzielt. Dabei zeigte sich eine bessere Wirksamkeit von angeleiteter Selbsthilfe. Der Einsatz von Selbsthilfeinterventionen als erster Behandlungsschritt kann dazu beitragen, bestehende Versorgungslücken im Hinblick auf die Behandlung von Essstörungen zu verkleinern und Betroffenen einen zeitnahen Zugang zu evidenzbasierten Interventionen zu ermöglichen. Im Rahmen des Forschungsverbundes ICare wird in einer multizentrischen, randomisierten kontrollierten Studie untersucht, welchen Effekt das Angebot angeleiteter Selbsthilfe während der Wartezeit auf ambulante Psychotherapie hat.

Methode: Untersucht wird die Wirksamkeit des moderierten 8-wöchigen Onlineprogramms everyBody Plus, welches auf bereits bestehenden und evaluierten Programmen zur Frühintervention bei Frauen mit subklinischen Essstörungen

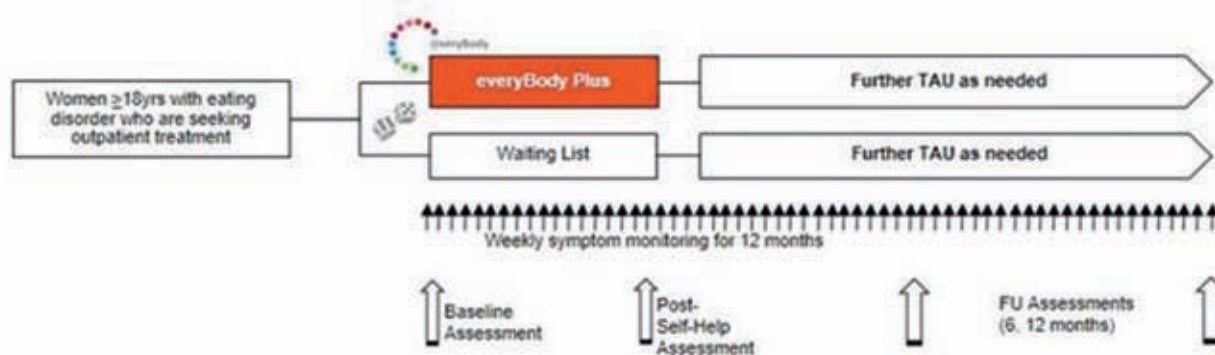


(StudentBodies Plus, StudentBodies-ED) basiert. everyBody Plus besteht aus psychoedukativen sowie interaktiven Elementen (z. B. Selbstbeobachtungstagebücher, moderiertes Online-Diskussionsforum) und beschäftigt sich inhaltlich mit der Entstehung und Aufrechterhaltung von Essstörungen, Essanfällen und kompensatorischem Verhalten, Körperbild, ausgewogener Ernährung und Bewegung sowie verschiedenen Gefühlsthemen. Die Teilnehmerinnen erhalten wöchentlich eine individuelle Rückmeldung zu ihren Einträgen im Programm. Hauptzielkriterium der Studie ist die Zeit, bevor eine Patientin erstmals eine klinisch relevante Symptombesserung erreicht (BMI > 18.5 kg/m² UND Abstinenz von Essanfällen und kompensatorischen Verhaltensweisen über mindestens 4 Wochen). Über 12 Monate hinweg wird wöchentlich das Auftreten von Hauptsymptomen der Essstörungen erhoben. Zusätzlich werden sekundäre Outcomes vor und unmittelbar nach der Intervention sowie zum 6- und 12-Monats-Follow up erfasst. Die Studie wird in Deutschland und Großbritannien durchgeführt. In Deutschland erfolgt die Rekrutierung der Teilnehmerinnen über kooperierende niedergelassene Psychotherapeuten und Psychotherapeutische Ambulanzen. Insgesamt sollen mindestens 275 Frauen randomisiert werden.

Projektstand: Die Rekrutierung startete im November 2016. Bis voraussichtlich Mai 2018 werden Teilnehmerinnen in die Studie eingeschlossen.

Using Internet-based self-help to bridge waiting time for face-to-face outpatient treatment for bulimia nervosa, binge eating disorder and OSFED

Background: Studies evaluating cognitive-behavioral self-help interventions have shown that a considerable proportion of participants with bulimia nervosa and binge eating disorder achieved abstinence from binge eating only by participating in a self-help program. In this context, guided self-help has been shown to be more effective than unguided self-help. Self-help interventions might be used as first step of treatment to bridge present treatment gaps and facilitate the access to evidence-based interventions. As part of the ICare project, we will conduct a multicountry, multicenter randomized controlled trial to analyze the efficacy of guided self-help during the waiting period for outpatient treatment. **Method:** The aim of the study is to analyze the efficacy of the guided, 8-week



internet-based program everyBody Plus, which has already been evaluated for samples of women with subthreshold eating disorders (StudentBodies Plus, StudentBodies-ED). everyBody Plus contains of psychoeducative elements as well as interactive components (e. g., self-monitoring diaries, moderated discussion board) and covers topics such as the development and maintenance of eating disorders, binge eating/purging, body image, balanced eating and exercise patterns as well as coping with emotions. Patients will receive weekly individualized feedback based on their self-monitoring and journal entries. The primary outcome will be the number of weeks after randomization until a patient achieves a clinical relevant improvement in core symptoms (BMI > 18.5 kg/m² AND abstinence from binge eating and compensatory behaviors over a period of at least 4 weeks) for the first time. Core eating disorder symptoms will be assessed weekly during a 12 months period. In addition, secondary outcomes will be assessed at pre- and post-intervention as well as 6-, and 12-months-follow-up. The study will be conducted in Germany and UK. In Germany, participants will be recruited via cooperating psychotherapists in private practices and outpatient treatment centers. A total number of at least 275 women will have to be included in the study. **Project status:** Recruitment started in November 2016 and will continue approximately through May 2018.

Vollert, B., Beintner, I., Musiat, P., Schmidt, U. & Jacobi, C. (2016) Internet-gestützte Selbsthilfe zur Überbrückung der Wartezeit auf ambulante Psychotherapie bei Patienten mit Bulimia nervosa, Binge Eating Disorder und OSFED. Talk at the „5. Wissenschaftlicher Kongress der Deutschen Gesellschaft für Essstörungen“ 03-05 March 2016, Essen, Germany.

Vollert, B., Beintner, I., Musiat, P., Schmidt, U., Wilfley, D., Taylor, C. B. & Jacobi, C. (2016). Using internet-based self-help to bridge waiting time for face-to-face outpatient treatment for bulimia nervosa, binge eating disorder and OSFED – a randomized controlled trial. Poster presented at the 4th Conference of the European Society for Research on Internet Interventions (ESRII), 22-23 September 2016, Bergen, Norway

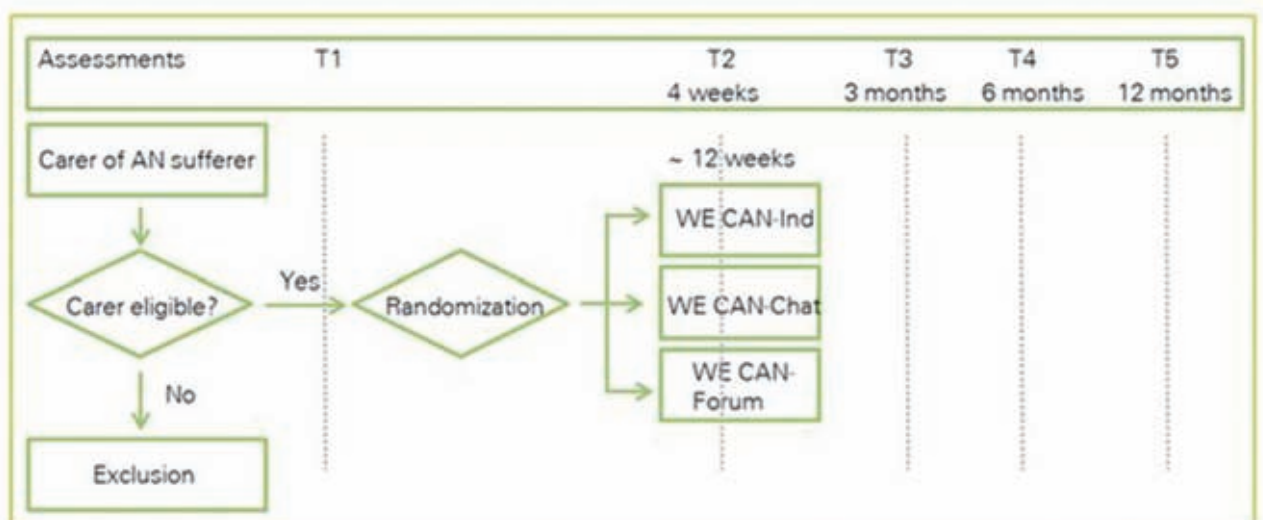
P5. WE CAN – Angehörige von Menschen mit Magersucht entlasten

PI: Prof. Dr. Ulrike Schmidt, Dr. Peter Musiat (King’s College London), Staff: Dipl.-Psych. J. Schmidt-Hantke
 Funding: European Union’s Horizon 2020 research and innovation programme (GA 63475)
 Duration: 09/2015-08/2019; Cooperations: King’s College London

Hintergrund: Angehörige von Menschen mit Anorexia nervosa spielen eine bedeutsame Rolle im Heilungsprozess, empfinden ihr Wissen und ihre Fähigkeiten in Bezug auf die Erkrankung jedoch oft als mangelhaft. Dies kann zu problematischem Verhalten seitens der Angehörigen führen und neben einer Verschlechterung und/oder Aufrechterhaltung der Anorexie eine gesundheitliche Beeinträchtigung der Angehörigen bewirken. Aus diesem Grund ist es wichtig, sie in ihrer Betreuerrolle zu unterstützen. In verschiedenen Studien konnte gezeigt werden, dass dies mit Hilfe eines Online-Trainings möglich ist. Nun soll untersucht werden, wie sich verschiedene Formen der Anleitung auf die Wirksamkeit solch eines Online-Programms auswirken. **Methode:** WE CAN ist ein auf einem systemischen und kognitiv-behavioralen Prinzip basierendes Fähigkeitstraining für Angehörige von Menschen mit Anorexia nervosa.



Das Programm wurde von Experten in der Behandlung von Essstörungen bei Kindern, Jugendlichen und Erwachsenen in Zusammenarbeit mit ehemaligen Patienten und Angehörigen entwickelt. Es enthält Informationen über die Erkrankung und hat zum Ziel, die Angehörigen in ihrer eigenen Selbstfürsorge zu stärken, die Kommunikation zwischen Betroffenen und Angehörigen zu verbessern und störungsaufrechterhaltende Verhaltensweisen seitens der Angehörigen zu reduzieren. Hauptziel des Programms ist die Reduktion von Depressions- und Angstsymptomen bei den Angehörigen. Weiterhin wird eine Reduktion weiterer psychopathologischer Symptome (z. B. Alkohol- und Substanzkonsum), der Pflegebelastung und mit der Erkrankung zusammenhängende Verhaltensweisen (Expressed Emotion, sich mit der Erkrankung arrangierendes und diese verstärkendes Verhalten) sowie die Verbesserung deren Kommunikationsfähigkeiten und Lebensqualität angestrebt. In Bezug auf die Patienten zielt das Programm auf eine Verbesserung der Essstörungssymptomatik sowie ein positiveres Empfinden der Interaktion mit den Angehörigen ab. In einer multizentrischen, pragmatischen, randomisierten kontrollierten Studie (RCT) werden die TeilnehmerInnen einer von drei Gruppen zugeteilt: 1. Online-Module + wöchentlicher Einzelchat, 2. Online-Module + wöchentlicher Gruppenchat, 3. Online-Module + moderierte Gruppendiskussion. Für die Studie sollen insgesamt 302 Teilnehmer an den Standorten Dresden (Erhebung von n=90) und London (n=212) rekrutiert werden. **Projektstand:** Die Rekrutierung für die Studie hat im April 2017 begonnen.



WE CAN – Supporting carers of sufferers from anorexia nervosa

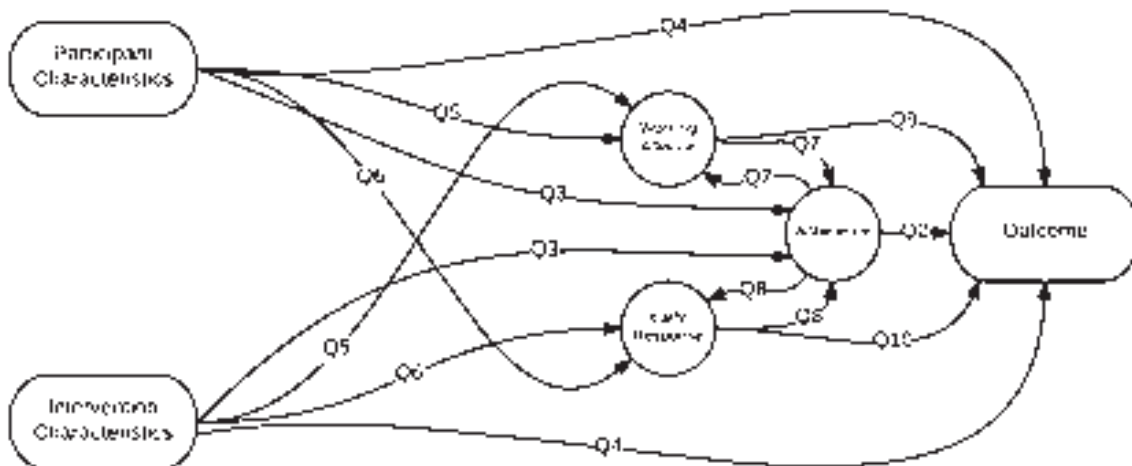
Background: Carers of sufferers from anorexia nervosa (AN) play an important role in recovery, but they often feel ill equipped to effectively support their loved one. This can lead to problematic carer behaviours, which may worsen or maintain the illness and also impact carers’ health. Thus, it is important to support carers in their role. Various studies have shown that this can be achieved by an online training. The goal of the present study is to examine how different levels of support impact the effects of such a training. **Method:** WE CAN is a skills training program for carers of sufferers from AN that is based on systemic and cognitive behavioral principles. The program was developed by experts in disorder treatment in children, adolescents and adults as well as recovered patients and carers. It provides information about the illness and aims to encourage carers’ self-compassion, improve communication between sufferers and carers and reduce carer behaviors that may maintain the illness. The main aim of this program is the reduction of depression and anxiety symptoms. It also aims to reduce other psychopathological symptoms (e. g., alcohol- and substance use), caregiver burden and behaviors related to the illness (expressed emotion, accommodating and enabling behaviour) and to improve caregiver skills and the quality of life. In patients it aims to improve the eating disorder symptoms and the quality of life as well as the perceived level of expressed emotion and the experience of receiving care. In a multi-center pragmatic randomised controlled trial (RCT) participants will be allocated to one of three groups: 1. online modules + weekly one-to-one chat, 2. online modules + weekly group chat, 3. online modules + guided asynchronous. **Project status:** In Germany, the recruitment started in April 2017.

P6. Moderators and mediators of adherence and outcomes in ICare

PI: Dr. Ina Beintner
 Funding: European Union’s Horizon 2020 research and innovation programme (GA 63475); Duration: 09/2015-08/2019; Cooperations: ICare Consortium

Hintergrund: Ein größeres Verständnis für Interaktionen zwischen Merkmalen der Interventionen und der Nutzer, Nutzungsverhalten und Wirksamkeit sowohl innerhalb einzelner Online-Programme als auch über Programme zur Prävention und Behandlung verschiedener psychischer Störungen hinweg kann unser Wissen darüber, wie solche Programme wirken und für wen sie geeignet sind, erweitern. Einzelstudien fehlt es häufig an statistischer Power, um Moderatoren und Mediatoren zu identifizieren. Ziel dieser Studie ist es deshalb, Daten aus sieben klinischen Studien zusammenzuführen und so die Wahrscheinlichkeit des Aufdeckens gemeinsamer Moderatoren und Mediatoren zu erhöhen. **Methode:** Daten aus jeder klinischen Studie, die vor, während und nach der Intervention sowie zum 6- und 12-Monats-FU erhoben wurden sowie automatisch erhobene Nutzungsdaten werden genutzt, um eine Reihe von Fragen zu beantworten, die uns helfen, die komplexen Interaktionen von Merkmalen der Interventionen und der Nutzer, Arbeitsbeziehung, Nutzungsverhalten, frühem Ansprechen und Wirksamkeit zu verstehen. Dazu einigten sich die Studienleitungen im Vorfeld auf gemeinsame Erhebungsinstrumente für potenzielle Moderatoren und Mediatoren.

Analysen werden sowohl einzeln für jede aktive Intervention innerhalb einer Studie, für jede Studie und über alle Studien hinweg durchgeführt.



Moderators and mediators of adherence and outcomes in ICare

Background: Understanding interactions between intervention and participant characteristics, adherence and intervention outcomes both within and across a range of online interventions for the prevention and self-help/treatment of different mental health conditions and disorders can contribute to our knowledge about how these interventions work and for whom they are suitable. Single studies often lack statistical power to identify moderators or mediators. The aim of this study is to pool data from seven studies and thus to increase the likelihood to detect common moderators and mediators. **Method:** For each clinical study, data collected at baseline, at mid-intervention, at post intervention and at 6- and 12 month follow up, as well as automatically recorded log-data of intervention participants will be used to answer a number of questions that will help us understand the complex interactions of participant and intervention characteristics, working alliance, adherence, early response, and outcome. To achieve this, the principle investigators of all studies agreed on common measures for potential moderators and mediators.

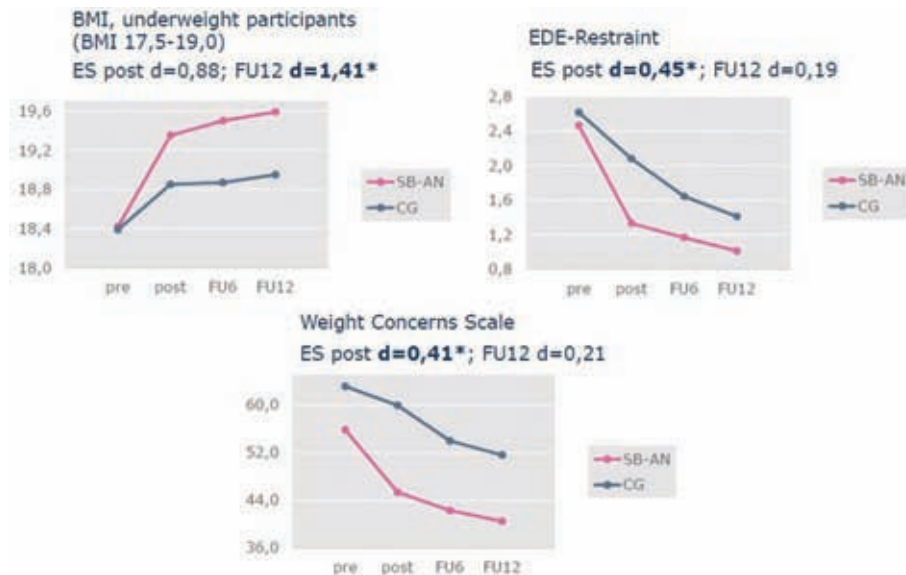
Analyses will be performed as appropriate separately for each active intervention condition, for each clinical study including all active intervention and control conditions of the clinical study, and across active intervention conditions, using individual patient data meta-analysis techniques.

P7. Internet-gestützte Prävention und Frühintervention für junge Frauen mit erhöhtem Risiko der Entwicklung einer Anorexia nervosa

PI: Prof. Dr. Corinna Jacobi; Staff: Dipl.-Psych. P. von Bloh, M. Sc. Klin. Psych. N. Eiterich, Dipl.-Psych. B. Vollert, Dipl.-Psych. K. Hütter

Funding: Else Kröner-Fresenius-Stiftung; Duration: 11/2012-10/2016; Cooperations: C. B. Taylor (Stanford University School of Medicine)

Hintergrund: Das Krankheitsbild der Anorexia nervosa (AN) geht einher mit ernsthaften medizinischen und psychischen Beeinträchtigungen, beschränkten Behandlungserfolgen und ungünstigen Störungsverläufen. Obwohl ein dringender Bedarf an Frühinterventionen besteht, sind Präventionsprogramme mit spezieller Ausrichtung auf Frauen mit erhöhtem Risiko für eine AN nicht verfügbar. Unser Ziel ist die Untersuchung der Wirksamkeit (efficacy) des Internet-basierten Präventionsprogramms Student Bodies-AN (SB-AN) für diese Risikogruppe. In einer unkontrollierten Pilotstudie wurden Einstellungen und Symptome für gestörtes Essverhalten unterhalb der Diagnoseschwelle signifikant reduziert und Verbesserungen in der assoziierten Psychopathologie bei guter Akzeptanz und Adhärenz des Programms erreicht. Ziel dieser randomisierten kontrollierten Studie war es, die Wirksamkeit von SB-AN an Frauen mit erhöhtem Risiko für eine AN zu untersuchen. **Methode:** N=168 Frauen mit niedrigem Körpergewicht und erhöhten Gewichtssorgen oder mit normalen Körpergewicht, erhöhten Gewichtssorgen und gezügeltem Essverhalten wurden an drei deutschen Universitäten und online rekrutiert, um sie entweder



in die SB-AN oder in die Wartelistenkontrollbedingung zu randomisieren. Hauptzielkriterien sind klinisch bedeutsame Veränderungen in essstörungsbezogenen Einstellungen, Verhaltensweisen und BMI Steigerungen in der Gruppe der untergewichtigen Teilnehmerinnen im 12-Monats Follow-up. Als sekundäre Zielkriterien wurde das Auftreten neuer Essstörungen, Symptome gestörten Essverhaltens (z. B. Essanfälle und kompensatorische Verhaltensweisen), sowie Merkmale assoziierter Psychopathologie untersucht.

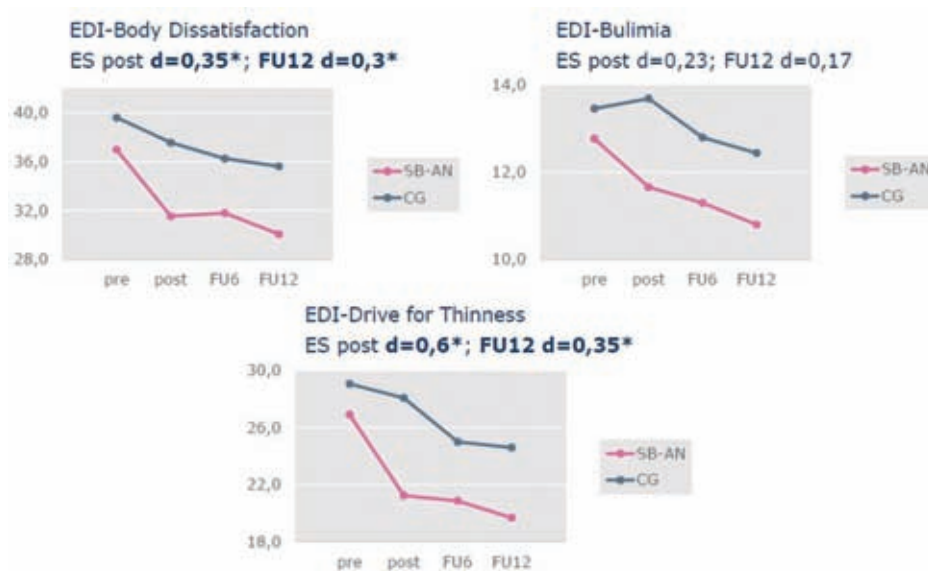
Ergebnisse: Direkt nach der Intervention und/oder im 12-Monats Follow-up konnte eine signifikante BMI Steigerung und signifikante Verbesserungen der mit einem gestörtem Essverhalten verbundenen Einstellungen und Verhaltensweisen (gezügeltes Essen, Figur- und Gewichtssorgen) erreicht werden. SB-AN reduzierte ebenfalls die Häufigkeit des Auftretens subklinischer und vollsyndromaler AN-Fälle.

Internet-based prevention and early intervention for women at risk for anorexia nervosa

Background: Anorexia Nervosa (AN) is a condition with serious medical and psychological complications, limited treatment response and rather poor prognosis. Despite the urgent need for early interventions, prevention programs specifically targeting women at risk for AN are not available. We aimed to determine the efficacy of the Internet-based prevention program Student Bodies-AN (SB-AN) for this risk group. In an uncontrolled pilot study core attitudes and subthreshold symptoms of disordered eating were significantly reduced. In addition, associated psychopathology improved considerably. Acceptance of and adherence to the program were good. The aim of the current

randomized controlled trial is to assess the efficacy of SB-AN for women at risk for anorexia nervosa.

Method: N=168 women with low body weight and high weight concerns, or with normal body weight, high weight concerns and high restrained eating were recruited from three German universities as well as online and randomized to SB-AN or a waitlist control condition. Primary outcomes are clinically significant changes in attitudes and behaviors of disordered eating, and change in BMI in the underweight group of participants at 12-month follow-up. New onset of



eating disorders, symptoms of disordered eating (e. g., binge eating and compensatory behaviors) and associated psychopathology were assessed as secondary outcomes. **Results:** At post-intervention and/or 12-month follow-up, we found a significant increase in BMI and significant improvements in attitudes and behaviors of disordered eating (e. g., restrained eating, weight and shape concerns). SB-AN also significantly reduced onset of full-syndrome and subclinical AN.

Jacobi, C., Vollert, B., Hütter, K., von Bloh, P., Eiterich, N., Wilfley, D. & Taylor, C. B. (2016, 07.-09.04.). Efficacy of an internet-based prevention program in a female population with subclinical anorexia nervosa. Talk at the 8th Scientific Meeting of the International Society for Research on Internet Interventions, Seattle, USA.
 Jacobi, C., Vollert, B., Hütter, K., von Bloh, P., Eiterich, N., Wilfley, D. & Taylor, C. B. (2016, 27.-29.10.). Efficacy of an internet-based prevention program for women with subclinical anorexia nervosa. Talk at the XXIInd Annual Meeting of the Eating Disorders Research Society, New York, USA.

P8. The integrated neurobiology of food intake, addiction and stress (NeuroFAST), Arbeitspaket: "Interrelations between eating disorders and substance use disorders"

PIs: Prof. Dr. Corinna Jacobi, Prof. Dr. H.-U. Wittchen, Staff: Dipl.-Psych. M. Paul

Funding: European Commission (EC), Duration: 01/2010-03/2015, Cooperations: J. Hebebrand (Universität Duisburg-Essen)

Hintergrund: NeuroFAST ist ein multidisziplinäres Projekt, an dem zwölf europäische Forschungseinrichtungen aus sieben Ländern beteiligt sind. Das Hauptziel besteht darin, die neurobiologischen Grundlagen von Substanzmissbrauch und -abhängigkeit zu erforschen und in diesem Zusammenhang zu prüfen, ob diese Mechanismen auch beim Essen bestimmter Nahrungsmittel oder bei Personen mit gestörtem Essverhalten eine Rolle spielen. Der Zusammenhang zwischen gestörtem Essverhalten bzw. Essstörungen und Substanzmissbrauch bzw. -abhängigkeit ist sowohl durch längsschnittliche wie auch querschnittliche (Komorbiditäts-) und Familienstudien doku-

mentiert: Erhöhter Alkoholkonsum hat sich als Risikofaktor für die Entwicklung von Bulimia nervosa erwiesen, Substanz- und Essstörungen sind häufige komorbide Störungen und Substanzstörungen treten gehäuft in den Familien Essgestörter im Vergleich zu gesunden Kontrollgruppen auf. Allerdings weisen insbesondere die bisherigen Risikofaktorenstudien eine Reihe von ernsthaften Einschränkungen auf. Die Stichproben sind häufig zu klein für die Identifikation von Risikofaktoren für vollsyndromale Essstörungen und es ist unklar, ob die Risikofaktoren für vollsyndromale Störungen identisch mit denen für subklinische Störungen oder gestörtem Essverhalten sind. Darüber hinaus bedürfen viele Faktoren einer Replikation und weder die Interaktion zwischen den Faktoren noch deren Spezifität für Essstörungen haben bislang Berücksichtigung gefunden, da keine anderen Outcomes eingeschlossen waren. Schließlich sind familiäre und genetische Assoziationen und Interaktionen selten untersucht worden. Im Rahmen von NeuroFAST sollen diese Lücken geschlossen werden. **Ziele:** Die übergeordneten Ziele sind die Untersuchung der Zusammenhänge zwischen (i) Essverhalten, Essstörungen und (ii) Psychopathologie und Substanzstörungen bzw. -missbrauch. Unter Verwendung eines Kontinuum-Ansatzes wollen wir im Einzelnen

- 1) die altersbezogenen Häufigkeiten eines breiten Spektrums von Essverhaltensweisen (von einzelnen Symptome wie Essanfällen, Diät halten über subklinischen Syndromen bis zu voll ausgebildeten Störungen und deren Überlappung) untersuchen,
- 2) die Zusammenhänge zwischen diesen Verhaltensweisen mit Substanzstörungen, Angststörungen und affektiven Störungen untersuchen, und
- 3) familiengenetische und umweltbezogene Risikofaktoren hinsichtlich ihres Auftretens, zeitlichen Verlaufsmusters und ihrer Entwicklungspfade, sowie ihrer Interaktionen mit anderen Faktoren (z. B. Stress) untersuchen

Methode: Die genannten Zusammenhänge werden anhand einer großen, populationsbasierten, prospektiv-longitudinalen Studie mit 4 Erhebungswellen bei Jugendlichen und jungen Erwachsenen überprüft. Die EDSP (Early Developmental Stages of Psychopathology) – Studie liefert kategoriale und dimensionale Daten über die Inzidenz von Symptomen und Syndromen von Essstörungen, Substanzstörungen und anderen psychischen Störungen. Die Stichprobe beinhaltet 3.021 Teilnehmer im Alter von 14-24 Jahren zu Baseline (T0). Die Daten wurden von 1995-2005 über 10 Jahre erhoben. Es gibt insgesamt 3 Follow-up-Erhebungen (T1, T2, T3), ein Modul zur Erfassung familiärer Faktoren und eine direkte Befragung der Eltern zu T1 und T3. Die Studie verfügt über ausreichend Power zur Hypothesentestung und statistischen Modellierung der dimensional und kategorialen Zusammenhänge. Die Zusammenhänge zwischen den kumulativen Inzidenzen von Essstörungen und Substanzstörungen bzw. anderen psychischen Störungen sollen anhand von Odds Ratios und logistischen Regressionen korrigiert nach Alter und Geschlecht untersucht werden. Cox Regressionen mit Hazard Ratios werden zur Untersuchung der Unterschiede in den Risikofaktoren spezifischer anderer psychischer Störungen verwendet. Zur Identifikation von potentiellen Risikofaktoren und ihrer Interaktionen werden die Methoden von Kraemer et al. (1997; 2002) zugrunde gelegt.

Ergebnisse zu Zielen 1) und 2) wurden bereits berichtet.

Ergebnisse zu Ziel 3):

Eine große Zahl an Risikofaktoren und retrospektiven Korrelaten konnte für jedes Outcome (Essstörungen (ED), Substanzstörungen (SUD), komorbide ED+SUD) bestätigt werden. Diese decken sich weitgehend mit Faktoren, die in vorherigen Studien berichtet wurden. Weibliches Geschlecht stellte einen Risikofaktor für alle Outcomes dar: Für ED und komorbide ED+SUD erhöhte es das Erkrankungsrisiko, für SUD verringerte es das Erkrankungsrisiko. Andere gemeinsame Risikofaktoren für ED und SUD waren dysfunktionales Coping, ein hohes Bedürfnis nach neuen Reizen („Novelty Seeking“), die Tatsache, nicht mit beiden biologischen Eltern aufzuwachsen und das Vorliegen einer spezifischen Phobie. Zusätzlich wurden einige spezifische Risikofaktoren für komorbide ED+SUD (z. B. Untergewicht zu T0, das Vorliegen einer Dysthymie in den letzten 12 Monaten vor T0) sowie Proxies, überlappende Faktoren und Moderatoren identifiziert. Auf dem Hintergrund einer ROC Analyse erwies sich das Vorliegen einer Major Depression in der Vorgeschichte als stärkster Prädiktor für ED. Für das Neuaufreten einer SUD waren regelmäßiger und hoher Alkoholkonsum zu T0 (ohne Missbrauch oder Abhängigkeit) die stärksten Prädiktoren; diese verringerten allerdings das Risiko einer später (nach T0) auftretenden SUD.

Insgesamt handelt es sich bei dieser bevölkerungsbasierten Risikofaktorenstudie um die erste Studie, die Risikofaktoren und ihre Interaktionen für ED und SUD im Rahmen einer gemeinsamen Analyse untersucht. Bei der Interpretation der Ergebnisse müssen allerdings einige Limitationen (z. B. Alter der Stichprobe, retrospektive Erfassung einzelner Faktoren) berücksichtigt werden.

The integrated neurobiology of food intake, addiction and stress (NeuroFAST), work package: “Interrelations between eating disorders and substance use disorders”.

Background: NeuroFAST is a multidisciplinary EC-funded project with twelve participating research institutes from seven countries. The major aim is to explore basic neurobiological mechanisms of substance abuse and addiction and to examine whether these mechanisms are involved while consuming certain food (e. g. chocolate) and thereby in people with disordered eating behavior. The association between disordered eating/eating disorders and substance abuse/substance abuse disorders is supported by longitudinal, cross-sectional (comorbidity) and family history studies: Alcohol use has been shown to be a risk factor for the development of bulimia nervosa, substance use disorders and eating disorders are often comorbid and families of patients with eating disorders have shown to have higher rates of substance abuse than normal controls. Previous studies of risk factors for eating disorders do however have serious limitations, i. e., they were too small for meaningful risk factor detection of full-syndrome clinical disorders, and it is not clear whether the risk factors for full syndromes are the same as for partial/subclinical syndromes and for dysfunctional eating behavior. Many risk factors were only found in one study, replication studies are lacking, interactions between risk factors over time to onset of the disorder have hardly been considered, and the specificity of many factors has not been addressed, because the studies did not include outcomes other than eating disorders. Finally, familial and genetic associations and interactions with other factors have seldom been considered. In Neuro-FAST, we will rectify these omissions.

Aims: The overall aims of this substudy are to examine the relationships between (i) eating, and a broad range of eating disorders and (ii) psychopathology and substance use and substance use disorders. Using a comprehensive continuum approach, we will:

- 1) provide evidence about the age-related frequency of a wide range of eating behaviour dysfunctions, from single symptoms (bingeing) and phenomena (diets) to syndromes of subthreshold and full-syndrome eating disorders and their overlap.
- 2) examine the association of these with substance use disorders, anxiety and mood disorders.
- 3) model family genetic and environmental risk factors for their occurrence, temporal patterns and trajectories, to better understand their development and interactions with each other as well as with other (e. g. stress) factors.

Method: We will test this interrelationship in a large population-based prospective-longitudinal (4 waves) study of adolescents and young adults. The EDSP (Early Developmental Stages of Psychopathology) study provides categorical and dimensional data on incident symptoms and syndromes of eating disorders, incident substance use and disorders and other mental disorders. The sample includes 3,021 participants aged 14 to 24 years at baseline (T0). Data were collected up to 10 years from 1995 to 2005. The study includes 3 follow-up surveys (T1, T2, T3), a family history component (T1, T2, T3), and direct information from parents assessed at T1 and T3. The study is well powered for testing hypotheses and statistical modelling of associations dimensionally (full data set) and categorically (diagnostic cohorts). Associations between the cumulative incidences of either eating- or substance use disorders with other mental disorders will be assessed by odds ratios from logistic regressions while adjusting for sex and age. Cox regressions with hazard ratios will be used to assess differences in the risk of specific other mental disorders between those with and without eating disorders, and between those with and without substance use disorders. The model for the identification of potential risk factors and their interactions follows methodological and statistical recommendations by Kraemer et al. (1997; 2002).

Results aims 1) and 2) have been reported previously.

Results aim 3):

A large number of risk factors and retrospective correlates could be confirmed for each outcome (ED, SUD, comorbid ED+SUD) with relatively large overlap with factors reported in previous studies. Female gender was predictive of all outcome categories examined in this study (increasing the risk for ED and comorbid ED+SUD, decreasing the risk for SUD) whereas other common risk factors for ED and SUD were dysfunctional coping, high novelty seeking, not being grown up with both biological parents and suffering from specific phobia. Additionally, a number of specific risk factors for comorbid ED and SUD (e. g., being underweight at T0, dysthymia 12 months prior to T0), proxies and overlapping risk factors as well as few moderators were identified. Based on the results of the ROC analysis, the strongest risk factor for ED was a prior major depressive episode. For SUD, a regular and high alcohol use at T0 (without abuse or dependence) was found to be the strongest factor predicting SUD onset but lowered the risk for a subsequent onset of SUD after T0. Overall, this large community-based risk factor study is the first to identify risk factors and their interactions for ED and SUD as part of a common analysis. A number of limitations (e. g., age of sample, retrospective assessment of some risk factors) have to be considered in the interpretation of the results.

AG 9 CLINICAL RESEARCH

J. HOYER & K. BEESDO-BAUM

AG 9 Clinical Research

Prof. Dr. Jürgen Hoyer & Prof. Dr. Katja Beesdo-Baum

Die klinische, patientennahe Forschung am Institut für Klinische Psychologie und Psychotherapie zielt auf die Entwicklung und Validierung klinisch-diagnostischer Instrumente auf allen Ebenen des Verhaltens ab, beinhaltet Studien zur klinisch-psychologischen Grundlagenforschung einschließlich der Methoden der experimentellen Psychopathologie, bildgebender Verfahren, psychophysiologischer und biopsychologischer Verfahren und entwickelt und überprüft neue psychotherapeutische Anwendungs- und Settingvarianten sowohl im Rahmen randomisiert-kontrollierter wie auch naturalistischer Psychotherapiestudien. Die Frage nach der Objektivierung der wesentlichen Wirkmechanismen psychotherapeutischer Interventionen und nach der bestmöglichen Passung für den individuellen Patienten steht dabei im Vordergrund der Forschungsbemühungen.

Das Institut für Klinische Psychologie und Psychotherapie zählt seit etlichen Jahren auch durch die Gründung und die Vernetzung mit bundes- und europaweiten Forschungsverbänden zu den forschungstärksten klinisch-psychologischen Einrichtungen, nicht nur in Deutschland. Wichtige Schwerpunkte sind dabei insbesondere Angststörungen und affektive Störungen, aber auch Essstörungen und Substanzstörungen. Studien zu den Themen- oder Methodenbereichen diagnostischer Verfahren, Neuroimaging, Essstörungen und Substanzstörungen werden nicht in diesem Kapitel, sondern in anderen Abschnitten dieses Berichts dargestellt.

Projektübersicht

PI	Project title	
P1 Hans-Ulrich Wittchen	PANIC-NET: Improving the Treatment of Panic Disorder – From a better Understanding of Fear Circuit Mechanisms to more Effective Psychological Treatment and Routine Care	These 2 major programs are described under Work Group 10 (Psychotherapy Research Networks)
	PROTECT-AD: Providing tools for effective care and treatment of anxiety disorders (AD): Outcomes, mediators and moderators of enhanced extinction learning ^a	
P2 Jürgen Hoyer	Manualized cognitive therapy versus cognitive-behavioral treatment-as-usual for social anxiety disorder in routine practice: A cluster-randomized controlled trial	Research network
P3 Jürgen Hoyer	Daily fluctuation of emotions and memories there of: Design and Methods of an event sampling study of major depression, social phobia and controls	Clinical study
P4 Jürgen Hoyer	Are neurodevelopmental markers and childhood sexual abuse indicative of pedohebephilia? Evidence from an anonymous online survey	Clinical study
P5 Jürgen Hoyer	Depersonalization and academic stress	Clinical study/RCT
P6 Jürgen Hoyer	Depersonalization, self-control, and cognitive performance	Analogue study
P7 Jürgen Hoyer	Do “supershrinks” assess therapeutic progress more conservatively?	Naturalistic psychotherapy research
P8 Jürgen Hoyer	Verhaltensaktivierende Methoden in der Depressionsbehandlung	Treatment study/RCT
P9 Jürgen Hoyer	Systematic variation of instructions for written fear exposure protocols	Treatment study (observational)/RCT
P10 Katja Beesdo-Baum, Jürgen Hoyer	A 10 year follow-up of worry exposure and applied relaxation in the treatment of generalized anxiety disorder	Treatment study (observational)/RCT (Long-Term Follow-up)
P11 Katja Beesdo-Baum	Efficacy of cognitive behavioral therapy among outpatients with generalized anxiety disorder in routine care and predictors of treatment success	Naturalistic psychotherapy research

^a Including sub-projects

P1. PANIC-NET and PROTECT-AD For this project description see section AG 10.

P2- Manualized cognitive therapy versus cognitive-behavioral treatment-as-usual for social anxiety disorder in routine practice: A cluster-randomized controlled trial

PI: Prof. Dr. Jürgen Hoyer; Staff: M. Sc. J. Čolić,

Funding: BMBF; Duration: 01/2012-ongoing; Cooperation: Prof. Dr. Ulrich Stangier (Goethe University Frankfurt), Prof. Dr. Eric Leibing (University of Goettingen), PD Dr. Joerg Wiltink (University of Mainz)

Objective: This study examined the effectiveness of manualized cognitive therapy (mCT) following the Clark-Wells approach versus non-manualized cognitive-behavioral treatment-as-usual (CBTAU) for social anxiety disorder (SAD) in routine practice. **Methods:** Forty-eight private practitioners were recruited within a multi-center trial and either received training in manualized CT for SAD or no such training. Practitioners treated 162 patients with SAD in routine practice (n=107 completers, n=57 for mCT, n=50 for CBTAU). Social anxiety symptoms (Liebowitz Social Anxiety Scale; LSAS) and secondary measures were assessed before treatment, at session 8, 15, and 25, at end of treatment, as well as 6 and 12 months after treatment. Results. Patients in both groups showed a significant reduction of SAD severity after treatment (d=1.91 for the mCT, d=1.80 for CBTAU for within-group effect sizes), which remained stable at follow-up. There were no differences between groups in terms of symptom reduction and treatment duration. **Conclusions:** The present trial confirms the high effectiveness of CBTAU and mCT for SAD when practitioners conduct the treatments in routine practice. Additional training in the CT manual did not result in significant between-group effects on therapy outcome. Lack of improvement may be linked to non-adherence to in-session behavioral experiments or ceiling effects of efficacy in both groups. **Current status:** Data collected within this trial are presently being analyzed with regard to the therapeutic interventions that the therapists of the mCT and CBTAU groups used (Čolić, J., Pittig, A., Leibing, E., Stangier, U. & Hoyer, J., in prep.). Furthermore, we are investigating the course of emotion regulation styles and their predictive value for treatment success in the 107 completers.

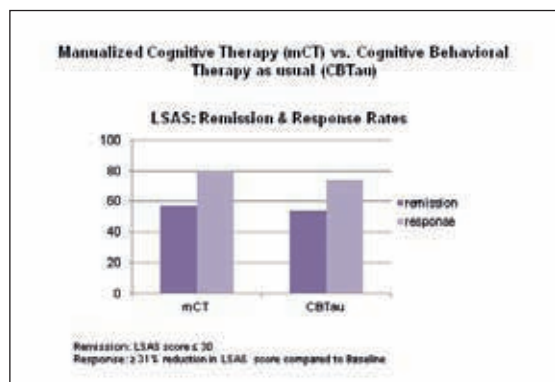


Fig. 1: Response and remission rates in n=107 completers of the study

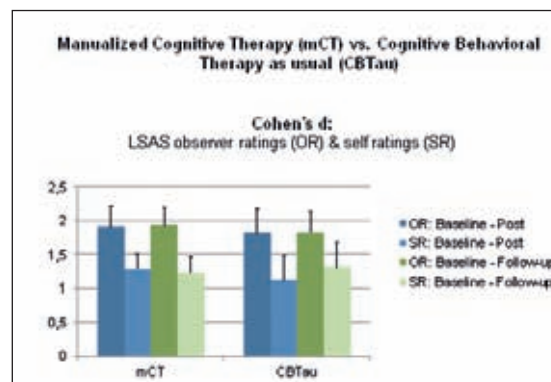


Fig. 2: Within-group effect sizes (ITT analyses) in the n=162 patients of the study who started treatment

Čolić, J., Pittig, A., Leibing, E., Stangier, U. & Hoyer, J. (in prep.). Welche Interventionen setzen niedergelassene Psychotherapeuten nach einer Manuals Schulung in kognitiver Therapie der Sozialen Angststörungen um-und welche nicht?

Hoyer, J., Čolić, J., Pittig, A., Crawcour, S., Ginzburg, D., Moeser, M., Lin, J., Wiltink, J., Leibing, E. & Stangier, U. (2017). Manualized cognitive therapy versus cognitive-behavioral treatment-as-usual for social anxiety disorder in routine practice: A cluster-randomized controlled trial. *Behaviour Research and Therapy*, 95, 87-98.

P3. Daily fluctuation of emotions and memories there of: Design and methods of an event sampling study of major depression, social phobia and controls

PI: Prof. Dr. Andrew Gloster, Co-PI/Germany: Prof. Dr. Jürgen Hoyer; Staff: M. Sc. J. Čolić

Funding: Schweizer Nationalfonds; Duration: 01/2014-ongoing; Cooperation: Prof. Dr. Andrew Gloster (University of Basel)

Symptom fluctuations and the dynamic contexts provoking these are poorly understood. This deficit is compounded by people's limited ability to accurately report about such dimensions in retrospect. Utilizing the advantages of event sampling methodology (ESM), this study rigorously describes and tests proximal environmental, neurobiological and psychological factors associated with symptoms and mood states. Participants were assigned to three

diagnostic groups: Major Depressive Disorder (MDD; n=118), Social Phobia (SP; n=47), or a Control Group without SP or MDD (CG; n=119). Assessments included a wide range of cognitive abilities, memory, constructs, and biological variables. ESM lasted seven days, with six assessments per day covering symptoms, affect, daily events, social interactions, post-event processing, well-being, etc. Thereafter, participants provided subjective retrospective recall estimates of the emotions they reported during the ESM. The multi-level data of >10,000 observations will allow for thorough examination of fluctuations of psychopathology and well-being in two prevalent disorders. Using two clinical groups and a non-affected control group, the clinical specificity vs. generalizability of processes can be directly tested, thus providing stimulating information about the overlap and differences between anxiety and mood disorders. This research will inform about the development, fluctuation, and maintaining factors of emotions and symptoms and the recall accuracy thereof. The Dresden working group will specifically analyse the predictors and consequences of symptoms which are expected to be typical for social anxiety disorder such as depersonalisation and post-event processing (Hoyer, Latysheva, Bassett, Lieb & Gloster, 2016).

Gloster, A.T., Miché, M., Wersbe, H., Mikoteit, T., Hoyer, J., Imboden, C., Bader, K., Meyer, A. H., Hatzinger, M. & Lieb, R. (in press). Daily fluctuation of emotions and memories thereof: design and methods of an event sampling study of major depression, social phobia, and controls. *International Journal of Methods in Psychiatric Research*.

Hoyer, J., Latysheva, A., Bassett, T, Lieb, R. & Gloster, A.T. (2016, 05.). Post-event processing: Auslöser, Prädiktoren und Konsequenzen auf der Basis von EMA-Messungen. Vortrag auf dem 35. Symposium für Klinische Psychologie und Psychotherapie in Bielefeld.

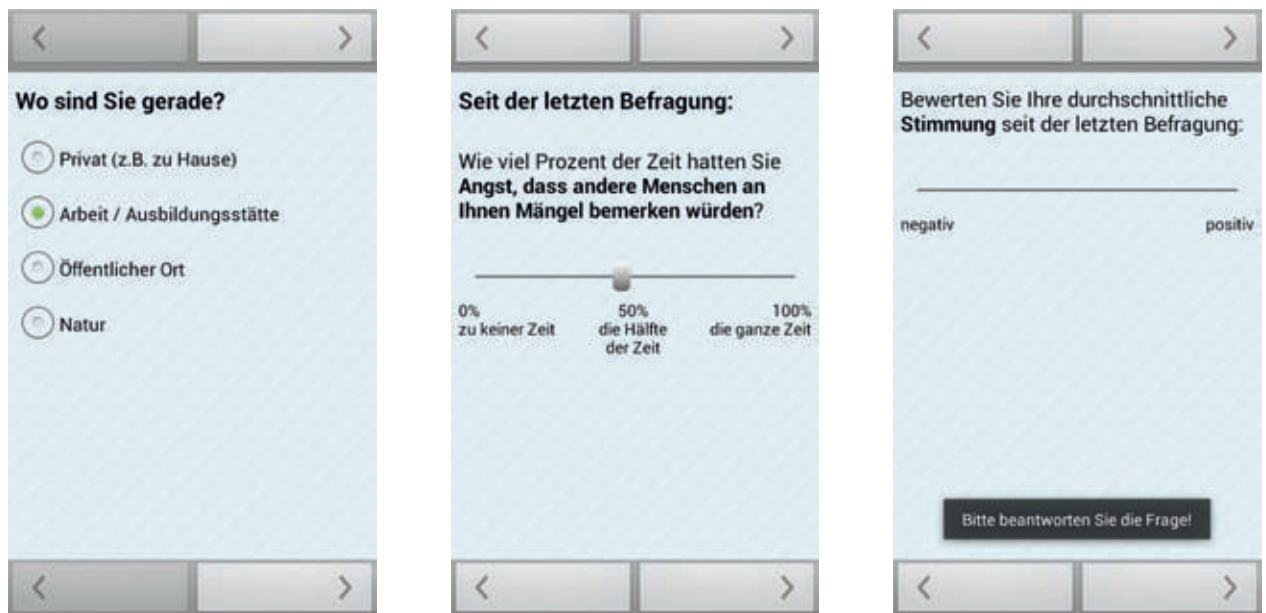


Fig. 3: Response formats in P3.

P4. Are neurodevelopmental markers and childhood sexual abuse indicative of pedohebephilia? Evidence from an anonymous online survey

PI: Prof. Dr. Jürgen Hoyer; Staff: Dr. S.Jahnke

Funding: internal, TU Dresden; Duration: 01/2012-ongoing; Cooperation: Dr. Sara Jahnke (University of Jena), Max Geradt (Everyday Pedophilia Work Group)

Background: Etiological models of pedophilia describe the development of sexual interests in children as an interplay between neurodevelopmental deficits (indicated by increased rates of left-handedness and head injuries, reduced intelligence and height) and traumatic childhood experiences (particularly sexual abuse), but these assumptions were rarely tested in non-incarcerated samples. **Methods:** To examine generalizability outside of forensic institutions, we recruited 85 men with preferential pedo-hebephilic interests and 81 men with preferential teleiophilic interests to participate in an anonymous online survey (using the methodology developed by Jahneje et al., 2015 and Geradt et al., in press). Pedophilia was ascertained based on self-reports and viewing time data. **Results:** Men with pedophilia did not differ from non-pedohephilic men with respect to rates of head injuries before or after age 13, height, crystallized intelligence, digit span, and rates of left-handedness, but were less educated and more likely to report histories of traumatic childhood experiences (including sexual abuse) as well as sexual acts with adults before age 14 that they did not rate as abusive. **Discussion:** These results underline the hypothesized importance

of childhood experiences for the development of pedophilia and indicate that current etiological theories might overestimate the impact of neurodevelopmental deficits on the development of sexual interest in minors. Further research in non-forensic samples is needed to substantiate the latter assumption.

Jahnke, S., Schmidt, A.F., Geradt, M. & Hoyer, J. (2015). Stigma-related stress and its correlates among men with sexual interest in children. *Archives of Sexual Behavior*, 44, 2173-2184.
Geradt, M., Heinz, J., Jahnke, S. & Hoyer, J. (in press). Is contact with children related to legitimizing beliefs toward sex with children among men with pedophilia? *Archives of Sexual Behavior*.

P5. Depersonalization and academic stress

PI: Prof. Dr. Jürgen Hoyer; Staff: M. Sc. T. Schweden

Funding: Gesellschaft der Freunde und Förderer der TU Dresden (GFF); internal, TU Dresden; Duration: 10/2014-03/2018; Cooperation: Prof. Dr. Uwe Wolfradt (University of Halle), M.Sc. Magdalena Kanthak (TU Dresden)

Background: Many students, especially those with high test anxiety, share the experience of “standing beside oneself” during examinations. These sensations are called symptoms of depersonalization. They are often perceived as distressing or frightening. Despite the high frequency of occurrence, there is a dearth of research on depersonalization under academic stress (Schweden & Hoyer, in press). **Study 1** We examined the frequency of depersonalization during oral examinations and explored its associations with possible psychological predictors (test anxiety, coping strategies), consequences (appraisal of depersonalization, safety behaviors, self-focused attention, post-event processing), and academic performance. **Methods:** In Study 1, 108 university students assessed their level of test anxiety and depersonalization during their last oral examination. In Study 2, 67 students rated their test anxiety level and coping strategies one week before an oral examination. Directly after the examination, they rated the depersonalization severity (see Schweden, Konrad & Hoyer, submitted) and the occurrence of safety-behaviors, as well as self-focused attention and their appraisal of depersonalization. Post-event processing was assessed one week later. **Results:** Nearly half of all participants reported at least one moderate depersonalization symptom. Test anxiety and depersonalization were positively correlated. **Study 2.** Test anxiety and self-blame (coping strategy) predicted depersonalization. Depersonalization and negative appraisals correlated positively with safety-behaviors and self-focused attention. Furthermore, depersonalization predicted post-event processing one week later, but was not related to performance. **Conclusion:** We suggest that depersonalization should be integrated into psychological models and psychotherapeutic treatments of test anxiety. **Study 3: Methods:** Basing on Schweden et al. (2016) and the results of Study 1 and 2, a short cognitive behavioral group intervention, consisting of psychoeducation and task concentration training, was developed. Students with test anxiety and depersonalization experiences in their last oral examination were randomized into two groups: While the intervention group (n=22) received group training, a control group (n=16) underwent an active waiting time. Effects of the intervention on the severity and the appraisal of depersonalization, focus of attention, emotion regulation, anxiety, heart rate, and heart rate variability were examined within the Trier Social Stress Test for groups. Follow-up measuring was conducted after a real university oral examination. **Results:** Results of multilevel mixed effects models revealed that depersonalization severity and its appraisal significantly changed within the intervention group, while it did not in the control group. Moreover, the intervention group reported significantly less self-focused attention and fear, and used the coping strategy of reappraisal significantly more within the stress test. No group differences were detected in heart rate and heart rate variability. Follow-up measuring confirmed the reduction of depersonalization in the naturalistic setting. **Conclusion:** The group training seems to be useful for treating depersonalization in test anxiety. Potential mechanisms of action, such as the change in attention focus and the appraisal processes, are discussed.

Schweden, T. & Hoyer, J. (eingereicht). Neben sich stehen, wenn es darauf ankommt: Depersonalisationssymptome während Prüfungen. *Report Psychologie*.

Schweden, T., Konrad, A., Kanthak, N. & Hoyer, J. (submitted). Evaluation of a brief cognitive behavioral group intervention to reduce depersonalization in test anxiety: A randomized controlled trial. *Journal of Behavior Therapy and Experimental Psychopathology*.

Schweden, T., Wolfradt, U. & Hoyer, J. (submitted). Depersonalization under academic stress: Frequency, predictors, and consequences. *Anxiety, Stress & Coping*.

Schweden, T., Konrad, A. & Hoyer, J. (submitted). Die Cambridge Depersonalization Scale-situational. *Diagnostica*.

Schweden, T., Pittig, A., Klumbies, E., Braeuer, D., Kirschbaum, C. & Hoyer, J. (2016). Reduction of depersonalisation and derealisation symptoms after CBT for social anxiety disorder. *Journal of Anxiety Disorders*, 43, 99-105.

P6. Depersonalization, self-control, and cognitive performance

PI: Prof. Dr. Jürgen Hoyer; Staff: M. Sc. T. Schweden

Funding: internal, TU Dresden; Duration: 01/2017-ongoing

Background: For achieving a successful cognitive performance, it is necessary to shield the attention from irrelevant stimuli. For this process of attention focusing, self-control is needed. In the state of exhausted self-control capacity (ego depletion), self-control may be performed less efficiently. During performance situations, symptoms of

depersonalization are frequently experienced, and often perceived as distressing and frightening. So far, the link between the severity of depersonalization and performance quality has not been clarified. There is a lack of research that analyzes the potential role of self-control in the context of performance situations. The aim of our study is to investigate whether, compared to the state of available self-control capacity, symptoms of depersonalization are more severe in a state of depleted self-control capacity. Moreover, we test the mediational effect of self-control on the relationship between depersonalization and cognitive performance. **Methods:** The study follows the dual-task design with four study groups. First, by using a transcript task the available self-control capacity is depleted in two study groups, while the other two groups are given a control condition. Afterwards, one group of each condition of the first step is exposed to a stroboscope for two minutes. This exposure exercise has already been successfully used in other studies to provoke depersonalization symptoms. Subsequently, a cognitive performance task (Progressive Auditory Serial Addition Task) is carried out in all four study groups. **Current status (July 2017):** A pre-test for the paradigm is ongoing. Data collecting of the main study will be finished in December 2017.

P7. Do “supershrinks” assess therapeutic progress more conservatively?

PI: Prof. Dr. Jürgen Hoyer; Staff: B. Sc. M. Ziem

Funding: internal, TU Dresden & IAP-TU Dresden GmbH; Duration: 01/2017-ongoing

Background: While human judgement in general has been shown to be flawed, the accuracy of clinical judgement is known to be particularly limited. A well-studied bias in human judgement was called “illusory superiority”, also known as above-average-effect or self-assessment bias. Illusory superiority describes the human tendency to rate one’s own performance in terms of total achievement or in comparison to others in an overly positive manner, resulting in an overestimation of one’s own performance. Ironically, this bias is negatively correlated with people’s actual performance, so it is especially present amongst the worst performers. In contrast, the effect reverses amongst the top performers, leading people with the highest level of ability to even underestimate their performance. This bias has also been shown, among various other domains, in the field of health care and the present study aimed at testing the relation between psychotherapists’ assessment of therapeutic change among their patients and their actual therapeutic effectiveness. **Methods:** In order to overcome limitations of previous attempts, the current study was specific to a naturalistic setting, providing adequate sample size, data on therapists’ actual effectiveness regarding therapeutic change and results that directly represent routine clinical practice. All psychotherapists who had treated more than 10 patients in the Outpatient Psychotherapy Clinic of the TU Dresden were included (n=69) and differences between their own and their patients (n=1101) scores on the Clinical Global Impression scale were correlated with therapists’ overall performance. The therapists overall performance was assessed via the effect size across all their treatments. **Results:** Preliminary results show significant moderate correlations between therapists’ overall performance and their underestimation of therapeutic progress, as indicated by different ratings between therapist and patients in the Clinical Global Impression scale. Correlations range from $r = .35$ ($p < .01$), for overall performance in improving patients’ satisfaction with life, up to $r = .44$ ($p < .001$), for overall performance in reducing patient’s psychopathological symptoms. **Conclusions:** The current findings reveal a direct association between psychotherapists’ assessment of therapeutic change and their actual effectiveness: The more conservative a therapist’s assessment of therapeutic change, the more effective he or she is in treating patients. Although these findings need to be replicated and further analysed for causal interpretations, they provide a promising approach for research on characteristics of exceptional successful psychotherapists.

P8. Verhaltensaktivierende Methoden in der Depressionsbehandlung

PI: Prof. Dr. Jürgen Hoyer; Staff: Dipl. Psych. E.Lochmann, Dipl. Psych. N. Furka, N.N.

Funding: internal (IAP-TU Dresden GmbH), TU Dresden; Duration: 01/2012-ongoing; Cooperation: Prof. Jonathan Kanter, University of Washington; Dr. Tobias Teismann, Ruhr-Universität Bochum; Seehof-Klinik-Teltow (Prof. Dr. Volker Köllner); Deutsche Klinik für Integrative Medizin und Naturheilverfahren (Prof. Dr. T. Döring)

Verhaltensaktivierende Methoden gehören zu den wirksamsten psychotherapeutischen Optionen bei der Behandlung der Depression. Sie sind gut aus einem verhaltenstheoretischen Verständnis der Depression abzuleiten und wurden in den letzten Jahren von Autoren wie Dimidjian oder Martell so verfeinert, dass ihre Erprobung und Weiterentwicklung aussichtsreich erscheint. Gleichzeitig werden sie im deutschen Sprachraum kaum oder nur in Verbindung mit weiteren kognitiven Interventionen eingesetzt, sodass der relative Beitrag der verhaltensaktivierenden Methoden zum Gesamterfolg der Therapie nicht erkennbar wird. Aufgrund der starken Betonung von (einfachen) Verhaltensänderungen und der besonderen Rolle, die soziale Verstärkung dabei spielt, erscheint uns der Ansatz gut in einem Gruppenformat einsetzbar. Deshalb wird in dem derzeit laufenden Projekt erprobt werden, ob

sich bei Patienten mit unipolarer leichter bis mittelgradiger Depression, die sich auf einer Warteliste für eine Einzel-Psychotherapie befinden, mit einer auf 8 Sitzungen begrenzten Gruppentherapie eine signifikante Besserung der Depression erreichen lässt, die entweder den schnelleren Erfolg der Einzeltherapie begünstigt oder diese sogar überflüssig macht. Dabei wird unter anderem die neu entwickelte deutsche Version der Behavioral Activation for Depression Scale (BADs) eingesetzt (Teismann et al., 2016). Erste Ergebnisse des Programms sind ermutigend (Reduktion der Depressivität, $d=1.0$; siehe auch Abbildung). Das zugrunde liegende Manual wird 2018 in Buchform erscheinen (Hoyer & Vogel, in press).

Folgende Fragestellungen werden augenblicklich von unserer Arbeitsgruppe bearbeitet:

- Geht die Steigerung der Verhaltensaktivierung einer Reduktion des Schweregrads der Depressivität voraus?
- Führt die Steigerung der Verhaltensaktivierung zu einer Stärkung der Annäherungsmotivation?
- Lassen sich Gruppen zur Verhaltensaktivierung erfolgreich in die verhaltenstherapeutische Reha-Behandlung bei depressiven Patienten integrieren?

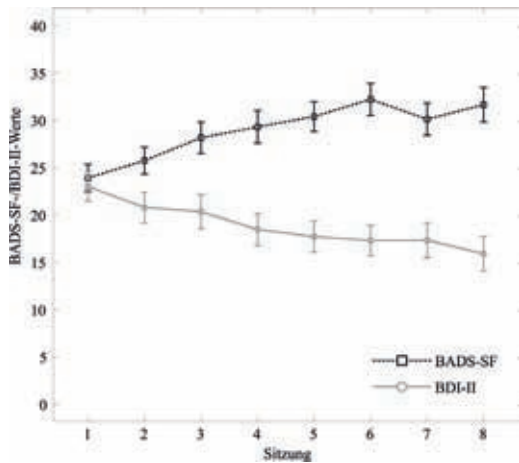


Abbildung 1: Verlauf im Beck Depressions-Inventar (BDI) und in der Behavioral Activation for Depression Scale (BADs) über die 8 Wochen unseres Verhaltensaktivierungsprogramms bei n=93 Patienten mit unipolarer Depression (unveröffentlichte Daten)

Behavioral Activation (BA) is among the most efficacious methods for the treatment of unipolar depression. The method is rooted in the behaviour-analytic understanding of depression put forward by Lewinsohn. It has experienced a "comeback" after the seminal study by Jacobson et al (1996) showing that BA alone is as effective as other more established methods, namely cognitive-behaviour therapy as described by Aaron Beck. BA is not well received in German speaking countries where the cognitive component of CBT is often specifically emphasized in spite of the empirical evidence for the additional use of this component not being established.

Given that many patients with depression remain untreated for many months and considering the essential role of social reinforcement in behavioral approaches, we decided to develop a manual for BA treatment groups which is restricted to 8 sessions and addresses mildly to moderately depressed patients. First data using the Beck Depression Inventory and the German version of the Behavioral Activation for Depression Scale (BADs; Teismann et al., 2016) show encouraging results with completer ES of d around 1 (see Figure). The manual for the group treatment will be published as a book in 2018 (Hoyer & Vogel, in press).

The following research questions are presently being investigated by our group:

- Does behavioral activation precede symptom reduction in depression?
- Does behavioral activation lead to improved approach motivation?
- How well is group treatment with behavioral activation accepted by patients within the rehabilitation treatment funded by the German Federal Pension Insurance? How effective is it compared to less structured CBT approaches?

Publications

Hoyer, J. & Vogel, D. (in press). Verhaltensaktivierung. Weinheim: Beltz.

Lochmann, E. & Hoyer, J. (2013). Verhaltensaktivierung bei Depression: Aktuelle Anwendungs- und Settingvarianten. *Psychotherapie im Dialog*, 3, 57-60.

Teismann, T., Ertle, A., Furka, N., Willutzki, U. & Hoyer, J. (2016). The German version of the behavioral activation for depression scale (BADs): Psychometric properties and validation in four samples of German adults. *Clinical Psychology and Psychotherapy*, 23, 217-225.

P9. Systematic variation of instructions for written fear exposure protocols

PI: Prof. Dr. Jürgen Hoyer; Staff: Research interns, Dr. A. Pittig

Funding: internal, TU Dresden; Duration: 10/2017-ongoing; Cooperation: Prof. Naomi Koerner, PhD (University of Toronto)

Background: Despite the empirically confirmed positive effects of exposure therapy for phobias and anxiety disorders, the mechanisms by which this procedure provokes corrective learning on the process level are not well understood. Recently, a number of strategies for enhancing inhibitory learning, and its retrieval over time and context, have been proposed and discussed but these refer nearly exclusively to exposure in vivo. The present project is aimed at elucidating how exposure in sensu, namely in generalized anxiety disorder (GAD) or high worrying,

works and how its efficacy can be enhanced by instructions that promote positive response expectancies. **Current status:** In the first study, we plan a series of single case evaluations with patients diagnosed with GAD in our outpatient clinic. In this pilot study we will test written fear exposure procedures as proposed by Koerner and Prusaczyk (2016) and observe the psychophysiological reactions of the patients during written exposure (including, e.g., skin conductance and heart rate variability) and how they co-vary with processing different sections of the protocols. In the second study, an RCT in the form of an analogue study, we will examine the effects of written fear exposure in high worriers and compare the standard instruction (Koerner & Prusarczyk, 2016) with a newly developed instruction that intends to enhance positive response expectancy.

Hoyer, J. & Beesdo-Baum, K. (2012). Prolonged imaginal exposure based on worry scenarios. In P. Neudeck & H.-U. Wittchen (Eds.). *Exposure Therapy: Rethinking the Model-Refining the Method* (pp. 245-260). New York: Springer Publishers.

Koerner, N. & Prusaczyk, E. (2016). Development and initial testing of a cognitively enhanced written exposure procedure for Generalized Anxiety Disorder. Paper presented at the EABCT conference in Stockholm.

Passage of a fear exposure in sensu session conducted by a therapist

[...]

Therapist: You already feel a strong tension in your neck ... A little pressure in your head... And you notice that you can't really concentrate on reading. Then the phone starts ringing. And at that very moment... you feel... how your anxiety is rising. Heat is rising in your body. You feel a lump in your throat. And the pressure in your head is getting worse. And in that moment you think... Oh dear... it has to be something. You stand up and go to the cell phone... And when you pick up the phone... your hands are already shaking. Before you can say anything... you hear your daughter sobbing. You feel extremely tense now-in that moment. Knots form in your neck. Your heart is beating. The lump in your throat is getting worse. And you think in this moment... What's with the kids? Are they still alive?

Patient: [sobs and breathes heavily]

Therapist: You want to say something, but... you're speechless... And you hear that your daughter says: „Mom, Mom, The kids... the kids. The kids are not alive anymore.“

Patient: [sobs]

Therapist: You feel extremely tense at that moment. The pressure in your head is hardly bearable. The lump in your throat...seems to get bigger

Patient: [sobs]

Therapist: In that moment you think... „Nothing makes sense anymore. I can't take it.“

[...]

P10. A 10 year follow-up of worry exposure and applied relaxation in the treatment of generalized anxiety disorder

PI: Prof. Dr. Katja Beesdo-Baum, Prof. Dr. Jürgen Hoyer (Co-PI); Staff: Cand. M. Sc. Psych. C. Leuner

Funding: internal resources, TU Dresden; Duration: 2016-2017; Cooperation: Institutsambulanz für Psychotherapie der TU Dresden (IAP), Prof. Dr. Eni S. Becker (Nijmegen)

Background: Immediate and short-term efficacy of cognitive-behavioural therapy (CBT) for Generalized Anxiety Disorder (GAD) has been repeatedly proven. In contrast, follow-up assessments after more than 12 months are rare. Because knowledge on the long-term stability of treatment effects is crucial, especially in chronic conditions like GAD, this study conducted a long-term follow-up of patients more than 10 years after CBT within a randomized controlled trial (RCT; Hoyer et al. (2009)). In the original RCT, 73 outpatients meeting DSM-IV criteria for GAD were randomly allocated to either 15 sessions of Worry Exposure (WE) or Applied Relaxation (AR). Pre-/posttreatment effects were high and remained stable at 6 and 12 month follow-up. This current study analysed whether (1) treatment gains were generally maintained over 10 years, (2) WE was at least as efficacious as AR and (3) there were differences in the long-term health status of a) original treatment responders and non-responders and b) treatment completers and non-completers. **Methods:** Self-report questionnaires were sent to existing postal addresses of all 73 originally enrolled patients. New addresses of patients who had moved were attempted to be retrieved from registration offices. If patients agreed, they were called for personal interview to conduct clinical rating scales (Structured interview guide for the Hamilton Anxiety Scale (SIGH-A) and Hamilton Depression Scale (SIGH-D)) and a structured interview (Structured Clinical Interview for DSM-IV Disorders; SCID). The State-Trait Anxiety Inventory (STAI-T) and the SIGH-A served as primary outcome measures, in line with Hoyer et al. (2009). Secondary outcome measures were the Penn State Worry Questionnaire (PSWQ), the Metacognition Questionnaire (MCQ-II) and the Beck Depression Inventory (BDI-I). Complete case and multilevel analyses were run. **Results:** 55% of the originally

enrolled patients (n=40) participated in the long-term follow-up. Long-term effects of CBT were high on all outcome measures, except BDI. No worsening between post and long-term was seen on any outcome scale. Continued improvement since treatment ending was found on the STAI-T, PSWQ and MCQ-II. 65% of patients were free of all GAD DSM-IV criteria at long-term follow-up; 16% met full criteria of GAD diagnosis. The proportion of patients reaching full end-state functioning was 66% and full remission 57%. No differences in long-term outcomes between WE and AR were found. Once reached response status at 12 month follow-up tended to remain stable.

Conclusion: Treatment gains of WE and AR were maintained or even improved over more than 10 years. Bias through attrition, however, cannot be excluded, although long-term completers did not differ from non-completers in demographic and clinical characteristics and multi-level and bootstrapping analyses showed no different results. Other influences which potentially could have caused positive long-term outcome, like additional treatment, have to be kept in mind.

Leuner, Carla (2016) A 10 year follow-up of worry exposure and applied relaxation in the treatment of generalized anxiety disorder. Unpublished Master-Thesis. TU Dresden.

P11. Effektivität kognitiver Verhaltenstherapie bei der Behandlung der Generalisierten Angststörung in einer Hochschulambulanz und Prädiktoren des Therapieergebnisses

PI: Dr. Katja Beesdo-Baum (PI) & Prof. Dr. Jürgen Hoyer (Co-PI); Staff: Cand M. Sc. Psych. C. Sura

Funding: internal resources TU Dresden; Duration: 08/2005-ongoing; Cooperation: Institutsambulanz für Psychotherapie der TU Dresden (IAP-TU Dresden GmbH)

Hintergrund: Zur Behandlung der Generalisierten Angststörung hat sich die kognitive Verhaltenstherapie in zahlreichen randomisiert-kontrollierten Studien als wirksam erwiesen. Bisher ist jedoch wenig über die Effektivität der Behandlung unter Routinebedingungen bekannt. Außerdem zeigen sich im Vergleich zu anderen Angststörungen geringere Response- und Remissionsraten. Faktoren, die einen Einfluss auf das Therapieergebnis in der Routinepraxis haben, wurden bislang kaum untersucht. **Methodik:** Daten von 84 Patienten, die zwischen 2005 und 2014 eine Behandlung in der Spezialambulanz für Generalisierte Angststörung der Dresdner Institutsambulanz für Psychotherapie erhielten, wurden untersucht. Dabei wurden die Veränderungen der störungsspezifischen Symptomatik sowie der allgemeinen Psychopathologie und generellen Belastung im Therapieverlauf und zur 6-Monats-Katamnese betrachtet. Zudem wurde der Einfluss vor und während der Therapie erhobener Faktoren auf den kurz- und langfristigen Therapieerfolg untersucht. **Ergebnisse:** Die Prä-Post-Analysen zeigten einen Rückgang der Symptomatik mit mittleren bis großen Effektstärken in der spezifischen Psychopathologie und in anderen wichtigen Bereichen. Die Effekte blieben katamnestic stabil. Die Responderaten lagen bei 32-65% und die Remissionsraten zwischen 33 und 53%. Nur bei sehr wenigen Patienten trat im Laufe der Therapie eine Verschlechterung ein (0-8%). In der Wartezeit zeigten sich keine symptomatischen Veränderungen und die Therapiegruppe war der Wartegruppe in drei der fünf Ergebnismaße überlegen ($ES=0,51-0,74$). Für Therapieerfolg konnten einige Prädiktoren ermittelt werden. Berufstätigkeit und initiale Symptomverbesserung sagten Verbesserungen im PSWQ vorher. Partnerschaft, keine psychiatrisch-psychotherapeutische Vorbehandlung und eine höhere Verbesserungserwartung wurden als Prädiktoren für Therapieerfolg in der HAMA identifiziert. Die Anzahl vorliegender negativer prognostischer Faktoren spielte hingegen keine wesentliche Rolle bei der Vorhersage des Therapieergebnisses. Die Durchführung von Verhaltensexperimenten und Konfrontation mit Reaktionsverhinderung hatten einen positiven Einfluss auf das Therapieergebnis, während allgemeine Entspannung zu schlechteren Therapieergebnissen führte. **Diskussion:** Zusammenfassend lässt sich feststellen, dass im Routinesetting der Ambulanz durch die kognitive Verhaltenstherapie bei der Generalisierten Angststörung gute Ergebnisse erzielt werden konnten, die vergleichbar mit denen kontrollierter klinischer Studien sind. Dennoch erreichten 40-60% der Patienten nach der Therapie nicht die Kriterien für Response oder Remission. Der Einsatz von Verhaltensexperimenten erschien besonders nützlich. Dieser Befund sollte bei der Weiterentwicklung und weiteren Verbesserungen der Verhaltenstherapie bei der Generalisierten Angststörung Beachtung finden. Außerdem wären in Folgestudien weitere Analysen bezüglich Prädiktoren für Therapiemisserfolg wünschenswert.

Störel, Margarete (2015). Effektivität kognitiver Verhaltenstherapie bei der Behandlung der Generalisierten Angststörung in einer Hochschulambulanz und Prädiktoren des Therapieergebnisses. [Efficacy of cognitive behavioral therapy among outpatients with general anxiety disorder in routine care and predictors of treatment success.] Unpublished Master Thesis. TU Dresden.

AG 10 Psychotherapy Research

Prof. Dr. Hans-Ulrich Wittchen, Prof. Dr. Jürgen Hoyer & Dr. Andre Pittig

In den letzten Jahren hat das Institut mehrere große Verbundprojekte des BMFG (Programmforschung Gesundheit) über große randomisierte klinische Multizenter Studien inne gehabt. Neben dem zwischenzeitlich abgeschlossenen Großprojekt PANICNET, das sich speziell mit den Grundlagen- und Wirkmechanismen der Panikstörung und Agoraphobie beschäftigt, stehen derzeit im Vordergrund die Studienprojekte des AERIAL Verbunds (siehe hierzu AG Bühringer) zum Thema Suchterkrankungen sowie das Projekt PROTECT-AD. In diesem Kapitel beschreiben wir zunächst PROTECT-AD sowie dann die neueren Erkenntnisse aus PANIC-NET. Beide sind Teil des „Forschungsverbunds Psychische Störungen“ des BMBF.

Der Forschungsverbund PROTECT-AD (Providing Tools for Effective Care and Treatment of Anxiety Disorders) ist ein vom Bundesministerium für Bildung und Forschung gefördertes (BMBF; Gesamtvolumen: 5.3 Mio.; FKZ: 01EE1402A-F) Projekt zur Optimierung der Behandlung von Angststörungen. Es ist Teil des BMBF-geförderten „Forschungsnetz für psychische Störungen“. Das multizentrische Verbundprojekt unter der Leitung von Prof. Dr. Hans-Ulrich Wittchen und Mitarbeitern des Instituts (Projektkoordination: Dr. Andre Pittig, M. Sc. Jule Dehler) wird gemeinsam mit der Institutsambulanz (IAP-TU Dresden GmbH; Prof. Dr. Jürgen Hoyer) und mit Kolleginnen und Kollegen aus sechs weiteren Studienzentren getragen: der Klinik für Psychiatrie und Psychotherapie der WWU Münster (Prof. Dr. Volker Arolt), dem Forschungs- und Behandlungszentrum für Psychische Störungen der Ruhr-Universität Bochum (Prof. Dr. Silvia Schneider; Prof. Dr. Jürgen Margraf), dem Institut für Psychologie der Ernst-Moritz-Arndt Universität Greifswald (Prof. Dr. Alfons Hamm), der Klinik für Psychiatrie und Psychotherapie der Philipps-Universität Marburg (Prof. Dr. Benjamin Straube, Prof. Dr. Tilo Kircher), der Klinik für Psychiatrie, Psychosomatik und Psychotherapie der JMU Würzburg (Prof. Dr. Jürgen Deckert), und der Klinik für Psychiatrie und Psychotherapie der Charité Universitätsmedizin Berlin (Prof. Dr. Andreas Ströhle).

Overview: Exposure-based psychological interventions currently represent the most effective and validated forms of cognitive-behavioural therapy for all types of anxiety disorders. Although they are highly effective in controlled randomized trials and naturalistic clinical studies, not all patients benefit equally well and crucial open questions remain: (1) the core mechanisms of action are still under debate, (2) it is not known whether such treatments work equally well in all forms of anxiety disorders, including comorbid diagnoses like depression, (3) it is not known whether an intensified exposure therapy based on optimized extinction learning is more effective compared to standard exposure therapy. Subsequent to completion of the project PANIC-NET, in which similar questions were specifically addressed in the context of panic disorder and Agoraphobia, our new project PROTECT-AD (Providing Tools for Effective Care and Treatment of Anxiety Disorders) broadens the perspective to all kinds of anxiety disorder, including associated comorbid conditions.

The project is funded by the Federal Ministry of Education and Research (BMBF; Volume: 5.3 Mio.; FKZ: 01EE1402A-F). PI and study director is Prof. Dr. Wittchen (Coordinators: Dr. Andre Pittig, Jule Dehler). PROTECT-AD is a multicenter project in collaboration with 6 associated study centers: the Department of Psychiatry and Psychotherapy at WWU Münster (Prof. Dr. Volker Arolt), the Mental Health Research and Treatment Center at RU Bochum (Prof. Dr. Silvia Schneider; Prof. Dr. Jürgen Margraf), the Institute of Psychology at Ernst-Moritz-Arndt University in Greifswald (Prof. Dr. Alfons Hamm), the Department of Psychiatry and Psychotherapy at Philipps-Universität in Marburg (Prof. Dr. Benjamin Straube, Prof. Dr. Tilo Kircher), the Department of Psychiatry, Psychosomatics and Psychotherapy JMU Würzburg (Prof. Dr. Jürgen Deckert), and the Department of Psychiatry and Psychotherapy at Charité Berlin (Prof. Dr. Andreas Ströhle). Research activities in our work group focus on subjective, behavioral, physiological, neural and (epi)genetic indices of extinction learning in AD patients. By implementing a translational approach, we ultimately aim to improve the provision of exposure-based therapy, the currently most effective 1st line treatment for AD.

The PROTECT-AD Program

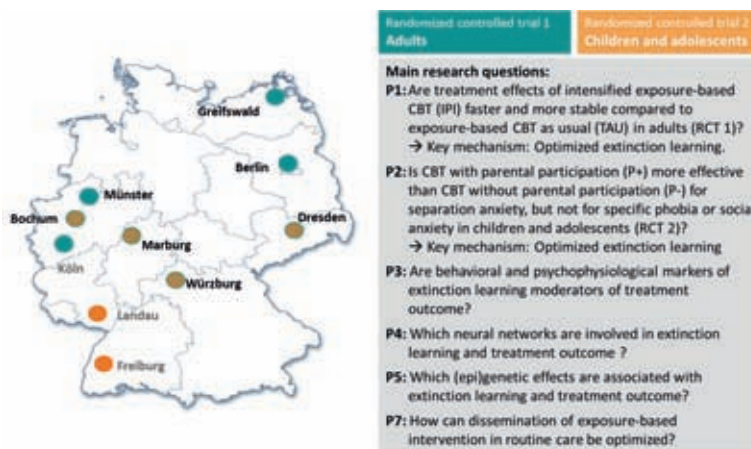


Figure 1 Collaborators and recruitment centers of the research consortium PROTECT-AD

P1. RCT 1: Optimizing extinction using intensified psychological interventions for adult anxiety disorders

Prof. Dr. Hans-Ulrich Wittchen, Dresden; Coordinators: Dr. Andre Pittig; M. Sc. Jule Dehler, Dresden

Background: Novel preclinical research evidence suggests extinction learning as the core mechanism of exposure-based therapies and provides according strategies to improve the effectiveness of treatment by optimized extinction. A translational research agenda is suggested to examine whether enhanced extinction learning components derived from preclinical research, applied within an intensified exposure-based treatment, improves outcomes.

Methods: In a multicenter randomized clinical trial, we test in n=700 patients with primary AD based on a transdiagnostic treatment manual whether intensified psychological interventions based on augmented extinction learning (IPI) result in faster, stronger and more persistent outcomes on subjective, clinical and behavioral indices as compared to an, otherwise identical, standard research treatment without explicit enhanced extinction (TAU). Different ADs with and without comorbidity (e.g. Depression) are included. Mechanistic subprojects (P3-P5) are embedded to investigate physiological, neural and (epi)genetic correlates of enhanced extinction learning. Last, moderators of outcome (i.e. type of diagnosis, comorbidity) are examined. **Results/Discussion:** We hypothesize that the enhanced extinction elements of IPI will result in (a) higher effect sizes, faster recovery, and (b) more pronounced changes in an array of systems, including elements of extinction learning and in objective behavioural measures assessed in inter-session exposure trials. **Current status (Feb 2015):** 1864 adults have been screened, 431 assessed for eligibility, and 261 have been included in the trial (129 IPI vs. 132 TAU; 54% females; Age range: 16 to 68 years). 48% of the included patients are diagnosed with comorbid depression. 80-85% of included patients have participated in the mechanistic projects P3, P4, P5.

Heinig, I., Pittig, A., Richter, J., Hummel, K. V., Alt, I., Dickhöver, K., Gamer, J., Hollandt, M., Koelkebeck, K., Maenz, A., Tennie, S., Totzeck, C., Yang, Y., Arolt, V., Deckert, J., Domschke, K., Fydrich, T., Hamm, A., Hoyer, J., Kircher, T., Lueken, U., Margraf, J., Neudeck, P., Pauli, P., Rief, W., Schneider, S., Straube, B., Ströhle, A. & Wittchen, H.-U. (2017). Optimizing exposure-based CBT for anxiety disorders via enhanced extinction: Design and methods of a multicentre randomised clinical trial. *International Journal of Methods in Psychiatric Research*.

P2. RCT 2: Differential impact of parental participation on intensified exposure-based psychological interventions in anxiety disorders in children

Prof. Dr. Silvia Schneider, Bochum; Prof. Dr. Jürgen Margraf, Bochum

Background: The goal of the present trial is to improve our understanding of a disorder-specific use of parental participation in psychological treatment of childhood anxiety disorders. In sharp contrast to adult anxiety disorders, childhood anxiety disorders are under-researched in spite of their high prevalence, strong continuity into adulthood and powerful prediction of adult disorders. However, effective treatments share exposure interventions and thus extinction learning as a core ingredient. Basic research indicates that suboptimal conditions for extinction learning and context conditioning with the parents as powerful context variable could explain poorer extinction learning and higher return of fear in children. **Methods:** Parallel to P1, we will administer high doses of extinction trials (with versus without parental participation) in n=400 children with Separation AD, Specific Phobia and/or Social AD to examine the disorder-specific efficacy of parental participation. Mechanistic subprojects (P3-P5) are embedded to investigate physiological, neural and (epi)genetic correlates of enhanced extinction learning in children. **Results/**

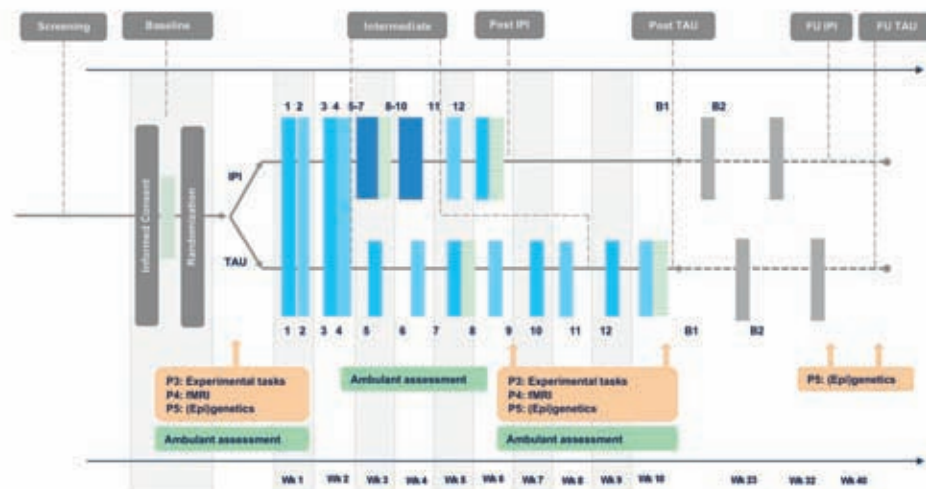


Figure 2 Design of P1

Discussion: We expect that for separation anxiety disorder, but not for specific phobia and social anxiety disorder, parent inclusion decreases return of fear and yields more lasting treatment effects via optimizing extinction learning. The present study will answer this question adequately and has the goal to generate evidence-based recommendations for clinical guidelines. The proposed study will disseminate effective treatments and build new centers for the treatment of childhood anxiety disorders and thus improve psychotherapy services in Germany for the most common mental disorders in childhood. It is expected that early successful treatment will not only reduce burden in children and their families but may also prevent the development of mental disorders in later life. **Current status (Oct. 2017):** 553 children and adolescents have been screened, 154 assessed for eligibility and 143 have been included in the trial (70 P+ vs. 73 P-).

P3. Subproject - Behavioral and psychophysiological markers of extinction learning and outcome

Prof. Dr. Alfons Hamm, Greifswald

Background: Extinction learning is considered to be the core mechanism of action of exposure therapy. The aim of this subproject is to investigate extinction learning in the laboratory using a multi-level approach (cognitive, autonomic, and motor reflexes) in a group of child and adult patients with AD and to relate the findings in the laboratory to clinical outcome data after exposure therapy. Assessments of the subproject are administered before and after the treatments of P1 and P2. **Methods:** (1) A delayed cue extinction paradigm prior to and after exposure therapy: In this paradigm, patients learn on day 1 that one of two cues is associated with an unpleasant event. On the second day, these cues are presented again but in the absence of the unpleasant event to induce fear extinction learning. Expectancy ratings will be assessed during each trial together with autonomic arousal and startle reflex modulation. After extinction, aversive stimuli will be presented again to assess reinstatement of fear. (2) A virtual reality context conditioning paradigm: Different context conditions will be presented in virtual reality and aversive experiences will be made in one context but not in the other. Afterwards, extinction learning will be induced during which individuals explore the same contexts but without aversive experience. Again expectancy ratings of the probability of an aversive event will be assessed together with autonomic arousal startle reflex potentiation and avoidance behavior. **Results/Discussion:** We hypothesize that extinction learning of cue fear as well as extinction learning of contextual fear is impaired in adult and child AD prior to therapy and will improve to a greater degree after IPI than TAU.

Current status (Feb. 2015): 221 patients included in the adult trial (P1) have participated in P3.

P4. Subproject - Neural response and fear circuitry related to extinction learning and outcome

Prof. Dr. Benjamin Straube, Marburg; Prof. Dr. Tilo Kircher, Marburg

Background: This is the first study investigating extinction learning and reinstatement before and after exposure therapy using identical fear extinction paradigms (as P3) with fMRI. In previous work, we showed sustained amygdala activation and reduced ACC involvement during extinction in subjects with high trait anxiety. Reinstatement is based on activation of learned associations and impaired in patients with hippocampal lesions.

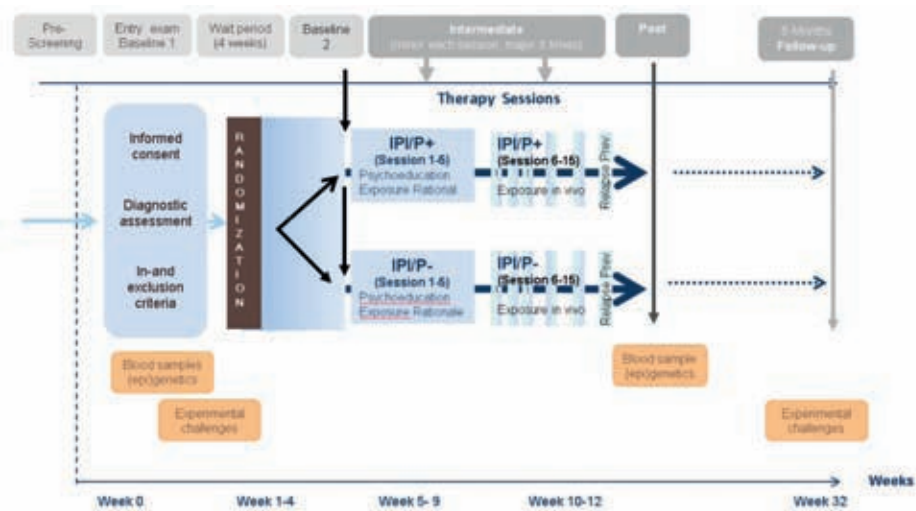


Figure 3 Design of P2

Now we examine the neural correlates of fear extinction, reinstatement and emotion processing focusing on amygdala, (para-) hippocampal and anterior cingulate cortex function and relate neural activations to response patterns in P3. The subproject will be administered before and after P1. **Methods:** Adult P1 patients will undergo fear extinction in the MRI scanner before and after exposure-based therapy using functional Magnetic Resonance Imaging (fMRI). All eligible patients and 100 healthy controls will be investigated before and after treatment. Maximizing synergies between P3 and P4, we will use an identical fear conditioning and extinction task. While subjects will undergo fear conditioning in P3 on the 1st day, extinction and a reinstatement test will be assessed in a 3T MRI scanner on the 2nd day (including autonomic markers of conditioning and expectancy ratings), thus allowing for consolidation of fear memories. Amygdala reactivity will be tested by an emotional face-matching paradigm 9. T1w and DTI anatomical scans will be assessed for normalization and explorative morphometric analysis. **Results/Discussion:** Brain regions of interest will be amygdala, (para-) hippocampal and anterior cingulate cortex. We hypothesize that (1) impaired extinction learning and exaggerated emotion processing in AD as compared to healthy controls relies on sustained amygdala and reduced anterior cingulate cortex activation, while enhanced reinstatement is related to (para-) hippocampal function; (2) that augmented extinction learning in IPI is associated with stronger reduction in amygdala activation and enhanced ACC activation as compared to TAU, providing indirect evidence for neural mediating processes. **Current status (Feb 2015):** 131 patients included in the adult trial (P1) have participated in P4 (50%).

P5. Subproject - (Epi)genetic effects related to extinction learning and outcome

Prof. Dr. Jürgen Deckert, Würzburg; Prof. Dr. Dr. Katharina Domschke, Freiburg

Background: AD and components of fear conditioning are largely genetically determined. Several risk genes of anxiety and particularly extinction have been identified, with some of them also driving response to treatment. Pilot studies imply epigenetic mechanisms such as DNA methylation in the pathogenesis of anxiety. In this subproject, for the first time the role of DNA methylation in the pathogenesis, as predictors of therapy response and as potential correlates of extinction elements in psychological interventions of anxiety disorders will be investigated accompanying P1 and P2. **Methods:** All patients will be analyzed for DNA variation/methylation in candidate genes of anxiety/extinction (COMT, MAO-A, 5-HTT, BDNF, CNR1, N PSR1) and on an epigenome-wide level. EDTA blood for (epi)genetic analyses will be taken at the same time of the day at baseline, post and at follow-up after 6 months to evaluate long-term effects. DNA methylation will be determined after DNA extraction from whole blood and bisulfite conversion. **Results/Discussion:** The identification of (epi)genetic markers - intertwined with psychophysiological and neural network markers (P3/4) - in the etiology, course and comorbidity of anxiety disorders may aid in developing resilience increasing preventive measures in high-risk groups. Additionally, the definition of epigenetic signatures as a core mechanism of action of fear extinction in exposure-based interventions and thereby an objective, reliable biomarker of treatment outcome is hoped to contribute to the development of a more targeted, personalized treatment of anxiety disorders based on epigenetic information. **Current status (Feb 2015):** Blood samples from 210 patients included in the adult trial (P1) have been collected in P5 (80%).

P6. Transfer of exposure-based interventions into the routine provider system

Prof. Dr. J. Hoyer & Dr. Andre Pittig

Background: Exposure-based interventions are often applied with insufficient intensity/ adherence in routine care. Though multiple barriers have been suggested to account for this failure, systematic research is largely lacking. The proposed transfer program will involve all major stakeholders (i.e., patients, providers, chambers, insurances) to improve transfer of state-of-the-art exposure-based interventions into the routine provider system via a stepwise translational effort. **Methods:** The first phase will be used for preparation and translation of surveys, development of instruments, and the clarification of SOPs and ethical approval. In the second phase the first provider survey will take place, including its analysis, discussion, and the development of possible actions to improve professional provision of exposure-based interventions. These actions will be implemented in the third phase, for example in terms of trainings and information events. The fourth phase will consist of a second extended survey to analyze used transfer actions. **Results/Discussion:** The ultimate goal is to raise awareness for more effective treatment options, to promote the more appropriate use of exposure-based interventions and associated tools, particularly in children and underserved high-risk groups. We will test the impact of 1) to 3) by repeated surveys in two regions: a) the region of the East German chamber (Ostdeutsche Psychotherapeutenkammer, OPK), where we will implement this program, and b) in the North Rhine-Westfalia region, where no such activity will be launched. **Current status (Feb 2015):** We developed and piloted a novel survey to assess systemic and subjective barriers of exposure utilization in routine care. Subsequently, the survey was sent out to more than 2.300 behavioral psychotherapist in outpatient practice. Data of 699 therapist (response rate=30%) are currently analyzed for a round table discussion including all major stakeholder.

Pittig, A. & Hoyer, J. (2017). Therapists struggle with exposure: A comprehensive investigation of self-reported barriers for the utilization of exposure in routine care. Manuscript in preparation.

Pittig, A. & Hoyer, J. (2017). Exposition aus Sicht niedergelassener Verhaltenstherapeutinnen und Verhaltenstherapeuten: Anwendung und systemische Barrieren [Exposure therapy from the perspective of behavioral therapist in routine care: Utilization and barriers]. Zeitschrift für Klinische Psychologie und Psychotherapie, in press.

Pittig, A., Treanor, M., & Craske, M. G. (2017). The role of fear and avoidance conditioning in anxiety disorders: Gaps and directions for future research. Clinical Psychology Review, Manuscript under review.

Richter, J., Pittig, A., Hollandt, M., & Lueken, U. (2017). Bridging the gaps between basic science and cognitive-behavioral treatments for anxiety disorders in routine care: Current status and future demands. Zeitschrift Für Psychologie, Advanced online publication.

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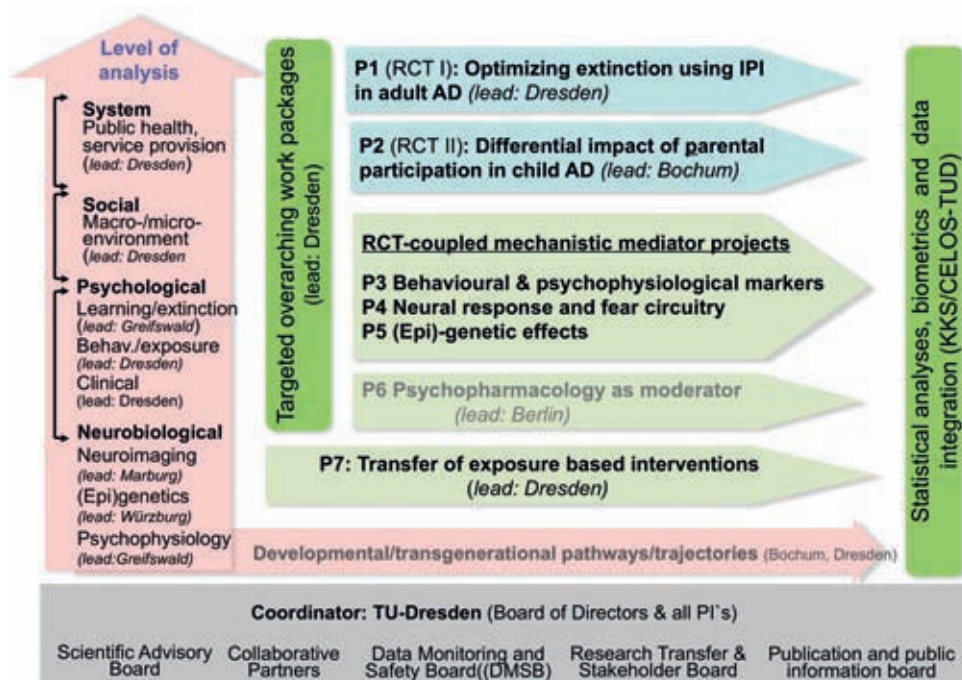


Figure 4 Structure of the PROTECT-AD consortium

P7. The German research network for mental disorders

Bauer, M., Banaschewski, T., Heinz, A., Kamp-Becker, I., Meyer-Lindenberg, A., Padberg, F., Rapp, M. A., Rupprecht, R., Schneider, F., Schulze, T. G. & Wittchen, H.-U.

Mental disorders are among the greatest medical and social challenges facing us. They can occur at all stages of life and are among the most important commonly occurring diseases. In Germany 28 % of the population suffer from a mental disorder every year, while the lifetime risk of suffering from a mental disorder is almost 50 %. Mental disorders cause great suffering for those affected and their social network. Quantitatively speaking, they can be considered to be among those diseases creating the greatest burden for society due to reduced productivity, absence from work and premature retirement. The Federal Ministry of Education and Research is funding a new research network from 2015 to 2019 with up to 35 million euros to investigate mental disorders in order to devise and develop better therapeutic measures and strategies for this population by means of basic and translational clinical research. This is the result of a competitive call for research proposals entitled research network for mental diseases. It is a nationwide network of nine consortia with up to ten psychiatric and clinical psychology partner institutions from largely university-based research facilities for adults and/or children and adolescents. Furthermore, three cross-consortia platform projects will seek to identify shared causes of diseases and new diagnostic modalities for anxiety disorders, attention deficit hyperactivity disorders (ADHS), autism, bipolar disorders, depression, schizophrenia and psychotic disorders as well as substance-related and addictive disorders. The spectrum of therapeutic approaches to be examined ranges from innovative pharmacological and psychotherapeutic treatment to novel brain stimulation procedures. In light of the enormous burden such diseases represent for society as a whole, a sustainable improvement in the financial support for those researching mental disorders seems essential. This network aims to become a nucleus for long overdue and sustained support for a German center for mental disorders.

Bauer, M., Banaschewski, T., Heinz, A., Kamp-Becker, I., Meyer-Lindenberg, A., Padberg, F., Rapp, M. A., Rupprecht, R., Schneider, F., Schulze, T. G. & Wittchen, H.-U. (2016). Das Deutsche Forschungsnetz zu psychischen Erkrankungen. *Der Nervenarzt*, 87(9), 989-1010.

P8. Anxiety disorders

Craske, M. G., Wittchen, H.-U., Rapee, R. M., Stein, M. B., Eley, T., Holmes, A. & Milad, M. R

Anxiety disorders constitute the largest group of mental disorders in most western societies and are a leading cause of disability. The essential features of anxiety disorders are excessive and enduring fear, anxiety or avoidance

of perceived threats, and can also include panic attacks. Although the neurobiology of individual anxiety disorders is largely unknown, some generalizations have been identified for most disorders, such as alterations in the limbic system, dysfunction of the hypothalamic-pituitary-adrenal axis and genetic factors. In addition, general risk factors for anxiety disorders include female sex and a family history of anxiety, although disorder-specific risk factors have also been identified. The diagnostic criteria for anxiety disorders varies for the individual disorders, but are generally similar across the two most common classification systems: the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) and the International Classification of Diseases, Tenth Edition (ICD-10). Despite their public health significance, the vast majority of anxiety disorders remain undetected and untreated by health care systems, even in economically advanced countries. If untreated, these disorders are usually chronic with waxing and waning symptoms. Impairments associated with anxiety disorders range from limitations in role functioning to severe disabilities, such as the patient being unable to leave their home.

Craske, M. G., Wittchen, H.-U., Rapee, R. M., Stein, M. B., Eley, T., Holmes, A. & Milad, M. R. (2017). Anxiety disorders. *Nature*.



Figure 5 The German research network for mental disorders

Latest research findings from the PANIC-NET Program**P9. Panic disorder with agoraphobia from a behavioral neuroscience perspective: Applying the research principles formulated by the Research Domain Criteria (RDoC) initiative**

Hamm, A., Richter, J., Pané-Farré, C. A., Westphal, D., Wittchen, H.-U., Vossbeck-Elsebusch, A., Gerlach, A. L., Gloster, A. T., Ströhle, A., Lang, T., Kircher, T., Gerdes, A., Alpers, G. W., Reif, A. & Deckert, J.

In the current review, we reconceptualize a categorical diagnosispanic disorder and agoraphobiain terms of two constructs within the domain negative valence systems suggested by the Research Domain Criteria initiative. Panic attacks are considered as abrupt and intense fear responses to acute threat arising from inside the body, while anxious apprehension refers to anxiety responses to potential harm and more distant or uncertain threat. Taking a dimensional view, panic disorder with agoraphobia is defined with the threat-imminence model stating that defensive responses are dynamically organized along the dimension of the proximity of the threat. We tested this model within a large group of patients with panic disorder and agoraphobia (N=369 and N=124 in a replication sample) and found evidence that panic attacks are indeed instances of circa strike defense. This component of the defensive reactivity was related to genetic modulators within the serotonergic system. In contrast, anxious apprehensioncharacterized by attentive freezing during postencounter defensewas related to general distress and depressive mood, as well as to genetic modulations within the hypothalamic-pituitary-adrenal (HPA) axis. Patients with a strong behavioral tendency for active and passive avoidance responded better to exposure treatment if the therapist guides the patient through the exposure exercises.

Hamm, A., Richter, J., Pané-Farré, C. A., Westphal, D., Wittchen, H.-U., Vossbeck-Elsebusch, A., Gerlach, A. L., Gloster, A. T., Ströhle, A., Lang, T., Kircher, T., Gerdes, A., Alpers, G. W., Reif, A. & Deckert, J. (2015). Panic disorder with agoraphobia from a behavioral neuroscience perspective: Applying the research principles formulated by the research domain criteria (RDoC) initiative. *Psychophysiology*, 53(3), 312-322.

P10. Treating treatment-resistant patients with panic disorder and agoraphobia using psychotherapy: A randomized controlled switching trial

Gloster, A. T., Sonntag, R. F., Hoyer, J., Meyer, A. H., Heinze, S., Ströhle, A., Eifert, G. & Wittchen, H.-U.

Background: Nonresponsiveness to therapy is generally acknowledged, but only a few studies have tested switching to psychotherapy. This study is one of the first to examine the malleability of treatment-resistant patients using acceptance and commitment therapy (ACT). **Methods:** This was a randomized controlled trial that included 43 patients diagnosed with primary panic disorder and/or agoraphobia (PD/A) with prior unsuccessful state-of-the-art treatment (mean number of previous sessions 42.2). Patients were treated with an ACT manual administered by novice therapists and followed up for 6 months. They were randomized to immediate treatment (n=33) or a 4-week waiting list (n=10) with delayed treatment (n=8). Treatment consisted of eight sessions, implemented twice weekly over 4 weeks. Primary outcomes were measured with the Panic and Agoraphobia Scale (PAS), the Clinical Global Impression (CGI), and the Mobility Inventory (MI). **Results:** At post-treatment, patients who received ACT reported significantly more improvements on the PAS and CGI ($d=0.72$ and 0.89 , respectively) than those who were on the waiting list, while improvement on the MI ($d=0.50$) was nearly significant. Secondary outcomes were consistent with ACT theory. Follow-up assessments indicated a stable and continued improvement after treatment. The drop-out rate was low (9%). **Conclusions:** Despite a clinically challenging sample and brief treatment administered by novice therapists, patients who received ACT reported significantly greater changes in functioning and symptomatology than those on the waiting list, with medium-to-large effect sizes that were maintained for at least 6 months. These proof-of-principle data suggest that ACT is a viable treatment option for treatment-resistant PD/A patients. Further work on switching to psychotherapy for nonresponders is clearly needed.

Gloster, A. T., Sonntag, R. F., Hoyer, J., Meyer, A. H., Heinze, S., Ströhle, A., Eifert, G. & Wittchen, H.-U. (2015). Treating treatment-resistant patients with panic disorder and agoraphobia using psychotherapy: A randomized controlled switching trial. *Psychotherapie und Psychosomatics* 84(2), 100-109.

P11. Predicting treatment response to cognitive-behavioral therapy in panic disorder with agoraphobia by integrating local neural information Hahn, T., Kircher, T., Straube, B., Wittchen, H.-U., Konrad, C., Ströhle, A., Wittmann, A., Pfleiderer, B., Reif, A., Volker, A. & Lueken, U.

Importance: Although neuroimaging research has made substantial progress in identifying the large-scale neural substrate of anxiety disorders, its value for clinical application lags behind expectations. Machine-learning

approaches have predictive potential for individual-patient prognostic purposes and might thus aid translational efforts in psychiatric research. **Objective:** To predict treatment response to cognitive behavioral therapy (CBT) on an individual-patient level based on functional magnetic resonance imaging data in patients with panic disorder with agoraphobia (PD/AG). **Design, Setting and participants:** We included 49 patients free of medication for at least 4 weeks and with a primary diagnosis of PD/AG in a longitudinal study performed at 8 clinical research institutes and outpatient centers across Germany. The functional magnetic resonance imaging study was conducted between July 2007 and March 2010. Interventions: Twelve CBT sessions conducted 2 times a week focusing on behavioral exposure. **Main outcomes and measures:** Treatment response was defined as exceeding a 50% reduction in Hamilton Anxiety Rating Scale scores. Blood oxygenation level-dependent signal was measured during a differential fear-conditioning task. Regional and whole-brain gaussian process classifiers using a nested leave-one-out cross-validation were used to predict the treatment response from data acquired before CBT. **Results:** Although no single brain region was predictive of treatment response, integrating regional classifiers based on data from the acquisition and the extinction phases of the fear-conditioning task for the whole brain yielded good predictive performance (accuracy, 82%; sensitivity, 92%; specificity, 72%; $P < .001$). Data from the acquisition phase enabled 73% correct individual-patient classifications (sensitivity, 80%; specificity, 67%; $P < .001$), whereas data from the extinction phase led to an accuracy of 74% (sensitivity, 64%; specificity, 83%; $P < .001$). Conservative reanalyses under consideration of potential confounders yielded nominally lower but comparable accuracy rates (acquisition phase, 70%; extinction phase, 71%; combined, 79%). **Conclusion and relevance:** Predicting treatment response to CBT based on functional neuroimaging data in PD/AG is possible with high accuracy on an individual-patient level. This novel machine-learning approach brings personalized medicine within reach, directly supporting clinical decisions for the selection of treatment options, thus helping to improve response rates.

Hahn, T., Kircher, T., Straube, B., Wittchen, H.-U., Konrad, C., Ströhle, A., Wittmann, A., Pfeleiderer, B., Reif, A., Volker, A. & Lueken, U. (2014). Predicting treatment response to cognitive-behavioral therapy in panic disorder with agoraphobia by integrating local neural information. *JAMA Psychiatry*, 72(1), 68-74.

P12. Changes of valued behaviors and functioning during an acceptance and commitment therapy intervention Wersebe, H., Lieb, R., Meyer, A. H., Hoyer, J., Wittchen, H.-U. & Gloster, A. T.

Background: Living in line with one's values is believed to be beneficial for a person's well-being. Working with values in the therapeutic context often reveals that individuals do not live congruent with their chosen values. This study aimed to investigate how patients' valued behaviors change during an Acceptance and Commitment Therapy (ACT) and how these changes are associated with functioning. Further, this study aimed to examine whether valued behaviors changed depending on pre-treatment levels of symptomatology. **Methods:** This was a standardized randomized controlled trial with an ACT intervention. Participants were 41 adult patients with treatment-resistant panic disorder. Measurements were completed at pre-treatment, 4-weeks-post-treatment, as well as 6-months after treatment. **Results:** The discrepancy between how important something is and how much someone does in accordance to their values decreased across treatment. Higher pre-treatment panic symptomatology led to higher improvements in valued action, compared to lower pre-treatment symptomatology. Yet, all patients reached comparable end-points. Functioning increased over the entire study period and increases in functioning were associated with increases in importance and valued action. **Discussion:** Our study extends prior findings about valued behaviors in ACT by showing that treatment-resistant patients with panic disorder decreased the discrepancy between what is considered important and valued action. Further studies investigating changes in valued behaviors across various diagnoses and treatments are clearly necessary.

Wersebe, H., Lieb, R., Meyer, A. H., Hoyer, J., Wittchen, H.-U. & Gloster, A. T. (2017). Changes of valued behaviors and functioning during an acceptance and commitment therapy intervention *Journal of Contextual Behavioral Science*, 6, 63-70.

P13. Effects of interoceptive exposure in cognitive-behavioral therapy of panic disorder with agoraphobia Westphal, D., Gerlach, A. L., Lang, T., Wittchen, H.-U., Hamm, A. O., Ströhle, A., Fydrich, T., Kircher, T., Alpers, G. W., Deckert, J., Arolt, V. & Einsle, F.

Background: Although interoceptive exposure is a frequent component of cognitive-behavioral therapies (CBT) in panic disorder with agoraphobia, there is a lack of evidence investigating the effect of this treatment component and its underlying mechanisms of change. The present study aimed at characterizing individual responses to interoceptive exposure and response changes after repeated exposure. **Patients and Methods:** Under the national research initiative 'Panic Net', self-report data were analyzed including bodily symptoms, symptom intensity and

experienced anxiety during interoceptive exposure of 301 PD/AG patients who participated in a manualized CBT trial. **Results:** Interoceptive exposure induced bodily symptoms and anxiety. Respiratory, vestibular and cardiovascular symptoms were most frequently reported. Spinning, breathing through a straw and hyperventilation produced most intense symptom reports and anxiety ratings. Repeating the interoceptive exposure reliably reduced reported symptom intensity and anxiety ratings particularly after spinning, breathing through a straw and hyperventilation. **Discussion and Conclusions:** In PD/AG patients, interoceptive exposure induces bodily symptoms and reduces reported symptom intensity and anxiety, particularly through spinning, hyperventilation and breathing through a straw. Repeated rehearsal is encouraged given that larger reduction of anxiety and symptom reports were associated with more training. Further research is needed to assess the relevance of respiratory, vestibular and cardiovascular symptoms for CBT treatment.

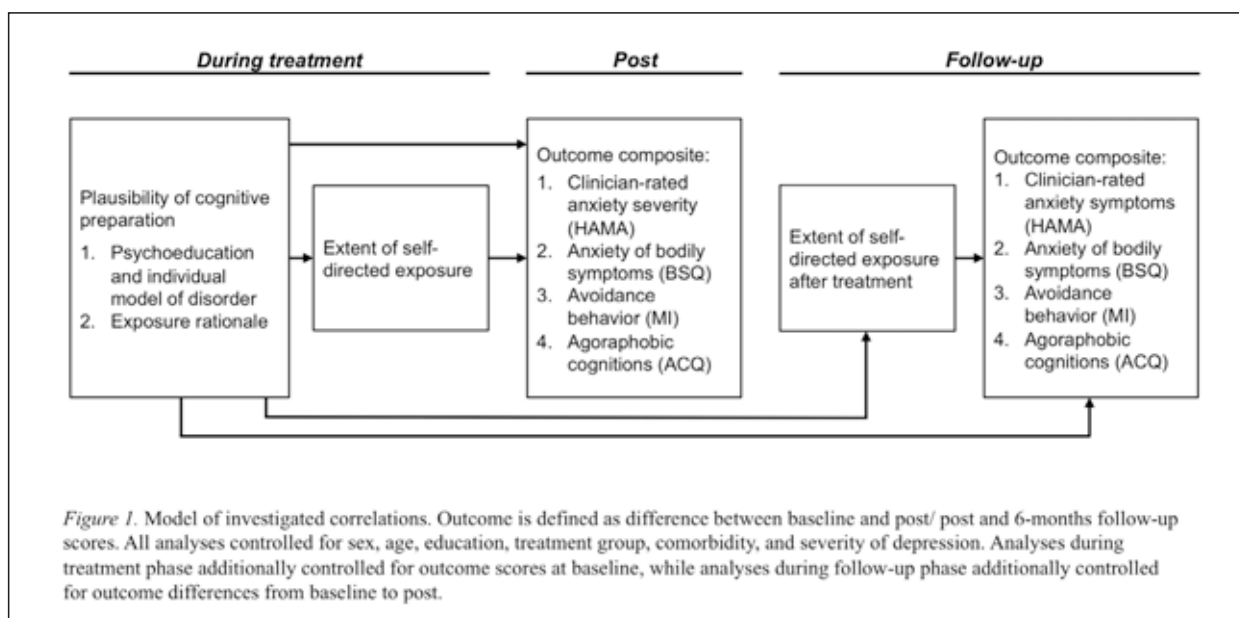
Westphal, D., Gerlach, A. L., Lang, T., Wittchen, H.-U., Hamm, A. O., Ströhle, A., Fydrich, T., Kircher, T., Alpers, G. W., Deckert, J., Arolt, V. & Einsle, F. (2015). Die Effekte interozeptiver Expositionsübungen in der Kognitiven Verhaltenstherapie von Panikstörung mit Agoraphobie. *Verhaltenstherapie*, 25(4), 268-276.

P14. The effects of cognitive preparation on self-directed exposure and symptom reduction in exposure-based CBT for panic disorder and agoraphobia

Dipl.-Psych. Gesine Wieder, Dipl.-Psych. Ingmar Heinig, Prof. Dr. Hans-Ulrich Wittchen, & Dr. Andre Pittig

Introduction: Exposure-based cognitive behavioral therapy (CBT) is one of the most effective treatments for panic disorder with agoraphobia (PD/AG). Patients’ motivation to engage in exposure exercises is assumed to depend on cognitive preparation (CP) and a plausible rationale for exposure. So far, the effects of CP plausibility on self-directed exposure and treatment outcome have rarely been investigated. **Methods:** This study investigated post-hoc associations between patients’ perceived plausibility of different CP sessions, patient-rated extent of self-directed exposure during and after treatment, and short- and long-term (6 months) symptom reduction in 242 patients with PD/AG. **Results:** Higher plausibility of the exposure rationale as part of CP was positively associated with the extent of self-directed exposure during treatment ($r = .20$). Higher CP plausibility predicted a) a higher extent of self-directed exposure after treatment ($r = .29$), b) higher pre-post panic symptom reduction (Δ HAM-A: $r = -.19$; Δ BSQ: $r = -.14$), c) higher treatment satisfaction ($r = .32$), and d) higher long-term overall symptom reduction ($r = -.17$). **Discussion:** CP plausibility increases the extent of in-vivo exposure, and supports short- and long-term treatment success. Plausibility of the rationale development specifically supports self-directed exposure during therapy. Investigating CP and its mechanisms might allow further insights into psychotherapeutic processes promoting the execution of exposure exercises and treatment success.

Wieder, G., Heinig, I., Wittchen, H.-U., & Pittig, A. (in prep.) The effects of cognitive preparation plausibility on self-directed exposure and symptom reduction in exposure-based CBT for panic disorder and agoraphobia



P15. Vocally encoded emotional arousal during Cognitive Preparation and its Impact on Therapy Outcome for Panic Disorder with Agoraphobia

Dipl.-Psych. Gesine Wieder, PhD Melanie S. Fischer, Dr. Franziska Einsle, Prof. Dr. Donald H. Baucom, Prof. Dr. Kurt Hahlweg, Prof. Dr. Hans-Ulrich Wittchen, Dr. Sarah Weusthoff

Background: Cognitive preparation plays a crucial role in CBT with exposure for panic disorder and agoraphobia. High emotional arousal while learning about the treatment rationale might have an impairing effect on patients' cognitive capacities for processing critical information about treatment and potentially impede therapeutic outcome. **Objective:** This study investigates whether patients' vocally encoded emotional arousal, assessed non-intrusively by fundamental frequency (f0), during rationale development is associated with premature therapy termination, insight into the rationale, and symptom reduction. **Methods:** A post-hoc analysis of therapy videos – used to deduct patients' f0 - from a multicenter randomized controlled trial evaluating therapist-guided exposure on CBT outcome was performed with N =197 patients. Insight was rater assessed directly after the rationale development, and symptom severity in the completer group was self- and rater assessed at the beginning and end of therapy. **Results:** Higher mean f0 during cognitive preparation was associated with less pre-post change in avoidance behavior. However, f0 was not associated with therapy termination. **Discussion:** This study highlights the importance of emotional arousal during cognitive preparation for exposure. Therapists should ensure that patients are not too highly aroused while learning about the treatment to help patients comprehend the need for exposure, even though it is a challenging experience.

Wieder, G., Fischer, M. S., Einsle, F., Baucom, D.H., Hahlweg, K., Wittchen, H.-U. & Weusthoff, S. (in revision). Fundamental Frequency during Cognitive Preparation and its Impact on Therapy Outcome for Panic Disorder with Agoraphobia. *Behaviour Research and Therapy*.

P16. Dyadic vocally encoded emotional arousal in CBT for panic disorder with agoraphobia

Dipl.-Psych. Gesine Wieder, PhD Travis Wiltshire, Prof. Dr. Hans-Ulrich Wittchen, Dr. Sarah Weusthoff

Background: successful cognitive preparation in exposure-based CBT for panic disorder with agoraphobia is a prerequisite for a stable therapeutic relationship and ensures a thorough understanding of the rationale for exposure. Patient active involvement in cognitive preparation should be visible through a moderate emotional involvement which may be depicted objectively via the assessment of vocally encoded emotional arousal. Therapists might be instrumental in – consciously or unconsciously – regulating patients' emotional arousal during cognitive preparation by (intentionally or unintentionally) adjusting their own emotional arousal, since the subcomponents of an emotional episode interact not only within the individual but also across partners. Emotional coregulation is defined as a kind of self-regulating system with an equilibrium state of emotional and physiological stability. Emotional subcomponents continuously change and oscillate around this dyadic stable state. Each interaction partners' current state is a joint result of their own prior state as well as their partners'. In successful emotional coregulation, oscillations are dampening towards the attracting stable state, while in emotional codysregulation, oscillations are amplified away from the dyadic stable state. **Objective:** So far, there has been no research regarding therapist and patient emotional coregulation in cognitive preparation and its relation to treatment success of CBT for panic disorder and agoraphobia. Thus, this study aimed to investigate if therapists' own vocally encoded emotional arousal has an influence over the regulation of their patients' emotional arousal, and if the course of vocally encoded emotional arousal in patients and their therapists during cognitive preparation is positively associated with treatment success. We hypothesize that 1) therapeutic coregulation indeed exists, i.e., that patients are affected by therapists' emotional arousal, 2) the therapist pulls the patient to a more stable arousal state, 3) higher therapeutic coregulation is associated with higher symptom reduction at the end of therapy, and 4) higher oscillations around the dyadic stable state are associated with less symptom improvement at the end of therapy. We furthermore include symptom severity at the beginning of treatment as a moderator and expect the oscillation patterns to be enhanced with greater patient symptom severity. Higher vocally encoded emotional arousal expresses higher symptom severity and thus might need more emotional coregulation by the therapist. **Current status:** The collected data are presently being analyzed via post-hoc analyses of therapy videos (N=197) – used to deduct patients' vocally encoded emotional arousal f0 - from a multicenter randomized controlled trial evaluating therapist-guided exposure on CBT outcome. First analyses were finished with confirming results for the first hypothesis regarding emotional coregulation. We are currently analyzing the further hypotheses.

Wieder, G., Wiltshire, T., Wittchen, H.-U. & Weusthoff, S. (in prep.) Dyadic vocally encoded emotional arousal in CBT for panic disorder with agoraphobia.

P17. Facing the fear - Clinical and neural effects of cognitive behavioural and pharmacotherapy in panic disorder with agoraphobia

Liebscher, C., Wittmann, A., Gechter, J., Schlagenhauf, F., Lueken, U., Plag, J., Straube, B., Pfeleiderer, B., Fehm, L., Gerlach, A. L., Kircher, T., Fydrich, T., Deckert, J., Wittchen, H.-U., Heinz, A., Arolt, V. & Ströhle, A.

Introduction: Cognitive behavioural therapy (CBT) and pharmacological treatment with selective serotonin or serotonin-noradrenalin reuptake inhibitors (SSRI/SSNRI) are regarded as efficacious treatments for panic disorder with agoraphobia (PD/AG). However, little is known about treatment-specific effects on symptoms and neuro-functional correlates. **Experimental procedures:** We used a comparative design with PD/AG patients receiving either two types of CBT (therapist-guided (n=29) or non-guided exposure (n=22)) or pharmacological treatment (SSRI/SSNRI; n=28) as well as a wait-list control group (WL; n=15) to investigate differential treatment effects in general aspects of fear and depression (Hamilton Anxiety Rating Scale HAM-A and Beck Depression Inventory BDI), disorder-specific symptoms (Mobility Inventory MI, Panic and Agoraphobia Scale subscale panic attacks PAS-panic, Anxiety Sensitivity Index ASI, rating of agoraphobic stimuli) and neurofunctional substrates during symptom provocation (Westphal-Paradigm) using functional magnetic resonance imaging (fMRI). Comparisons of neural activation patterns also included healthy controls (n=29). **Results:** Both treatments led to a significantly greater reduction in panic attacks, depression and general anxiety than the WL group. The CBT groups, in particular, the therapist-guided arm, had a significantly greater decrease in avoidance, fear of phobic situations and anxiety symptoms and reduction in bilateral amygdala activation while the processing of agoraphobia-related pictures compared to the SSRI/SSNRI and WL groups. **Discussion:** This study demonstrates that therapist-guided CBT leads to a more pronounced short-term impact on agoraphobic psychopathology and supports the assumption of the amygdala as a central structure in a complex fear processing system as well as the amygdala's involvement in the fear system's sensitivity to treatment.

Liebscher, C., Wittmann, A., Gechter, J., Schlagenhauf, F., Lueken, U., Plag, J., Straube, B., Pfeleiderer, B., Fehm, L., Gerlach, A. L., Kircher, T., Fydrich, T., Deckert, J., Wittchen, H.-U., Heinz, A., Arolt, V. & Ströhle, A. (2016). Facing the fear - clinical and neural effects of cognitive behavioral and pharmacotherapy in panic disorder with agoraphobia. *European Neuropsychopharmacology*, 26(3), 431-444.

P18. Neurobiological markers predicting treatment response in anxiety disorders: A systematic review and implications for clinical application Lueken, U., Zierhut, K. C., Hahn, T., Straube, B., Kircher, T., Domschke, K., Reif, A., Richter, J., Hamm, A. O., Wittchen, H.-U. & Deckert, J.

Anxiety disorders constitute the largest group of mental disorders with a high individual and societal burden. Neurobiological markers of treatment response bear potential to improve response rates by informing stratified medicine approaches. A systematic review was performed on the current evidence of the predictive value of genetic, neuroimaging and other physiological markers for treatment response (pharmacological and/or psychotherapeutic treatment) in anxiety disorders. Studies published until March 2015 were selected through search in PubMed, Web of Science, PsycINFO, Embase, and CENTRAL. Sixty studies were included, among them 27 on genetic, 17 on neuroimaging and 16 on other markers. Preliminary evidence was found for the functional 5-HTTLPR/rs25531 genotypes, anterior cingulate cortex function and cardiovascular flexibility to modulate treatment outcome. Studies varied considerably in methodological quality. Application of more stringent study methodology, predictions on the individual patient level and cross-validation in independent samples are recommended to set the next stage of biomarker research and to avoid flawed conclusions in the emerging field of „Mental Health Predictomics“..

Lueken, U., Zierhut, K. C., Hahn, T., Straube, B., Kircher, T., Domschke, K., Reif, A., Richter, J., Hamm, A. O., Wittchen, H.-U. & Deckert, J. (2016). Neurobiological markers predicting treatment response in anxiety disorders: A systematic review and implications for clinical application. *Neuroscience & Biobehavioral Reviews*, 66, 143-162.

P19. 5HTT is associated with the phenotype psychological flexibility: Results from a randomized clinical trial Gloster, A. T., Wittchen, H.-U., Höfler, M., Deckert, J. & Reif, A.

Adaption to changing environments is evolutionarily advantageous. Studies that link genetic and phenotypic expression of flexible adjustment to one's context are largely lacking. In this study, we tested the importance of psychological flexibility, or goal-related context sensitivity, in an interaction between psychotherapy outcome for panic disorder with agoraphobia (PD/AG) and a genetic polymorphism. Given the established role of the 5HTT-LPR polymorphism in behavioral flexibility, we tested whether this polymorphism (short group vs. long group) impacted therapy response as a function of various endophenotypes (i.e., psychological flexibility, panic, agoraphobic avoidance,

and anxiety sensitivity). Patients with PD/AG were recruited from a large multicenter randomized controlled clinical trial on cognitive-behavioral therapy. Pre- to post-treatment changes by 5HTT polymorphism were analyzed. 5HTT polymorphism status differentiated pre- to post-treatment changes in the endophenotype psychological flexibility (effect size difference $d=0.4$, $p < 0.05$), but none of the specific symptom-related endophenotypes consistently for both the intent-to-treat sample ($n=228$) and the treatment completers ($n=194$). Based on the consistency of these findings with existing theory on behavioral flexibility, the specificity of the results across phenotypes, and the consistency of results across analyses (i.e., completer and intent to treat), we conclude that 5HTT polymorphism and the endophenotype psychological flexibility are important variables for the treatment of PD/AG. The endophenotype psychological flexibility may help bridge genetic and psychological literatures. Despite the limitation of the post hoc nature of these analyses, further study is clearly warranted.

Gloster, A. T., Wittchen, H.-U., Höfler, M., Deckert, J. & Reif, A. (2015). 5HTT is associated with the phenotype psychological flexibility: Results from a randomized clinical trial. *European Archives of Psychiatry and Clinical Neuroscience*, 265(5), 399-406.

P20. Probing the interoceptive network by listening to heartbeats: An fMRI study

Kleint, N. I., Wittchen, H.-U. & Lueken, U.

Exposure to cues of homeostatic relevance (i.e. heartbeats) is supposed to increase the allocation of attentional resources towards the cue, due to its importance for self-regulatory, interoceptive processes. This functional magnetic resonance imaging (fMRI) study aimed at determining whether listening to heartbeats is accompanied by activation in brain areas associated with interoception, particularly the insular cortex. Brain activity was measured with fMRI during cue-exposure in 36 subjects while listening to heartbeats vs. sinus tones. Autonomic markers (skin conductance) and subjective measures of state and trait anxiety were assessed. Stimulation with heartbeat sounds triggered activation in brain areas commonly associated with the processing of interoceptive information, including bilateral insular cortices, the inferior frontal operculum, and the middle frontal gyrus. A psychophysiological interaction analysis indicated a functional connectivity between the middle frontal gyrus (seed region) and bilateral insular cortices, the left amygdala and the supplementary motor area. The magnitude of neural activation in the right anterior insular cortex was positively associated with autonomic arousal. The present findings indicate that listening to heartbeats induced activity in areas of the interoception network as well as changes in psychophysiological arousal and subjective emotional experience. As this approach constitutes a promising method for studying interoception in the fMRI environment, a clinical application in anxiety prone populations should be addressed by future studies.

Kleint, N. I., Wittchen, H.-U. & Lueken, U. (2015). Probing the interoceptive network by listening to heartbeats: An fMRI study. *PLoS ONE*, 10(7).

P21. Support vector machine analysis of functional magnetic resonance imaging of interoception does not reliably predict individual outcomes of cognitive behavioral therapy in panic disorder with agoraphobia

Sundermann, B., Bode, J., Lueken, U., Westphal, D., Gerlach, A. L., Straube, B., Wittchen, H.-U., Ströhle, A., Wittmann, A., Konrad, C., Kircher, T., Arolt, V. & Pfleiderer, B.

Background: The approach to apply multivariate pattern analyses based on neuro imaging data for outcome prediction holds out the prospect to improve therapeutic decisions in mental disorders. Patients suffering from panic disorder with agoraphobia (PD/AG) often exhibit an increased perception of bodily sensations. The purpose of this investigation was to assess whether multivariate classification applied to a functional magnetic resonance imaging (fMRI) interoception paradigm can predict individual responses to cognitive behavioral therapy (CBT) in PD/AG. **Methods:** This analysis is based on pretreatment fMRI data during an interoceptive challenge from a multicenter trial of the German PANIC-NET. Patients with DSM-IV PD/AG were dichotomized as responders ($n=30$) or non-responders ($n=29$) based on the primary outcome (Hamilton Anxiety Scale Reduction $\geq 50\%$) after 6 weeks of CBT (2 h/week). fMRI parametric maps were used as features for response classification with linear support vector machines (SVM) with or without automated feature selection. Predictive accuracies were assessed using cross validation and permutation testing. The influence of methodological parameters and the predictive ability for specific interoception-related symptom reduction were further evaluated. **Results:** SVM did not reach sufficient overall predictive accuracies (38.0-54.2%) for anxiety reduction in the primary outcome. In the exploratory analyses, better accuracies (66.7%) were achieved for predicting interoception specific symptom relief as an alternative outcome domain. Subtle information regarding this alternative response criterion but not the primary outcome was revealed by post hoc univariate comparisons. **Conclusion:** In contrast to reports on other neurofunctional

probes, SVM based on an interoception paradigm was not able to reliably predict individual response to CBT. Results speak against the clinical applicability of this technique.

Sundermann, B., Bode, J., Lueken, U., Westphal, D., Gerlach, A. L., Straube, B., Wittchen, H.-U., Ströhle, A., Wittmann, A., Konrad, C., Kircher, T., Arolt, V. & Pfleiderer, B. (2017). Support vector machine analysis of functional magnetic resonance imaging of interoception does not reliably predict individual outcomes of cognitive behavioral therapy in panic disorder with agoraphobia. *Frontiers in Psychiatry*, 8(99).

P22. Modulation of defensive reactivity by GLRB allelic variation: Converging evidence from an intermediate phenotype approach Lueken, U., Kuhn, M., Yang, Y., Straube, B., Kircher, T., Wittchen, H.-U., Pfleiderer, B., Arolt, V., Wittmann, A., Ströhle, A., Weber, H., Reif, A., Domschke, K., Deckert, J. & Lonsdorf, T. B.

Representing a phylogenetically old and very basic mechanism of inhibitory neurotransmission, glycine receptors have been implicated in the modulation of behavioral components underlying defensive responding toward threat. As one of the first findings being confirmed by genome-wide association studies for the phenotype of panic disorder and agoraphobia, allelic variation in a gene coding for the glycine receptor beta subunit (GLRB) has recently been associated with increased neural fear network activation and enhanced acoustic startle reflexes. On the basis of two independent healthy control samples, we here aimed to further explore the functional significance of the GLRB genotype (rs7688285) by employing an intermediate phenotype approach. We focused on the phenotype of defensive system reactivity across the levels of brain function, structure, and physiology. Converging evidence across both samples was found for increased neurofunctional activation in the (anterior) insular cortex in GLRB risk allele carriers and altered fear conditioning as a function of genotype. The robustness of GLRB effects is demonstrated by consistent findings across different experimental fear conditioning paradigms and recording sites. Altogether, findings provide translational evidence for glycine neurotransmission as a modulator of the brain's evolutionary old dynamic defensive system and provide further support for a strong, biologically plausible candidate intermediate phenotype of defensive reactivity. As such, glycine-dependent neurotransmission may open up new avenues for mechanistic research on the etiopathogenesis of fear and anxiety disorders.

Lueken, U., Kuhn, M., Yang, Y., Straube, B., Kircher, T., Wittchen, H.-U., Pfleiderer, B., Arolt, V., Wittmann, A., Ströhle, A., Weber, H., Reif, A., Domschke, K., Deckert, J. & Lonsdorf, T. B. (2017). Modulation of defensive reactivity by GLRB allelic variation: Converging evidence from an intermediate phenotype approach. *Trans Psychiatry*, 7, e1227.

P23. RGS2 genetic variation: Association analysis with panic disorder and dimensional as well as intermediate phenotypes of anxiety

Hohoff, C., Weber, H., Richter, J., Domschke, K., Ohrmann, P., Pedersen, A., Bauer, J., Suslow, T., Kugel, H., Heindel, W., Baumann, C., Klauke, B., Jacob, C. P., Maier, W., Fritze, J., Bandelow, B., Gloster, A. T., Gerlach, A. L., Kircher, T., Lang, T., Alpers, G. W., Ströhle, A., Fehm, L., Wittchen, H.-U., Arolt, V., Pauli, P., Hamm, A., Reif, A. & Deckert, J.

Accumulating evidence from mouse models points to the G protein-coupled receptor RGS2 (regulator of G-protein signaling 2) as a promising candidate gene for anxiety in humans. Recently, RGS2 polymorphisms were found to be associated with various anxiety disorders, e.g., rs4606 with panic disorder (PD), but other findings have been negative or inconsistent concerning the respective risk allele. To further examine the role of RGS2 polymorphisms in the pathogenesis of PD, we genotyped rs4606 and five additional RGS2 tag single nucleotide polymorphisms (SNPs; rs16834831, rs10801153, rs16829458, rs1342809, rs1890397) in two independent PD samples, comprising 531 matched case/control pairs. The functional SNP rs4606 was nominally associated with PD when both samples were combined. The upstream SNP rs10801153 displayed a Bonferroni-resistant significant association with PD in the second and the combined sample ($P=0.006$ and $P=0.017$). We furthermore investigated the effect of rs10801153 on dimensional anxiety traits, a behavioral avoidance test (BAT), and an index for emotional processing in the respective subsets of the total sample. In line with categorical results, homozygous risk (G) allele carriers displayed higher scores on the Agoraphobic Cognitions Questionnaire (ACQ; $P=0.015$) and showed significantly more defensive behavior during fear provoking situations ($P=0.001$). Furthermore, significant effects on brain activation in response to angry ($P=0.013$), happy ($P=0.042$) and neutral faces ($P=0.032$) were detected. Taken together, these findings provide further evidence for the potential role of RGS2 as a candidate gene for PD. (c) 2015 Wiley Periodicals, Inc.

Hohoff, C., Weber, H., Richter, J., Domschke, K., Ohrmann, P., Pedersen, A., Bauer, J., Suslow, T., Kugel, H., Heindel, W., Baumann, C., Klauke, B., Jacob, C. P., Maier, W., Fritze, J., Bandelow, B., Gloster, A. T., Gerlach, A. L., Kircher, T., Lang, T., Alpers, G. W., Ströhle, A., Fehm, L., Wittchen, H.-U., Arolt, V., Pauli, P., Hamm, A., Reif, A. & Deckert, J. (2015). RGS2 genetic variation: Association analysis with panic disorder and dimensional as well as intermediate phenotypes of anxiety. *American Journal of Medical Genetics Part B: Neuropsychiatric Genetics*, 168B(3), 211-222.

P24. MAOA gene hypomethylation in panic disorder-reversibility of an epigenetic risk pattern by psychotherapy

Ziegler, C., Richter, J., Mahr, M., Gajewska, A., Schiele, M. A., Gehrmann, A., Schmidt, B., Lesch, K.-P., Lang, T., Helbig-Lang, S., Pauli, P., Kircher, T., Reif, A., Rief, W., Vossbeck-Elsebusch, A. N., Arolt, V., Wittchen, H.-U., Hamm, A. O., Deckert, J. & Domschke, K.

Epigenetic signatures such as methylation of the monoamine oxidase A (MAOA) gene have been found to be altered in panic disorder (PD). Hypothesizing temporal plasticity of epigenetic processes as a mechanism of successful fear extinction, the present psychotherapy-epigenetic study for we believe the first time investigated MAOA methylation changes during the course of exposure-based cognitive behavioral therapy (CBT) in PD. MAOA methylation was compared between N 28 female Caucasian PD patients (discovery sample) and N=28 age-and sex-matched healthy controls via direct sequencing of sodium bisulfite-treated DNA extracted from blood cells. MAOA methylation was furthermore analyzed at baseline (T0) and after a 6-week CBT (T1) in the discovery sample parallelized by a waiting time in healthy controls, as well as in an independent sample of female PD patients (N=20). Patients exhibited lower MAOA methylation than healthy controls ($P < 0.001$), and baseline PD severity correlated negatively with MAOA methylation ($P < 0.01$). In the discovery sample, MAOA methylation increased up to the level of healthy controls along with CBT response (number of panic attacks; T0-T1: $+3.37 \pm 2.17\%$), while non-responders further decreased in methylation ($-2.00 \pm 1.28\%$; $P < 0.001$). In the replication sample, increases in MAOA methylation correlated with agoraphobic symptom reduction after CBT ($P < 0.02-0.03$). The present results support previous evidence for MAOA hypomethylation as a PD risk marker and suggest reversibility of MAOA hypomethylation as a potential epigenetic correlate of response to CBT. The emerging notion of epigenetic signatures as a mechanism of action of psychotherapeutic interventions may promote epigenetic patterns as biomarkers of lasting extinction effects.

Ziegler, C., Richter, J., Mahr, M., Gajewska, A., Schiele, M. A., Gehrmann, A., Schmidt, B., Lesch, K.-P., Lang, T., Helbig-Lang, S., Pauli, P., Kircher, T., Reif, A., Rief, W., Vossbeck-Elsebusch, A. N., Arolt, V., Wittchen, H.-U., Hamm, A. O., Deckert, J. & Domschke, K. (2016). MAOA gene hypomethylation in panic disorder – Reversibility of an epigenetic risk pattern by psychotherapy. *Translational Psychiatry*, 6, e773.

P25. Allelic variation in CRHR1 predisposes to panic disorder: evidence for biased fear processing

Weber, H., Richter, J., Straube, B., Lueken, U., Domschke, K., Schartner, C., Klauke, B., Baumann, C., Pané-Farré, C. A., Jacob, C. P., Scholz, C.-J., Zwanzger, P. M., Lang, T., Fehm, L., Jansen, A., Konrad, C., Fydrich, T., Wittmann, A., Pfeleiderer, B., Ströhle, A., Gerlach, A. L., Alpers, G. W., Arolt, V., Pauli, P., Wittchen, H.-U., Kent, L., Hamm, A. O., Kircher, T., Deckert, J. & Reif, A.

Corticotropin-releasing hormone (CRH) is a major regulator of the hypothalamic-pituitary-adrenal axis. Binding to its receptor CRHR1 triggers the downstream release of the stress response-regulating hormone cortisol. Biochemical, behavioral and genetic studies revealed CRHR1 as a possible candidate gene for mood and anxiety disorders. Here we aimed to evaluate CRHR1 as a risk factor for panic disorder (PD). Allelic variation of CRHR1 was captured by 9 single-nucleotide polymorphisms (SNPs), which were genotyped in 531 matched case/control pairs. Four SNPs were found to be associated with PD, in at least one sub-sample. The minor allele of rs17689918 was found to significantly increase risk for PD in females after Bonferroni correction and furthermore decreased CRHR1 mRNA expression in human forebrains and amygdalae. When investigating neural correlates underlying this association in patients with PD using functional magnetic resonance imaging, risk allele carriers of rs17689918 showed aberrant differential conditioning predominantly in the bilateral prefrontal cortex and safety signal processing in the amygdalae, arguing for predominant generalization of fear and hence anxious apprehension. Additionally, the risk allele of rs17689918 led to less flight behavior during fear-provoking situations but rather increased anxious apprehension and went along with increased anxiety sensitivity. Thus reduced gene expression driven by CRHR1 risk allele leads to a phenotype characterized by fear sensitization and hence sustained fear. These results strengthen the role of CRHR1 in PD and clarify the mechanisms by which genetic variation in CRHR1 is linked to this disorder.

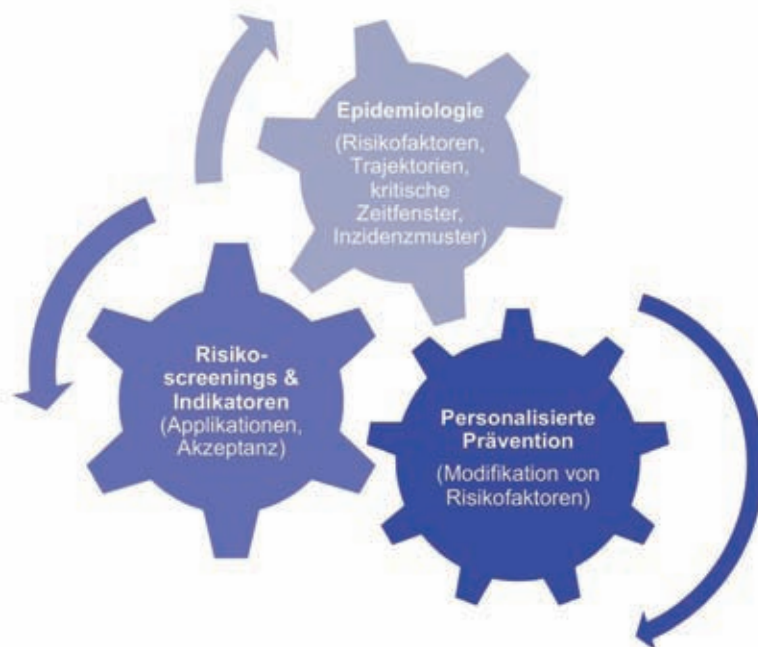
Weber, H., Richter, J., Straube, B., Lueken, U., Domschke, K., Schartner, C., Klauke, B., Baumann, C., Pané-Farré, C. A., Jacob, C. P., Scholz, C.-J., Zwanzger, P. M., Lang, T., Fehm, L., Jansen, A., Konrad, C., Fydrich, T., Wittmann, A., Pfeleiderer, B., Ströhle, A., Gerlach, A. L., Alpers, G. W., Arolt, V., Pauli, P., Wittchen, H.-U., Kent, L., Hamm, A. O., Kircher, T., Deckert, J. & Reif, A. (2016). Allelic variation in CRHR1 predisposes to panic disorder: Evidence for biased fear processing [Epub 2015]. *Molecular*

AG 11 Mechanisms of Personalized Prevention

Prof. Dr. Katja Beesdo-Baum & PD Dr. Susanne Knappe

Psychische und Verhaltensstörungen sowie körperliche Erkrankungen, bei denen psychische und Verhaltensfaktoren eine bedeutsame Rolle spielen, sind die Herausforderung des 21. Jahrhunderts. Diese Erkrankungen verursachen aufgrund ihrer hohen Prävalenz und ihres zumeist chronischen bzw. episodischen Verlaufs eine enorme Krankheitslast. Während körperliche Erkrankungen meist erstmals im Erwachsenenalter auftreten, entwickeln sich psychische Störungen wie Angststörungen, affektive Störungen oder Substanzkonsumstörungen oftmals bereits im Kindes-, Jugend- oder jungen Erwachsenenalter. Psychische und körperliche Erkrankungen treten überzufällig häufig gemeinsam (komorbid) auf, wodurch sich die individuelle Beeinträchtigung, Einschränkung in der Lebensführung und Arbeitsfähigkeit sowie die ökonomischen und gesellschaftlichen Kosten weiter erhöhen. Eine Lösung des Problems ausschließlich durch therapeutische Maßnahmen bei bereits erkrankten Personen hat sich als nicht hinreichend zielführend erwiesen, da nur ein Teil der Betroffenen erreicht wird und eine Behandlung oftmals zu spät erfolgt und kostenintensiv ist. Daher besteht die Notwendigkeit, Präventiv- und Frühinterventionen einzusetzen, die eine Modifikation zentraler Risikofaktoren erlauben, bevor sich manifeste Erkrankungen entwickeln.

Basierend auf wissenschaftlichen Erkenntnissen zu Risikofaktoren und zur Entwicklung von psychischen und Verhaltensstörungen werden am neu etablierten **Center for Preventive Intervention Studies (CEPRIS)** innovative Interventionsprogramme für Kinder, Jugendliche und Erwachsene entwickelt und bzgl. ihrer Effektivität geprüft. Dabei werden sowohl Erkenntnisse aus der epidemiologischen Grundlagenforschung auf gezielte Früherkennungs- und Interventionsmaßnahmen übertragen, wie auch erfolgreiche Konzepte und Methoden aus der Psychotherapieforschung in der Programmentwicklung eingebunden. Ein Schwerpunkt der Arbeitsgruppe liegt auf der Identifikation von Veränderungsmechanismen, die einerseits die Wirksamkeit der kognitiv-verhaltenstherapeutisch orientierten Interventionen erklären als auch Rückschlüsse auf kausale Mechanismen und Faktoren der Störungsentwicklung ermöglichen.



P1. Effectiveness and underlying mechanisms of applied relaxation as indicated preventive intervention in subjects at increased risk for mental disorders

PI: Dr. Eva Asselmann, Prof. Dr. Katja Beesdo-Baum; Staff: Cand M. Sc. Psych. M. Zenker
Funding: Deutsche Forschungsgemeinschaft (DFG), Duration: 09/2016-08/2019

As mental disorders constitute a core health care challenge of the 21th century, increased research efforts on preventive interventions are indispensable. In the field of clinical psychology, indicated preventive interventions targeted to those with initial symptomatology appear particularly promising. Applied relaxation (AR) is a well esta-

blished intervention technique proven to effectively reduce tension/distress, anxiety and depressive symptoms in the context of treatment of a wide variety of manifest mental disorders as well as somatic illnesses. However, it has not been studied so far whether AR as indicated preventive intervention in subjects with initial symptomatology but no full-threshold mental disorder yet is capable to prevent a further symptom escalation. This randomized controlled trial in subjects with elevated tension/distress, anxiety or depressive symptomatology aims to investigate whether an AR intervention (10 sessions à 60 min) can (a) effectively reduce present psychopathological symptoms as well as (b) prevent a further symptom progression to full-threshold DSM-5 mental disorders. Putative mediators (physiological, emotional, cognitive and behavioral changes including heart rate and heart rate variability, hair and salivary cortisol secretion, affectivity, self-efficacy, internal locus of control and cognitive / behavioral coping) and moderators (sex, age, symptom severity at baseline and homework adherence during the intervention course) of the intervention/preventive efficacy will be additionally studied. Predictor and outcome measures will be assessed both conventionally (via personal interview, questionnaires and physiological measures during the respective main assessment) and with ecological momentary assessments (EMA, applied via smart phone over a 1-week interval following the respective main assessment) in everyday life. **Current Status:** Data collection is ongoing.

P2 Indicated prevention of mental disorders in subjects with initial panic symptomatology: effectiveness and underlying mechanisms of action

PI: Dr. Eva Asselmann, Prof. Dr. Katja Beesdo-Baum; Cooperation: Dr. Christiane Pané-Farré (Co-PI), Universität Greifswald

Funding: Deutsche Forschungsgemeinschaft (DFG); Duration: 3 years

Mental disorders are common and associated with considerable individual and societal burden. Thus, increased research efforts are necessary to not only treat but also prevent psychopathology. Previous research has demonstrated that subjects with panic attacks (PA) and their milder forms, fearful spells (FS), are at increased risk for several types of psychopathology including panic but also other mental disorders (e.g., anxiety, depression, substance use). Additional findings suggest that FS/PA may constitute phenotypical indicators of underlying dysfunctions in brain circuits associated with fear/ anxiety (especially excessive threat responsivity) and may thus be useful as target points in prevention research. However, although early intervention in subjects with PA or subthreshold/ mild panic disorder has been shown to effectively reduce panic severity and associated adversity, it is unclear so far whether intervening at initial signs of panic (FS/PA) can prevent a further symptom progression towards panic disorder and various other types of psychopathology. This randomized controlled trial in high-risk subjects with initial panic symptomatology (FS/PA) but no full-threshold mental disorder aims to test whether a brief CBT-based panic-related preventive intervention can effectively reduce current psychopathological symptoms (intervention efficacy) and prospectively prevent the onset of full-threshold mental disorders (prevention efficacy). To identify central mechanisms of action, experimental paradigms (conditioning, NPU threat test and threat-looming test) will be applied examining whether intervention and prevention efficacy are mediated by favorable changes in defensive responsivity to acute threat and potential harm. **Current Status:** Kick of planned for end of 2017.

P3. A pilot randomized controlled trial of a stress management program with and without assertiveness training

PI: Cand. M. Sc. Sabrina Wallrabenstein, Prof. K. Beesdo-Baum; cooperation: Cand. M. Sc. Psych. Matthias Giel, Dipl.-Psych. Marlene Penz)

Funding: internal resources; Duration: 7/2016-6/2017

Background: In behavioral prevention, there are various multimodal stress management programs aiming at preventing burnout most effectively. Little is known about the contribution of single modules. This study assesses the incremental benefit of assertiveness training within a multimodal program also including modules of problem-solving training, cognitive restructuring, and relaxation. Lack of assertiveness is assumed as risk factor for burnout. Assertiveness training as stand-alone intervention is successful in reducing burnout symptoms but does not concern other stress management techniques. Thus, it is hypothesized that an encompassing multimodal program with assertiveness training is more effective in burnout symptom reduction than a program of the same length without this module. **Methods:** In a two-group, parallel, randomized and controlled additive component treatment study, a convenient sample of adults without current psychotherapeutic treatment took part in a two-days program with assertiveness training (n=31) or without (n=34). They assigned themselves for a training date without knowing which condition they received, i.e. they were blind to the study condition. One week before and four weeks after the training, burnout symptoms (Maslach Burnout Inventory, MBI), interpersonal problems (IIP), and social stressors

at workplace (SSW) were recorded. Primary outcome measure was the MBI. Intervention effects were determined using regression analyses. **Results:** Participants allocated to experimental group with assertiveness training show enhanced reductions of burnout symptoms compared to control group ($\beta=-.247$). Baseline burnout scores were not equally distributed across groups, especially in the upper range. Thus, subjects of the upper quartile of the total sample were eliminated from the analysis and baseline burnout scores were adjusted in the regression analysis revealing significantly larger burnout improvements in participants from the experimental group ($\beta=-.306$). Reduction of interpersonal problems did not differ between groups. Moderator and mediator analyses remained without significant results. **Conclusions:** Results from this pilot trial indicate that multimodal programs with assertiveness training are superior although the role of interpersonal problems within the process of burnout symptom reduction has not been clarified. Finding the most effective combination of stress management modules requires component treatment studies concerning all modules in a larger sample size.

Wallrabenstein, Sabrina (2017) A pilot randomized controlled trial of a stress management program with and without social skill training. Unpublished Master-Thesis. TU Dresden.

P4. Indicated prevention of anxiety disorders in shy children

PI: PD Dr. Susanne Knappe, Prof. Katja Beesdo-Baum; Cooperation: Dr. Sabine Ahrens-Eipper (Psychotherapeutische Praxis, Halle); Prof. Dr. Ulrike Ravens-Sieberer (UKE Hamburg)
Funding: internal resources; Duration: 2014-ongoing

About 50 anxious children (shy, socially behaviorally inhibited, social anxiety symptoms) will conduct the "Til Tiger Training", an established and evaluated targeted prevention program for five to 10 year old children. Prior and after the intervention, anxiety-specific measures as well as general psychopathology measures are administered to assess physical, cognitive, behavioral symptoms of anxiety, anxiety disorders and other mental disorders such as depression and externalizing conditions. Further, data on parental psychopathology, putative risk and protective factors and health care use will be collected. The aim of the overall project is to compare the 12-month and 2-year effects (and 6-year effects) of the Til Tiger program with matched data from a representative general population sample of up to 2863 children and adolescents aged 7 to 17 years at baseline with 1, 2 and 6 year follow-up surveys (BELLA). **Current Status:** Inclusion for courses ongoing.

P5. Systematic screening for anxiety and other emotional problems in children

PI: Prof. Katja Beesdo-Baum, PD Dr. Susanne Knappe; Cooperation: Prof. Veit Roessner (Child & Adolescent Psychiatry, TU Dresden)
Funding: internal resources; Duration: 2015-ongoing

Aims of this project are (1) the early identification of children at risk for emotional and behavioral disorders (in particular for anxiety disorders, ADHD, conduct disorder) during routine primary care, (2) their targeted allocation to established indicated prevention programs, or (3) in case of substantial symptom load, allocation to further diagnostic evaluation and treatment. Therefore, the Strength and Difficulties questionnaire (SDQ) is used in selected pediatrician practices in Dresden. Parents are approached by medical staff to fill in the questionnaire about their child's mental wellbeing. Given informed consent, questionnaires are returned for data analyses and evaluation. The pediatrician may use the outcome of the questionnaire for further evaluation of the child or referral to the child and adolescent outpatient centers (in psychology or psychiatry). Long-term aim of this project is to establish routine processes for the allocation of children at risk for mental disorders to early prevention and targeted intervention programs. **Current status:** Acceptance for the screening in the pediatrician practices is high (98%).

AG 12 Diagnostic Issues and Psychometrics

Prof. Dr. Hans-Ulrich Wittchen, Prof. Dr. Katja Beesdo-Baum, PD Dr. Susanne Knappe & Prof. Dr. Jürgen Hoyer

Overview: In the context of the revisions of the diagnostic classification systems for mental disorders, the DSM and the ICD, the work group began to examine specific diagnostic and psychometric questions using available and newly collected data sets. Since the publication of the DSM-5 in 2013, and the publication of the German translation in 2015, one focus of the work group lays on the development of novel and the adaptation of existing diagnostic instruments for use in specified populations across the lifespan (children, adolescents, adults, elderly). Members of the workgroup also participate in ICD-11 field trials. The work group closely collaborates with other local research groups (in psychology and psychiatry) as well as extramural research groups (e. g. Ron Kessler, Harvard; Andreas Maerker, Zurich; Peter Muris, Maastricht).

P1. Standardized, computerized assessment of symptoms, syndromes and diagnoses of mental disorders

H.-U. Wittchen, J. Strehle, K. Beesdo-Baum

The computer-assisted version of the Munich Composite International Diagnostic Interview (DIA-X/CIDI) has been in use in epidemiological and clinical studies (Wittchen & Pfister, 1997) in Germany for a long time, yet has not been compatible with newer windows versions. The computer program was therefore reprogrammed allowing its continuous use in its original as well as adapted versions. Content-wise, further developments of the interview include adaptations to improve assessment in older age (CIDI65+) and in epidemiologic studies in adolescents and adults (extended epi-version). Moreover, the interview and algorithms have been modified to allow for diagnoses according to most recent diagnostic criteria.

P1.1. Measuring symptoms and diagnosing mental disorders in the Elderly community: The test-retest reliability of the CIDI65+

H.-U. Wittchen, J. Strehle, A. Gerschler, J. Volkert, M.C. Dehoust, S. Sehner, K. Wegscheider, B Ausin, A. Canuto, M. Crawford, C. Da Ronch, L. Grassi, Y. Hershkovitz, M. Munoz, A. Quirk, O. Rotenstein, A.B. Santos-Olmo, A. Shalev, K. Weber, H. Schulz, M. Härter, & S. Andreas

Prevalence findings for the Elderly are artifactually low, most likely due to insufficient consideration of age-related cognitive abilities in diagnostic interviews. **Aims:** (1) To describe the rationale for the development of an age-adapted Composite International Diagnostic Interview (CIDI65+) for use in a European project (MentDis_ICF65+). (2) To examine its test-retest reliability. **Methods:** Based on substantive pilot work the CIDI standard questions were shortened, broken down into shorter subsets and combined with sensitization questions and dimensional measures. Test-retest (T-RT) was determined in N=68 subjects aged 60-79 years via 2 independent examinations by clinical interviewers using kappa (sensitivity, specificity) for categorical and intraclass-coefficients (ICC) for dimensional measures. **Results:** T-RT reliability was good for any mental disorder (k:.63), major depression (k: .55), anxiety (k: .62, range: .30-.78), substance (k=.77, range: k:.71-.82), obsessive-compulsive disorder (k:1.00) and most core symptoms/syndromes (k range: .48-1.00). Agreement for some disorders (i. e. somatoform/pain) attenuated, partly due to time lapse effects. ICC for age of onset, recency, quantity, frequency and duration questions ranged between k: .60 - .90. Dimensional agreement measures were not consistently higher. **Conclusion:** The age-adapted CIDI65+ is reliable for assessing most mental disorders, distress, impairment and time-related information in the Elderly, prompting the need to examine validity.

Wittchen, H.-U., Strehle, J., Gerschler, A., Volkert, J., Dehoust, M. C., Sehner, S., Wegscheider, K., Ausin, B., Canuto, A., Crawford, M., Da Ronch, C., Grassi, L., Hershkovitz, Y., Munoz, M., Quirk, A., Rotenstein, O., Santos-Olmo, A. B., Shalev, A. Y., Weber, K., Schulz, H., Härter, M., & Andreas, S. (2015). Measuring symptoms and diagnosing mental disorders in the elderly community: The test-retest reliability of the CIDI65+. *International Journal of Methods in Psychiatric Research*, 24(2), 116-129.

P1.2. Retest-reliability and validity of the extended CIDI

K. Beesdo-Baum, H.-U. Wittchen, J. Strehle, J. Hoyer, C. Voss, J. Venz

Background: Based on the DIA-X/M-CIDI which assesses symptoms, syndromes and diagnoses of 48 mental disorders in six main diagnostic classes (anxiety, affective, somatoform, eating, substance use and psychotic disorder).

ders) according to DSM-IV and ICD-10, a modified new research version was developed to approach most recent diagnostic criteria and to add more diagnosis-sections (separation anxiety disorder, ADHD, oppositional defiant disorder, conduct/antisocial personality disorder, intermittent explosive disorder, adjustment disorder) for use in epidemiologic studies in adolescents and adults. Other novel aspects include the implementation of CIDI lists, dimensional scales and additional questionnaires on tablet computers. The computerized version of the interview was extensively tested both with regard to retest-reliability and validity. **Current status:** For retest-reliability, a convenience sample of 60 participants was interviewed twice face-to-face by two different trained clinical interviewers, who were blinded in terms of prior interview findings. Average time interval between both interviews was nine days. The kappa coefficients for the test-retest reliability were comparable to those of the previous DSM-IV M-CIDI interview for most examined disorders and stem items. For age of onset and age of recency, intra-class coefficients were above 0.90 for most disorders. Analyses regarding validity (employing the SCID) are still ongoing.

Eich, Carolin (2016) Test-Retest Reliabilität der DSM-5 Forschungsversion des Composite International Diagnostic Interview: Wie zuverlässig wird die Zusatzkodierung Panikattacken bei psychischen Störungen gemessen? [Test-retest reliability of the DSM-5 research version of the CIDI: How reliable is the assessment of the panic attack specifier?] Unpublished Master-Thesis. TU Dresden.

Gibbels, Charlotte (2016) Die Reliabilität der DSM-5-Forschungsversion des Composite International Diagnostic Interview (CIDI) bei der Diagnostik der Generalisierten Angststörung. [The reliability of the DSM-5 research version of the CIDI in diagnosing generalized anxiety disorder.] Unpublished Master-Thesis. TU Dresden.

P2. Strategies and challenges for improving the diagnostics of anxiety disorders

PI: Susanne Knappe, Habilitation thesis

Duration: 01/2014-10/2014; Funding: Maria Reiche Habilitationsstipendium, TU Dresden; submission and defense 01/2015-02/2016

Both the similarities and differences of anxiety disorder diagnoses pose substantial challenges to the diagnostic process and the diagnostic classification. Recent developments in research and practice have thus stimulated strategies how to improve the clinical utility and diagnostic classification of anxiety disorders with regard to (1) the diagnostic process and decision making, (2) conceptual and clinical challenges of dimensional approaches as a supplement for categorical diagnoses of anxiety disorders, and (3) strategies to validate the diagnoses of anxiety disorders. The aims of this theses were (1) to review diagnostic approaches in order to maximize the reliability, validity and clinical utility of diagnostic processes in clinical practice, (2) to determine based on their psychometric properties whether dimensional anxiety scales may supplement categorical diagnoses, (3) to use prospective longitudinal data from a community sample to examine for selected anxiety disorders how epidemiological study findings can inform (a) validation and subtyping of anxiety disorders and (b) hierarchical diagnostic algorithms. Findings will also be discussed in light of recent efforts towards an alternative classificatory approach based on the Research Domain Criteria with regard to its merits and limitations for the diagnostic process and for clinical psychology.

Methods: Several methodological approaches from the field of clinical psychology were applied: Extensive literature reviews of diagnostic approaches and diagnostic instruments for the anxiety disorders (Aim 1), administration and psychometric evaluation of newly developed dimensional disorder-specific and cross-cutting measures for the anxiety disorders to clinical and non-clinical samples (Aim 2), and examination of (a) associations of clinical and vulnerability characteristics as well as (b) familial aggregation patterns in selected anxiety disorders in a large-scale epidemiological community sample of adolescents and young adults (Aim 3).

Results: (1) In order to increase the diagnostic accuracy and reliability of diagnoses, the diagnostic process and documentation of symptom change, clinical decision making needs to be understood as a complex process, rather than as a final outcome. This process requires taking into account the purpose and time point of assessment which also guide the choice of the diagnostic instrument. (2) Dimensional measures serve as a supplement, not substitute, for categorical diagnoses of anxiety disorders. In particular, DSM-5 dimensional anxiety scales demonstrated uni-dimensionality, test-retest reliability, concurrent and discriminant validity, sensitivity to change and clinical utility. For the dimensional assessment of specific phobia, results were less optimistic, indicating need for refinement of the scale's structure and item formulation as well as further testing. (3) Examining the diagnostic boundaries across social anxiety and the clinical manifestation of schizophrenia spectrum and other psychotic disorders revealed substantial cross-sectional and prospective associations between social anxiety (social phobia) and paranoid symptoms, as well as shared and distinct vulnerability characteristics. Hence, the observed comorbidity between both conditions reflects symptom overlap and symptom progression, rather than limited validity of the diagnostic categories. Within the spectrum of social fears and social anxiety, however, some notable heterogeneity was observed, challenging the validity of diagnostic boundaries. In particular, social fears in interaction and performance-related situations loaded on one factor, but differed at the same time with regard to vulnerability characteristics. Further, performance-related fear of taking tests and public speaking were frequently observed as isolated conditions and

with different risk factor constellations. Results argue to collapse social fears as one clinical entity, acknowledging at the same time some that fear of taking tests appeared to be conceptually and, possibly, etiologically distinct from other social fears. Finally, familial aggregation patterns of agoraphobia and panic disorder apart from hierarchy rules as described in diagnostic classificatory systems were investigated, asking whether agoraphobia exists as an independent diagnostic entity independently from panic. In fact, taking into account exclusive agoraphobia, panic attacks, panic disorder and their combinations, as well as other anxiety disorders supported the most recent revision of diagnostic criteria for agoraphobia, i. e. to consider agoraphobia as a valid diagnostic entity apart from panic disorder.

Conclusions and outlook: Three strategies to improve the clinical utility and diagnostic classification of anxiety (and other mental disorders) were demonstrated, namely with regard to the delineation of diagnoses and the diagnostic process, supplements of categorical diagnoses and the validity of diagnostic boundaries and diagnostic categories based on epidemiological findings. Results argue to follow a dimensional approach that has the great potential to supplement categorical diagnoses as more accurate measures of the nature of clinical phenomena than categorical diagnoses. At the same time, a dimensional approach offers the possibility to improve our etiological understanding of mental disorders apart from diagnostic boundaries and diagnostic thresholds. Acknowledging translational hurdles from basic to applied science, and from translation of cognitive-affective and neuroscience findings into clinical practice, a paradigm shift has just been initiated in the field. Therein, a continued need emerged to understand mental disorders as functions and dysfunctions of behavior and to link psychopathological constructs to basic research about the promotion and change of functional and dysfunctional behavior.

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P3. Structured clinical interviews for sexual dysfunctions in women and men according to DSM-5

PI: Prof. Jürgen Hoyer; Local staff: Dipl. Psych. K. Schierz, cand. psych. S. Ziebell, cand. psych. P. Wersch
 Funding: Internal, household; Duration: 04/2014 - 03/2016; Project partners: Dr. Eva Frank-Noyon (Private Practice Frankfurt), Dr. Regina Steil and Dipl. Psych. Pia Bornefeld-Ettmann (Goethe University Frankfurt), Prof. Dr. Peer Briken (Department Chair of the Institute for Sex Research and Forensic Psychiatry, University of Hamburg)

Although sexual dysfunctions are highly frequent in the general population and especially in clinical samples, standardized interviews that could raise the reliability and validity of diagnoses in this field are still to be developed. Expanding previous work in close collaboration with renowned experts, our group has developed the "Structured Interview for Sexual Dysfunction (SISEX)" based on DSM-5 definitions. In the absence of a commonly accepted gold standard for the diagnosis of sexual dysfunctions, the present study aims at examining the criterion validity of the SISEX using ratings of videotaped role plays. SISEX-trained diagnosticians will interview role players who adopted patient profiles that systematically cover the DSM-5 criteria of sexual dysfunction. These videotaped role plays are to be rated by independent diagnosticians in order to eventually compute the predictive accuracy of the diverse SISEX sections as well as the inter-rater reliability.

The male version of the SISEX is in preparation. Clinical studies validating both versions of the interview are planned.

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P4. Ein Screeningverfahren zur Erfassung der Prämenstruellen Dysphorischen Störung (PMDS) und des Prämenstruellen Syndroms (PMS) J. Hoyer, J. Venz, L. S. Kant, K. Beesdo-Baum

Für die Diagnostik von PMDS und PMS fehlt es bisher an Screeningverfahren zur ökonomischen Erfassung im Praxisalltag. Im Rahmen der Early Developmental Stages of Psychopathology (EDSP) Studie wurde bei N = 1214 jungen Frauen das Vorliegen aller Kriterien für die PMDS nach DMS-IV erfasst. In einem explorativen Verfahren mit stratifizierter Kreuzvalidierung und Resampling wurde untersucht, inwieweit einzelne Symptome das Vorliegen einer PMS-/PMDS-Diagnose vorhersagen können. Es wurde untersucht, welche Anzahl von Items für die Vorhersage der Diagnose PMS/PMDS optimal geeignet ist und wie stark die Vorhersagekraft bei ausgewählten Item-Kombinationen ist. Es zeigte sich, dass die Variante, bei der zwei von drei Items bejaht werden müssen, einen guten prädiktiven Wert aufweist. Des Weiteren ergaben sich Unterschiede im prädiktiven Wert der einzelnen Items zwischen verschiedenen Altersgruppen. Basierend auf diesen Ergebnissen wurde ein Screeningfragebogen mit drei Items entwickelt, der bereits in der Behavior and Mind Health Study (BeMIND), angewandt wurde und erste Informationen zur Prävalenz von PMDS und PMS liefert.

Kant, L.-S., Hoyer, J., Venz, J., Wittchen, H.-U., Lieb, R., & Beesdo-Baum, K. (2017). Ein Screeningverfahren zur Erfassung der Prämenstruellen Dysphorischen Störung (PMDS) und des Prämenstruellen Syndroms (PMS). Poster präsentiert auf dem 10. Workshopkongress für Klinische Psychologie und Psychotherapie. Chemnitz.

P5. Concordance of the Depression-Screening-Questionnaire (DSQ) with PHQ-9 and DIA-X/M-CIDI and linkage to a common metric of depression severity Beesdo-Baum, K., Fischer, H. F., Venz, J., Pietzner, D., Wieder, G., Knothe, L., Knappe, S., Einsle, F., Lieb, R., & Wittchen, H.-U.

Background: The Depression-Screening-Questionnaire (DSQ) assesses depressive symptoms during the last two weeks. The aim of the study is to test the inter-correlation and diagnostic concordance with the depression module of the Patient-Health Questionnaire (PHQ-9) as well as with the Munich Composite International Diagnostic Interview (DIA-X/M-CIDI) and to map the DSQ-score to a common metric that allows transferring scores to other commonly used depression measures. **Method:** In six regions of Germany, N=2,911 primary care patients completed the DSQ as well as the PHQ-9 on one study day. With a subsample of N=180 patients a standardized and computerized diagnostic interview (DIA-X/M-CIDI) was conducted on the telephone on average three months later. Analysis with respect to internal consistency, factor structure, inter-correlation and agreement were performed. An Item-Response Theory approach was applied to calibrate the DSQ-scores on a common metric with other established depression measures. **Results:** The DSQ-Score was highly correlated with the PHQ-9 Score ($r=.83$). The diagnostic concordance on categorical basis varied depending on the defined cut-off values or algorithms with good concordance for corresponding definitions. Both screening instruments show similar sensitivity and specificity in terms of major depressive syndrome as established via standardized interview. Severity cut-offs of the DSQ derived when mapping DSQ-scores to a common metric resulted in values of 7, 12, and 16 for mild, moderate, and severe depression. **Conclusion:** The DSQ shows similar psychometric properties compared to the international established PHQ-9 and appears to be suitable for the cross-sectional screening of depression. Mapping of the DSQ-score to a common metric facilitates comparability of results with studies using other depression measures.

Beesdo-Baum*, K., Fischer*, H. F., Venz, J., Pietzner, D., Wieder, G., Knothe, L., Knappe, S., Einsle, F., Lieb, R., & Wittchen, H.-U. (in preparation). Concordance of the Depression-Screening-Questionnaire (DSQ) with PHQ-9 and DIA-X/M-CIDI and linkage to a common metric of depression severity.

P6. The development of novel behavioral assessment methods

L. Pieper, T. Tille, K. Beesdo-Baum

An Android-App for use on smartphone and tablet and a web-based administration platform was developed for combined experience sampling, actigraphic and geographic monitoring during real life (outside the laboratory or standardized assessment situations). The app also allows guiding the assessment of the biological samples (saliva) during the EMA-period in real life. The time-based sampling-scheme (several assessments a day) can be adjusted to each individual person (so that the assessments would not occur during activities where interruption would be inappropriate). The geographic monitoring is realized with the smartphone built-in GPS device (sampling frequency 0.2 Hz). Objective activity data (sampling frequency 12.5 Hz) as well as heart-rate variability data (beat-to-beat intervals) are captured with a heart rate monitor (Firstbeat Bodyguard 2). The app has been used in the Behavior and Mind Health Study (BeMIND, n=1180) with an excellent acceptance by adolescents and young adults. For first preliminary results see AG 1 (Epidemiology).

P7. Erhebung von Referenzdaten zur Bewegungserkennung und Entwicklung eines ML Algorithmus für die Detektion von Bewegungsmustern aus Beschleunigungssensordaten

PI: Dr. Lars Pieper, Mathias Hölbing

Förderung: Anschubfinanzierung FR zentralisierte Forschungsmittel

Körperliche Aktivität ist ein entscheidender Faktor für Gesundheit und Wohlbefinden. Die Forschungsliteratur liefert Evidenz für die Wirksamkeit regelmäßiger körperlicher Aktivität in der primären und sekundären Prävention von chronischen Krankheiten und psychischer Morbidität. In epidemiologischen Studien werden zur Erfassung körperlicher Aktivität in der Mehrzahl der Untersuchungen subjektive Probandeneinschätzungen herangezogen. Zur objektiven Erfassung der körperlichen Aktivität werden vermehrt Beschleunigungssensoren eingesetzt. Dabei unterscheiden sich häufig die Tragepositionen der Sensoren und die jeweiligen Sensorspezifikationen. Die verschiedenen Hersteller liefern dabei in unterschiedlichem Ausmaß Algorithmen und Software für die Auswertung der Messwerte und Bestimmung der Aktivität. Häufig wird dabei auf die Detektion von Schritten zurückgegriffen (Stepcount). Es gibt jedoch auch Ansätze, die versuchen bestimmte Aktivitäten (bspw. Gehen, Stehen, Sitzen, Liegen, etc.) zu identifizieren. Eine vielversprechende Methodik ist dabei der Einsatz von Machine Learning Algorithmen. Dabei erfolgt die Bewegungserkennung aus den verschiedenen Sensordaten mittels Klassifizierungsalgorithmen (u.a. Decision Tree, Naive Bayes und Support Vector Machines). Eine Videoaufzeichnung wird zur zeitlichen Kategorisierung der einzelnen Bewegungsabläufe verwendet. Bei diesem Ansatz werden in einer Probandengruppe Sensordaten als Trainingsdaten für die Klassifizierungsalgorithmen benötigt. Das Ergebnis ist ein Modell, das die Struktur der gelernten Daten enthält. Validiert werden die Modelle mit Testdatensätzen einer anderen Probandengruppe. Dieser vielversprechende Ansatz soll mit den in der aktuell geplanten Studie gewonnenen Bewegungsdaten verfolgt werden. Für verschiedene Bewegungsmuster werden im Rahmen der Untersuchung Referenzdaten erhoben und ein Machine Learning Algorithmus zur Erkennung dieser Bewegungsmuster aus Beschleunigungssensormesswerten entwickelt. Der Algorithmus soll daraufhin auf Bewegungsdaten der BeMIND Baseline Erhebung angewendet werden. Insgesamt werden 40 Probanden untersucht. Zusätzlich zum kombinierten Herzratenvariabilitäts- und Beschleunigungssensor „Firstbeat Bodyguard 2“, werden weitere Beschleunigungssensoren eingesetzt (Movisense Move 3, Actiwatch AW7, GENEActive Original, sowie ein Smartphone). Die Probanden durchlaufen einen Bewegungsparcours und tragen die Beschleunigungssensoren für 2 Stunden bei alltäglichen Aktivitäten. Zur Kodierung der Bewegungsmuster erfolgt eine Videodokumentation. Dazu tragen die Probanden eine auf die unteren Extremitäten ausgerichtete Kamera am Oberkörper.

P8. Diagnostik und Verhaltensanalyse S. Knappe, S. Härtling

Die Diagnostik psychischer Beschwerden verlangt sorgfältiges und strukturiertes Vorgehen: Der diagnostische Prozess ist die Grundlage für eine erfolgreiche Beratung und Behandlung. Zugleich sind klinische Entscheidungen zur Diagnosefindung, die Erfassung relevanter Daten zur Lebensgeschichte, die Klärung von Motivation und Therapiezielen eine große Herausforderung in den ersten Therapiesitzungen, wo es zugleich gilt, eine vertrauensvolle und konstruktive therapeutische Arbeitsbeziehung aufzubauen. Wie der diagnostische Prozess strukturiert gelingen kann, wird anwendungsbezogen und praxisnah dargestellt. So werden diagnostische Herangehensweisen und Methoden greifbar und individuell anpassbar. Das Erstgespräch als wichtiger diagnostischer Ansatz, die Auswahl und Anwendung verschiedener diagnostischer Mittel wie diagnostische Interviews oder symptom spezifischer Skalen, die Erstellung der Fallkonzeption sowie unverzichtbares Basiswissen zur Diagnostik (vor, während und im Anschluss an eine psychotherapeutische Behandlung) werden vorgestellt.

Knappe, S. & Härtling, S. (2017). Diagnostik und Verhaltensanalyse. Band in der Reihe von P. Neudeck (Hrsg). Techniken der Verhaltenstherapie. Weinheim: Beltz

P9. The Hospital Anxiety and Depression Scale (HADS) and the 9-item Patient Health Questionnaire (PHQ-9) as screening instruments for depression in patients with cancer

Hartung, T. J., Friedrich, M., Johansen, C., Wittchen, H.-U., Faller, H., Koch, U., Brähler, E., Härter, M., Keller, M., Schulz, H., Wegscheider, K., Weis, J., Mehnert, A

Background: Depression screening in patients with cancer is recommended by major clinical guidelines, although the evidence on individual screening tools is limited for this population. Here, the authors assess and compare the diagnostic accuracy of 2 established screening instruments: the depression modules of the 9-item Patient Health Questionnaire (PHQ-9) and the Hospital Anxiety and Depression Scale (HADS-D), in a representative sample

of patients with cancer. **Methods:** This multicenter study was conducted with a proportional, stratified, random sample of 2141 patients with cancer across all major tumor sites and treatment settings. The PHQ-9 and HADS-D were assessed and compared in terms of diagnostic accuracy and receiver operating characteristic (ROC) curves for Diagnostic and Statistical Manual of Mental Disorders, 4th edition diagnosis of major depressive disorder using the Composite International Diagnostic Interview for Oncology as the criterion standard. **Results:** RESULTS: The diagnostic accuracy of the PHQ-9 and HADS-D was fair for diagnosing major depressive disorder, with areas under the ROC curves of 0.78 (95% confidence interval, 0.76-0.79) and 0.75 (95% confidence interval, 0.74-0.77), respectively. The 2 questionnaires did not differ significantly in their areas under the ROC curves ($P = .15$). The PHQ-9 with a cutoff score ≥ 7 had the best screening performance, with a sensitivity of 83% (95% confidence interval, 78%-89%) and a specificity of 61% (95% confidence interval, 59%-63%). The American Society of Clinical Oncology guideline screening algorithm had a sensitivity of 44% (95% confidence interval, 36%-51%) and a specificity of 84% (95% confidence interval, 83%-85%). **Conclusion:** In patients with cancer, the screening performance of both the PHQ-9 and the HADS-D was limited compared with a standardized diagnostic interview. Costs and benefits of routinely screening all patients with cancer should be weighed carefully.

Hartung, T. J., Friedrich, M., Johansen, C., Wittchen, H.-U., Faller, H., Koch, U., Brähler, E., Härter, M., Keller, M., Schulz, H., Wegscheider, K., Weis, J. & Mehnert, A. (2017). The hospital anxiety and depression scale (HADS) and the 9-item patient health questionnaire (PHQ-9) as screening instruments for depression in patients with cancer. *Cancer*.

P10. Überprüfung der psychometrischen Eigenschaften und der Augenscheinvalidität der deutschen Übersetzung des Youth Anxiety Measure for DSM-5

PD Dr. Susanne Knappe, B. Sc. Sonja Schmidtke (Forschungspraktikantin); Consultant: Prof. Dr. Peter Muris (Maastricht University)

Gegenstand der Studie ist die Überprüfung der psychometrischen Eigenschaften und der Augenscheinvalidität der deutschen Übersetzung des Youth Anxiety Measures (YAM-5-D, Original: Muris et al., 2016) in einer Gelegenheitsstichprobe von Kindern und Jugendlichen sowie einer Gelegenheitsstichprobe von Ausbildungskandidaten zum Kinder- und Jugendlichen-Psychotherapeuten. Die Originalversion wurde entwickelt, um Angstsymptome bei Kindern und Jugendlichen im Sinne des aktuellen Klassifikationssystems DSM-5 zu erfassen. Der YAM-5 kann somit eine effektive Hilfe bei der klinischen Diagnostik und Beurteilung möglicher Angststörungen darstellen. Überprüft werden sollen die Inhaltsvalidität, Eignung, Reliabilität anhand der internen Konsistenz (Cronbachs Alpha), die Retest-Reliabilität, die Itemtrennschärfen, die Eltern-Kind-Übereinstimmung und die konvergente und diskriminante Validität des YAM-5-D. Zur Überprüfung der konvergenten und diskriminanten Validität werden mittels etablierter Fragebögen das Ausmaß von Angstsymptomen, internaler Probleme und externaler Probleme erfasst. Es erfolgt ein empirischer Pretest (Teilprojekt 1), um mögliche Probleme der Befragten beim Beantworten zu identifizieren, den Fragebogen dann entsprechend zu verbessern und die Augenscheinvalidität zu überprüfen. Zudem geben Ausbildungskandidaten zum Kinder- und Jugendlichen-Psychotherapeuten online Feedback zum YAM-5-D (Teilprojekt 3). Als Drittes werden an einem Stichtag 200 Schüler der 3. bis 12. Klassenstufe rekrutiert, um die finale Version des YAM-5-D zu bearbeiten. Vier Wochen später erfolgt eine Nachbefragung im Gruppenkontext im Klassenraum (Teilprojekt 4).



Publikationen
Publications
11/2014 - 09/2017

PUBLIKATIONEN/PUBLICATIONS

Im Berichtszeitraum wurden von den Institutsmitarbeitern 380 Artikel sowie 55 Bücher und Buchbeiträge verfasst.

Auflistung der Impact Faktoren (5-years Science Edition) der Peer Review Zeitschriften, in denen im Berichtszeitraum publiziert wurde (eine Auswahl).

Peer Review	5 year Impact Faktor	Anzahl der Publikationen
Lancet	48,082	8
Nature	43,769	1
Journal of clinical oncology	19,311	5
JAMA Pediatrics	10,481	1
Neuroscience and Biobehavioral Reviews	10,156	2
BMC Medicine	08,734	4
British Journal of Psychiatry	07,828	1
Psychotherapy and Psychosomatics	07,664	2
Clinical Pharmacology and Therapeutics	07,071	1
JAMA Dermatology	06,152	1
Journal of Consulting and Clinical Psychology	06,053	1
Acta Psychiatrica Scandinavica	05,873	2
Psychological Medicine	05,772	7
Addiction	05,767	4
Journal of Clinical Psychiatry	05,766	1
Lancet Psychiatry	05,756	1
Archives of Toxicology	05,650	1
Annals of Family Medicine	05,608	1
Translational Psychiatry	05,601	1
International Journal of Cancer	05,573	1
Depression and Anxiety	05,406	5
Psychoneuroendocrinology	05,381	1
Human Brain Mapping	05,090	3
Neurobiology of Aging	04,949	1
Social Cognitive and Affective Neuroscience	04,887	1
Behaviour Research and Therapy	04,599	6
European Neuropsychopharmacology	04,577	3
Journal of Psychiatric Research	04,465	1
Addiction Biology	04,439	4
International Journal of Methods in Psychiatric Research	04,192	15
Parkinsonism and Related Disorders	03,899	1
European Journal of Endocrinology	03,878	1
World Journal of Psychiatry	03,860	1
European Child and Adolescent Psychiatry	03,811	8
International Journal of Eating Disorders	03,692	1
Drug and Alcohol Dependence	03,668	8
AIDS and Behavior	03,467	2
Archives of Sexual Behavior	03,440	3
PLoS ONE	03,394	3
Addictive Behaviors	03,140	2

Editortätigkeit

1. Addiction (Assistant Editor, Dr. S. Behrendt)
2. International Journal of Methods in Psychiatric Research, Wiley, London (Prof. H.-U. Wittchen)
3. International Journal of Methods in Psychiatric Research (Associate Editors, Prof. K. Beesdo-Baum)
4. International Journal of Methods in Psychiatric Research, Wiley, London (Editorial Assistant, Dr. S. Trautmann)
5. International Journal of Psychophysiology Editorial Board (Associate Editor, Prof. T. Endrass)
6. Journal of European Psychology Students (Associate Editors, Dr. S. Trautmann)
7. Psychological Medicine, Cambridge, Cambridge University Press (Prof. H.-U. Wittchen)
8. Sucht - Zeitschrift für Wissenschaft und Praxis (Dr. S. Behrendt)
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40. World Journal of Psychiatry (Prof. H.-U. Wittchen)

Peer Review Papers

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2017

- Allamani, A., Bravi, S., Pepe, P., Voller, F., Marcatto, F., Ferrante, D., Manthey, J., Rehm, J. & Struzzo, P. (2017). Bere problematico e problemi di salute in Toscana e in Friuli Venezia Giulia: Uno studio epidemiologico attraverso i medici di medicina generale. *Epidemiologia e Prevenzione*, 41(1), 29-37.
- Anderson, P., Berridge, V., Conrod, P., Dudley, R., Hellman, M., Lachenmeier, D. W., Lingford-Hughes, A., Miller, D., Rehm, J., Room, R., Schmidt, L., Sullivan, R., Ysa, T. & Gual, A. (2017). Reframing the science and policy of nicotine, illegal drugs and alcohol - conclusions of the ALICE RAP Project. *F1000Research*, 6, 289.
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**Vorträge auf Tagungen
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2017

- Čolić, J., Lin, J., Leibing, E., Stangier, U. & Hoyer, J. (2017, 25.-27.05.). Welche Interventionen setzen niedergelassene Verhaltenstherapeuten nach einer Manuals Schulung in kognitiver Therapie der Sozialen Angststörung um – und welche nicht?. Paper presented at the 10. Workshopkongress für Klinische Psychologie und Psychotherapie, Chemnitz, Germany.
- Kuitunen-Paul, S., Rehm, J., Lachenmeier, D. W., Kadric, F., Kuitunen, P. T., Wittchen, H.-U. & Manthey, J. (2017, 18.-21.05.). Assessing alcoholic standard drinks in the Munich-composite international diagnostic interview (M-CIDI). Paper presented at the 20th EASAR symposium, Nunspeet, The Netherlands
- Kuitunen-Paul, S. (2017, 12.-14.01.). Validierung von Alkohol-Konsumangaben in der standardisierten Diagnostik (CIDI-Interview). Paper presented at the Winterschool of the DG Sucht Nachwuchsgruppe, Lübeck, Germany.
- Petzold, J., Wittchen, H.-U. & Martini, J. (2017, 06.-08.07.). Specific risk constellations for infants' crying, feeding and sleeping problems. Paper presented at the 13th International Infant Cry Workshop, Rovereto, Italy.
- Pittig, A. & Hoyer, J. (2017, 24.-27.05.). Barrieren bei der Anwendung expositionsbasierter Verfahren in der niedergelassenen Praxis. Paper presented at the 35th Symposium of the section Clinical Psychology and Psychotherapy of the German Association for Psychology (DGPs), Chemnitz, Germany.
- Pittig, A. (2017, 08.-10.05.). Acquisition of avoidance (and fear) in approach-avoidance decision conflicts. Paper presented at the 9th European Meeting on Human Fear Hamburg, Germany.
- Pittig, A. (2017, 24.-27.05.). Der Einfluss konkurrierender Anreize auf das Verlernen von Furcht und Vermeidung. Paper presented at the 35th Symposium of the section Clinical Psychology and Psychotherapy of the German Association for Psychology (DGPs), Chemnitz, Germany.
- Schweden, T. (2017, 22.-24.03.). Verhaltenstherapeutisches Gruppentraining zur Reduktion von Angst und Depersonalisation während Prüfungen: Ergebnisse einer randomisierten kontrollierten Studie. Paper presented at the Deutscher Kongress für Psychosomatische Medizin und Psychotherapie, Berlin, Germany.
- Voss, C., Herzog, K., Venz, J., Pieper, L., Frech, C., Hoyer, J. & Beesdo-Baum, K. (2017, 08.-10.10.). Suicidal behavior and its association with mental disorders in a community sample of adolescents and young adults. Paper presented at the Psychiatry of the 21st Century: Context, Controversies and Commitment“ the WPA XVII World congress of psychiatry, Berlin, Germany.
- Voss, C., Venz, J., Pieper, L., Frech, C., Hoyer, J. & Beesdo-Baum, K. (2017, 08.-09.06.). The co-occurrence of non-suicidal self-injury and suicidal behavior in adolescents and young adults – findings from the BeMIND study. Paper presented at the 2st Suicide and Self-Harm Early Career Researchers' Forum, Glasgow, Scotland.
- Voss, C., Venz, J., Pieper, L., Frech, C., Hoyer, J. & Beesdo-Baum, K. (2017). The co-occurrence of non-suicidal self-injury and suicidal behavior in adolescents and young adults – findings from the BeMIND study. Paper presented at the 2st Suicide and Self-Harm Early Career Researchers' Forum, Glasgow, Scotland.
- Wittchen, H.-U. (2017, 24.-27.05.). Die Zukunft der Klinischen Psychologie in Deutschland: Zwischen Erosion und Aufbruch zu neuen Ufern. Paper presented at the 35th Symposium of the section Clinical Psychology and Psychotherapy of the German Association for Psychology (DGPs), Chemnitz, Germany.

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- Alexander, N., Muehlhan, M., Wankerl, M., Miller, R. & Kirschbaum, C. (2016, 08.-11.09.). Neural and endocrine correlates of SLC6A4 methylation profiles. Paper presented at the 46. Annual Meeting of the International Society of Psychoneuroendocrinology, Miami, USA.
- Behrendt, S. (2016, 22.06.). Bestimmung der Entwicklungsspezifität von Risikofaktoren für Substanzstörungen über die Lebensspanne. Paper presented at the Bühlerkolloquium, TU Dresden, Dresden, Germany.
- Beintner, I., Barr Taylor, C., Wilfley, D. E. & Jacobi, C. (2016, 27.-29.10.). everyBody fit – Tailored online health promotion and eating disorder prevention for overweight and obese women: Results from a pilot feasibility Study. Paper presented at the 22nd Annual Eating Disorders Research Society Meeting, New York City, USA.
- Beintner, I., Nacke, B., Vollert, B. & Jacobi, C. (2016, 03.-05.03.). In diesem Sommer macht Brigitte ohne mich Diät – Ergebnisse einer Pilotstudie zur Online-Prävention von Essstörungen und ernährungsbedingten Erkrankungen in einer Bevölkerungsstichprobe übergewichtiger und adipöser Frauen. Paper presented at the 5. Wissenschaftlicher Kongress der Deutschen Gesellschaft für Essstörungen (DGEES), Essen, Germany.
- Bischoff, S., Plag, J., Wieder, G., Einsle, F., Fehml, L., Fydrich, T., Wittchen, H.-U. & Ströhle, A. (2016, 25.-28.05.). The influence of physical activity (prior to in-vivo exposure) on the effect of cognitive behavioural therapy in patients with panic disorder and agoraphobia. Paper presented at the 42. Tagung Psychologie und Gehirn, Berlin, Germany.
- Bühringer, G. (2016, 03.). Der Einfluss von Angebotsmenge und Angebotsqualität auf die Prävalenz Pathologischen Glücksspiels - Implikationen für die Prävention. Paper presented at the 1. Bundeskongress zum Glücksspielwesen, Berlin, Germany.
- Bühringer, G. (2016). The European Graduate School for Addiction Research (ESADD): A contribution to the academic training of PhD/ MD students in Europe. Paper presented at the International Seminar and Workshop "Building Capacity and Competency in Addiction Studies", Seoul, Korea.
- Bühringer, G. (2016, 26.04.). Looking for Happiness – Streben nach Glück: Emotionen, Neurobiologie und Drogenkonsum. Paper presented at the Looking for Happiness – Veranstaltung der Landeshauptstadt Dresden, Dresden, Germany.
- Bühringer, G., Behrendt, S., Braun, B. & Kohlmann, A. (2016, 08.). Alkoholbezogene Störungen älterer Personen: Grundlagen und Zwischenergebnisse der ELDERLY-Studie. Aktuelle Fragestellungen in der Behandlung Suchtkranker. Paper presented at the 40 Jahre Fachklinik Fredeburg, Fredeburg, Germany.
- Bühringer, G., Behrendt, S., Forberger, S., Neumann, M., Probst, C. & Rehm, J. (2016, 13.01.). Alice Rap – über 200 Wissenschaftler, 21 Teilprojekte, 5 Jahre Forschung zu psychotropen Substanzen und Glücksspielen: Wird die Welt jetzt besser?. Paper presented at the Research rounds Clinical Psychology and Psychotherapy at the TU Dresden, Dresden, Germany.
- Bühringer, G., Rehm, J., Forberger, S., Frommelt, A.-M. & Behrendt, S. (2016, 13.01.). ALICE-RAP addiction and lifestyles in contemporary Europe - reframing addictions project. Paper presented at the Forschungskolloquium Klinische Psychologie und Psychotherapie, TU Dresden, Dresden, Germany.
- Čolić, J., Leichsenring, F., Wiltink, J., Leibing, E., Sarnowsky, S. & Hoyer, J. (2016, 04.-07.05.). Predictors of early response and remission after psychotherapy for social anxiety disorder: results from multicentric RCTs. Paper presented at the 34. Symposium der Fachgruppe Klinische Psychologie und Psychotherapie der DGPs, Bielefeld, Germany.
- Emmerich, O. L. M., Beintner, I., Dudek, A. M., Vollert, B., Nacke, B., Taylor, C. B., Wilfley, D. E. & Jacobi, C. (2016, 07.-09.04.). everyBody Fit – Tailored online health promotion and eating disorder prevention for women with overweight: Results of a pilot feasibility study. Paper presented at the 8th Scientific Meeting of the International Society for Research on Internet Interventions (ISRII), Seattle, USA.

- Hoyer, J. (2016, 28.-29.10.). Sorgenexposition - Konfrontation bei geschlossenen Augen. Paper presented at the Expositionssymposium, Akademie für Verhaltenstherapie, Köln, Germany.
- Hoyer, J., Latysheva, A., Bassett, T., Lieb, R. & Gloster, A. T. (2016, 05.). Post-event processing: Auslöser, Prädiktoren und Konsequenzen auf der Basis von EMA-Messungen. Paper presented at the 35. Symposium für Klinische Psychologie und Psychotherapie, Bielefeld, Germany.
- Hütter, K., Vollert, B., von Bloh, P., Eiterich, N., Wilfley, D. E., Taylor, C. B. & Jacobi, C. (2016, 03.-05.03.). Wirksamkeit eines Internet-gestützten Präventionsprogramms für junge Frauen mit erhöhtem Risiko der Entwicklung einer Anorexia nervosa. Paper presented at the 5. Wissenschaftlicher Kongress der Deutschen Gesellschaft für Essstörungen (DGEES), Essen, Germany.
- Jacobi, C. & Ebert, D. D. (2016). Integrating technology into mental health care delivery in Europe (ICare). Paper presented at the 8th Scientific Meeting of the International Society for Research on Internet Interventions (ISRII), Seattle, USA.
- Jacobi, C., Vollert, B., Hütter, K., von Bloh, P., Eiterich, N., Wilfley, D. E. & Taylor, C. B. (2016, 07.-09.04.). Efficacy of an internet-based prevention program in a female population with subclinical anorexia nervosa. Paper presented at the 8th Scientific Meeting of the International Society for Research on Internet Interventions (ISRII), Seattle, USA.
- Jacobi, C., Vollert, B., Hütter, K., von Bloh, P., Eiterich, N., Wilfley, D. E. & Taylor, C. B. (2016, 27.-29.10.). Efficacy of an Internet-based prevention program for women with subclinical anorexia nervosa. Paper presented at the 22nd Annual Eating Disorders Research Society Meeting, New York City, USA.
- Kräplin, A., Scherbaum, S., Bühringer, G. & Goshcke, T. (2016, 06.09.). Nikotin-assoziiertes Priming erhöht die inhibitorische Kontrolle bei Nikotinabhängigkeit. Paper presented at the Deutscher Suchtkongress, Berlin, Germany.
- Kräplin, A., Scherbaum, S., Goshcke, T. & Bühringer, G. (2016, 14.-16.03.). Real differences or measurement error? - Retest reliabilities of behavioral measures in gambling disorder. Paper presented at the 3rd International Conference on Behavioral Addictions (ICAB), Geneva, Switzerland.
- Kuitunen-Paul, S., Kuipers, L. Y., Scheffel, C., Kroemer, N. B., Wuttig, F., Smolka, M. N. & Bühringer, G. (2016). Jung, weiblich, einsam und stark abhängig? Zur Relevanz bekannter Rückfall-Prädiktoren in der ambulanten Tabakentwöhnung, 50. Kongress der Deutschen Gesellschaft für Psychologie (DGPs), Leipzig, Germany.
- Muehlhan, M. & Alexander, N. (2016, 26.-28.05.). DNA Methylierungsmuster innerhalb des FKBP5-Gens und funktionell-amygdaloideale Netzwerkarchitektur. Paper presented at the 42. Tagung „Psychologie und Gehirn“, Berlin, Germany.
- Nacke, B., Beintner, I. & Jacobi, C. (2016, 03.-05.03.). everyBody – Körperzufriedenheit für jederfrau. Maßgeschneiderte Online-Gesundheitsförderung und -Essstörungsprävention. Paper presented at the 5. Wissenschaftlicher Kongress der Deutschen Gesellschaft für Essstörungen (DGEES), Essen, Germany.
- Nebe, S., Krömer, N. B., Schad, D. J., Bernhardt, N., Sebold, M., Kuitunen-Paul, S., Huys, Q. J. M., Heinz, A. & Smolka, M. N. (2016, 18. – 22.09.). (Kein) Zusammenhang zwischen Alkoholkonsum und habitueller bzw. zielgerichteter Verhaltenskontrolle bei jungen Männern. Paper presented at the 50. Kongress der Deutschen Gesellschaft für Psychologie, Leipzig, Germany.
- Neudeck, P. & Wittchen, H.-U. (2016, 28.-29.10.). Einführungsvortrag: Optimierung von Inhibitionslernen. Paper presented at the Expositionssymposium, Akademie für Verhaltenstherapie, Köln, Germany.
- Pittig, A. (2016, 13.-16.09.). The acquisition of fear and avoidance in approach-avoidance conflicts. Paper presented at the 46th European Association of Behavioural and Cognitive Therapies Congress (EABCT), Stockholm, Schweden.
- Pittig, A. (2016, 10.). Behavioral strategies to optimize extinction learning during exposure. Paper presented at the Akademie für Verhaltenstherapie, Köln, Germany.
- Pittig, A. (2016, 03.). Exposure therapy for panic and anxiety. Paper presented at the 4th southwest german psychotherapy meeting, Landau, Germany.
- Pittig, A. (2016, 05.). Exposure therapy: Myths, new developments, and barriers. Paper presented at the IFT Gesundheitsförderung, Dresden, Germany.
- Pittig, A. (2016). The key role of extinction learning in anxiety disorders. Back to the (novel) roots of exposure-based interventions. Paper presented at the 46th European Association of Behavioural and Cognitive Therapies Congress (EABCT), Stockholm, Schweden.
- Pittig, A. (2016). Optimizing exposure-based interventions – Experimental foundations and transfer into psychotherapeutic practice. Paper presented at the University, Mainz, Germany.
- Pittig, A. (2016). Transfer of exposure-based Interventions: Barriers and opportunities. Paper presented at the 46th European Association of Behavioural and Cognitive Therapies Congress (EABCT), Stockholm, Schweden.
- Rehm, J. (2016, 20.-22.10.). ALICE RAP: Over 200 scientists, 21 projects, 5 years of research on psychoactive substances and gambling prevention and policies. Lessons learned?. Paper presented at the Joint Conference: ISAM and CSAM-SMCA XXVII Annual Meeting and Scientific Conference, Montreal, Canada.
- Schweden, T. (2016, 16.01.). Wenn der Faden reißt - Depersonalisationssymptome während Prüfungen. Paper presented at the Veranstaltungsreihe "Psychologie am Samstag", TU Dresden, Dresden, Germany.
- Sleczka, P., Braun, B., Grüne, B., Bühringer, G. & Kraus, L. (2016, 03.). Gambling problems and the family.
- Vollert, B., Beintner, I., Musiat, P., Schmidt, U. H. & Jacobi, C. (2016, 03.-05.03.). Internet-gestützte Selbsthilfe zur Überbrückung der Wartezeit auf ambulante Psychotherapie bei Patienten mit Bulimia nervosa, Binge Eating Disorder und OSFED. Paper presented at the 5. Wissenschaftlicher Kongress der Deutschen Gesellschaft für Essstörungen (DGEES), Essen, Germany.
- Voss, C., Venz, J., Pieper, L., Hoyer, J., Seibel, L. & Beesdo-Baum, K. (2016). Suicidal behavior and short-term dynamic mood networks in real life. Paper presented at the 1st Suicide and Self-Harm Early Career Researchers' Forum, Glasgow, Scotland.
- Walter, K. & Bühringer, G. (2016, 06.06.). A public health-based approach to German gaming regulation. Paper presented at the International Conference on Gambling and Risk Taking, Las Vegas, USA.
- Wieder, G. (2016, 18.08.). Does voice fundamental frequency during rationale deduction play a role for treatment success of CBT for panic disorder with agoraphobia?. Paper presented at the EPICLE Meeting, Odense, Denmark.
- Wieder, G., Weusthoff, S., Fischer, M. S. & Einsle, F. (2016, 16.-19.03.). Welche Rolle spielt die Stimmgrundfrequenz im Gedankenexperiment für den Erfolg der Expositionstherapie?. Paper presented at the Deutscher Kongress für Psychosomatische Medizin und Psychotherapie (DGPM), Potsdam, Germany.
- Wittchen, H.-U. (2016, 28.10.). Exposition - eine Erfolgsgeschichte. Paper presented at the Expositionssymposium, Akademie für Verhaltenstherapie, Köln, Germany.
- Wittchen, H.-U. (2016, 02.07.). Klassifikatorische Diagnostik, DSM V oder Research Domain Criteria. Paper presented at the Max-Planck-Institut für Psychiatrie, Köln, Germany.
- Wittchen, H.-U. (2016, 21.04.). Optimierung der Psychotherapie bei Angststörungen – Theorie und Versorgungsimplikationen. Paper presented at the Forschungsnetzwerke psychische Erkrankungen – Stand und Perspektiven, Berlin, Germany.
- Wittchen, H.-U. (2016, 14.04.). Protect-AD – Optimierte Extinktionslernen als Strategie für eine effektivere Therapie von Angst- und depressiven Störungen. Paper presented at the Forschungsnetzwerke psychische Erkrankungen, Regensburg, Germany.
- Wittchen, H.-U. (2016, 15.06.). Psychische Störungen - Ausmaß des Problems und Versorgungssituation in Deutschland (incl. Suchterkrankungen). Paper presented at the 29. Heidelberger Kongress des Fachverbandes Sucht e.V., Heidelberg, Germany.

Wittchen, H.-U. (2016, 28.05.). The psychological perspective on mental health and mental disorder research. Paper presented at the ROAMER: Roadmap for Mental Health Research in Europe, XIV Spanish Association of Clinical Psychologists and Residents (ANPIR) Conference, Bilbao, Spain.

Wittchen, H.-U. (2016, 05.09.). The size and burden of AUD in comparison with other mental disorders in Europe. Paper presented at the World Congress on Alcohol and Alcoholism - ISBRA/ESBRA Meeting, Berlin, Germany.

Wittchen, H.-U. (2016, 24.11.). Vergangenheit und Zukunft der klinischen Psychologie und Psychotherapie – Was bringen die Third Generation Psychotherapies?. Paper presented at the MSH Medical School, Hamburg, Germany.

Wittchen, H.-U., Schönfeld, S., Thureau, C., Trautmann, S., Strehle, J., Höfler, M., Zimmermann, P., Pabst, A. & PTBS-Studiengruppe. (2016). Traumatische Ereignisse und das Risiko von PTSD und anderen psychischen Störungen bei Auslandsmissionen.

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Alexander, N., Kirschbaum, C., Wittchen, H.-U. & Muehlhan, M. (2015, 21.-23.09.). Die Bedeutung epigenetischer Variation im Serotonin-Transporter Gen für die funktionelle Ruhekonnektivität innerhalb des Salienznetzwerks. Paper presented at the 13. Arbeitstagung der Fachgruppe Differentielle Psychologie, Persönlichkeitspsychologie und Psychologische Diagnostik, Mainz, Germany.

Andreas, S., Volkert, J., Schulz, H., Dehoust, M. C., Canuto, A., Crawford, M., Grassi, L., Muñoz, M., Shalev, A. Y., Wegscheider, K., Wittchen, H.-U. & Härter, M. (2015, 10.10.). 1-year incidence and predictors of mental disorders in community-dwelling European elderly: Findings from the MentDis_ ICF65+ study. Paper presented at the IFPE, Bergen, Norway.

Asselmann, E. (2015, 21.06.). DSM-5 - wesentliche Neuerungen und Implikationen für ICD-11. Paper presented at the 5. Hamburger Psychotherapeutentag, Hamburg, Germany.

Asselmann, E., Wittchen, H.-U., Lieb, R. & Beesdo-Baum, K. (2015, 15.05.). Wie beeinflusst das Hilfesuchverhalten bei Jugendlichen und jungen Erwachsenen mit und ohne Panikattacken prospektiv das Risiko für weitere Psychopathologie? (EDSP). Paper presented at the 9. Workshopkongress für Klinische Psychologie und Psychotherapie & 33. Symposium der Fachgruppe Klinische Psychologie und Psychotherapie der DGPs., Dresden, Germany.

Beesdo-Baum, K. (2015, 17.06.). Angststörungen als Risikofaktor für die Entwicklung weiterer psychischer Störungen. Paper presented at the Frühsommer-Symposiums des Früherkennungszentrums für psychische Störungen des Universitätsklinikums Dresden, Dresden, Germany.

Beesdo-Baum, K. (2015, 28.01.). Erfassung von Depression und Depressivität. Paper presented at the 6. Workshops der DGEpi AG 14 - Neurologische und Psychische Erkrankungen: „Erfassung von Depression und Depressivität in der Nationalen Kohorte – Möglichkeiten, Grenzen, methodische Grundlagen, Vergleich mit anderen Kohorten“, Berlin, Germany.

Beesdo-Baum, K. (2015, 29.08.). Separation anxiety disorder in adults: Prevalence, comorbidity, burden and course in epidemiological studies. Paper presented at the 28th Congress of the European College of Neuropsychopharmacology (ECNP), Amsterdam, The Netherlands.

Beesdo-Baum, K. (2015, 14.05.). Sorgenkonfrontation bei Generalisierter Angststörung. Paper presented at the 9. Workshopkongress für Klinische Psychologie und Psychotherapie & 33. Symposium der Fachgruppe Klinische Psychologie und Psychotherapie der DGPs, Dresden, Germany.

Beesdo-Baum, K. (2015, 14.-16.05.). Versorgung psychischer Störungen: Ergebnisse aus Bevölkerungsstudien bei Erwachsenen sowie Kindern und Jugendlichen. Paper presented at the 9. Workshopkongress für Klinische Psychologie und Psychotherapie & 33. Symposium der Fachgruppe Klinische Psychologie und Psychotherapie der DGPs, Dresden, Germany.

Beesdo-Baum, K., Jacobi, F., Strehle, J., Wittchen, H.-U. & Mack, S. (2015, 15.05.). Inanspruchnahme und Barrieren der Behandlung bei affektiven Störungen. Paper presented at the 9. Workshopkongress für Klinische Psychologie und Psychotherapie & 33. Symposium der Fachgruppe Klinische Psychologie und Psychotherapie der DGPs, Dresden, Germany.

Beesdo-Baum, K., Kirschbaum, C. & Scherbaum, S. (2015, 26.-27.03.). Einwerbung von Drittmitteln. Paper presented at the Special Issue, 2015 Spring School of the Collaborative Research Centre 'Volition and Cognitive Control: Mechanisms, Modulators, Dysfunctions' (SFB 940), Dresden, Germany.

Beesdo-Baum, K. & Strehle, J. (2015). Die Entwicklung der CIDI-DSM-5-Forschungsversion, Sommerschule 2015, TU Dresden. Dresden, Germany.

Beesdo-Baum, K., Wittchen, H.-U., Hoyer, J. & Knappe, S. (2015, 14.05.). Die neuen DSM-5 Dimensionalen Skalen für Angststörungen. Paper presented at the 9. Workshopkongress für Klinische Psychologie und Psychotherapie, Dresden, Germany.

Beintner, I. & Jacobi, C. (2015, 14.05.). everyBody - maßgeschneiderte Online-Prävention von Essstörungen und ernährungsbedingten Erkrankungen in der Allgemeinbevölkerung. Ergebnisse einer Pilotstudie. Paper presented at the 9. Workshopkongress für Klinische Psychologie und Psychotherapie & 33. Symposium der Fachgruppe Klinische Psychologie und Psychotherapie der DGPs; Dresden, Germany.

Braun, B., Behrendt, S., Hegert, J., Kohlmann, A. & Bühringer, G. (2015, 03.07.). Addiction care in Germany and baseline patient characteristics in the Elderly study. Paper presented at the International Conference on Treatment of Addictive Behaviors (ICTAB), Odense, Denmark.

Braun, B., Behrendt, S., Hergert, J., Kohlmann, A. & Bühringer, G. (2015, 05.). Erste Erfahrungen im Projekt „Elderly – Psychosoziale Behandlung von Alkoholproblemen bei Menschen im Alter 60+“. Paper presented at the 9. Workshopkongress für klinische Psychologie und Psychotherapie, Dresden, Germany.

Braun, B., Behrendt, S., Hergert, J., Kohlmann, A. & Bühringer, G. (2015, 14.05.). Erste Erfahrungen im Projekt Elderly - Psychosozial Behandlung von Alkoholproblemen bei Menschen im Alter 60+. Paper presented at the 9. Workshopkongress für Klinische Psychologie und Psychotherapie & 33. Symposium der Fachgruppe Klinische Psychologie und Psychotherapie der DGPs, Dresden, Germany.

Bühringer, G. (2015, 08.01.). Addiction treatment services and research, research cooperation and training in Germany and Europe with a focus on gambling disorders. Paper presented at the International conference on Social Sciences and Management, Seoul, Korea.

Bühringer, G. (2015, 03.). Grundsätze zur Prävention am Beispiel von Crystal. Paper presented at the Anhörung Gesundheitsausschuss der Stadt Dresden, Dresden, Germany.

Bühringer, G. (2015, 03.). IFT - Forschung und Gesundheit: Stand und Zukunft. Paper presented at the IFT München, Germany.

Bühringer, G. (2015, 06.-07.03.). Ist Prohibition ein adäquates Mittel zur Prävention von Suchterkrankungen?. Paper presented at the 5. Interdisziplinäres Symposium zu Suchterkrankungen, Grundlsee, Germany.

Bühringer, G. (2015, 17.06.). Prävention alkoholbezogener Störungen. Paper presented at the Podiumsdiskussion mit gesundheitspolitischen Sprechern der Bundestagsparteien im Rahmen einer Veranstaltung der Guttempler, Berlin, Germany.

Bühringer, G. (2015, 05.). Verbraucherschutz für Glücksspieler, Ulm, Germany.

Bühringer, G., Behrendt, S., Piontek, D. & Kräplin, A. (2015, 11.). Workshop on the impact of alcohol culture: Does alcohol culture determine transitions to disordered alcohol use patterns?. Paper presented at the University of Southern Denmark, Odense, Denmark.

Bühringer, G. & Bellinger, F. (2015, 02.09.). Sponsoring of ATOD learned societies by organizations with vested interests: Proposal for guidelines. Paper presented at the ICARA Annual Meeting, Budapest, Hungary.

- Bühringer, G., Braun, B., Brand, H., Künzel, J. & Pfeiffer-Gerschel, T. (2015, 25.-27.03.). Suchtkrankenhilfe 1995 - 2015: Erreichte Verbesserungen und Herausforderungen für die Zukunft. Paper presented at the 20. Tübinger Suchttherapie, Tübingen, Germany.
- Bühringer, G., Braun, B., Brand, H., Künzel, J. & Pfeiffer-Gerschel, T. (2015, 26.03.). Suchtkrankenhilfe 1995 - 2015: Erreichte Verbesserungen und Herausforderungen für die Zukunft. Paper presented at the 20. Tübinger Suchttherapietage 2015, Tübingen, Germany.
- Bühringer, G., Kotter, R. & Kräplin, A. (2015, 09.). Prevention of gambling disorders: Implications for consumer protection from ALICE RAP. Paper presented at the 12th Meeting of the Group of Experts on Gambling Services, Brussels, Belgium.
- Bühringer, G. & Kräplin, A. (2015, 09.). Behavioural addictions: The lack of an "enough button" for pleasurable actions? Or The final blow for the addiction concept?. Paper presented at the Lisbon Addiction, Lisbon, Portugal.
- Bühringer, G. & Kräplin, A. (2015, 11.05.). „Wegen Umbau geschlossen!“ Wenn Eltern und Schule zum Problem werden. Paper presented at the Nymphenburger Schulen, München, Germany.
- Bühringer, G., Kräplin, A., Kraus, L., Braun, B., Neumann, M., Pixa, A. & Slecza, P. (2015, 24.06.). Kann Forschung zur Behandlung pathologischer Glücksspieler beitragen?. Paper presented at the 6. Bayerischer Fachkongress Glücksspiel, München, Germany.
- Bühringer, G., Kröger, C., Lindemeyer, J. & Paul, S. (2015, 30.01.). Rauchfrei im psychiatrischen Krankenhaus – Tabakentwöhnung und Behandlung von Substanzstörungen. Paper presented at the Suchtausschusstagung der Bundesdirektorenkonferenz, Dresden, Germany.
- Bühringer, G., Neumann, M., Böhlke, N., Slecza, P., Grüne, B. & Kraus, L. (2015). Changing gambling-related problems without formal help: The role of early self-recognition and recognition by significant others.
- Bühringer, G., Sebold, M., Nebe, S., Garbusow, M. & Smolka, M. N. (2015, 15.05.). (Belohnungs)Lernen bei Alkoholabhängigen und Kontrollprobanden. Paper presented at the 9. Workshopkongress für Klinische Psychologie und Psychotherapie & 33. Symposium der Fachgruppe Klinische Psychologie und Psychotherapie der DGPs, Dresden, Germany.
- Bühringer, G. B., Silke, Braun, B., Hergert, J. & Kohlmann, A. (2015, 05.03.). Elderly-Therapiestudie zur Behandlung von älteren Personen mit Alkoholkonsumstörungen. Paper presented at the 12. Kongress der Deutschen Gesellschaft für Gerontopsychiatrie und Psychotherapie e.V., Essen, Germany.
- Diers, K., Schäfer, J., Weber, F., Brocke, B., Schönfeld, S. & Strobel, A. (2015, 04.-06.06.). The time-course of cognitive emotion regulation across prolonged time-scales. Paper presented at the Psychologie und Gehirn Congress, Frankfurt, Germany.
- Glaesmer, H., Koch, U., Bokemeyer, C., Weis, J., Faller, H., Keller, M., Brähler, E., Härter, M., Wittchen, H.-U. & Mehnert, A. (2015, 15.05.). Suizidgedanken bei Krebspatienten verschiedener Tumorentitäten und Krankheitsstadien. Paper presented at the 9. Workshopkongress für Klinische Psychologie und Psychotherapie & 33. Symposium der Fachgruppe Klinische Psychologie und Psychotherapie der DGPs, Dresden, Germany.
- Grüne, B., Slecza, P., Braun, B., Bühringer, G. & Kraus, L. (2015, 16.-18.03.). Follow-up of outpatient gambling disorder treatment: Design and first results. Paper presented at the 2nd International Conference on Behavioural Addictions (ICBA), Budapest, Hungary.
- Grüne, B., Slecza, P., Braun, B., Bühringer, G. & Kraus, L. (2015, 16.-18.09.). Katamnese - Studie zu Beratung und Behandlung von Glücksspielproblemen – Design und erste Ergebnisse der Mitarbeiterinnen-Befragung. Paper presented at the Deutscher Suchtkongress, Hamburg, Germany.
- Grüne, B., Slecza, P., Braun, B., Bühringer, G. & Kraus, L. (2015). Pathological gamblers in outpatient treatment - A follow-up study.
- Haro, J. M., Obradors-Tarragó, C. & also on behalf of the ROAMER consortium. (2015, 20.-24.06.). A roadmap for mental health research in Europe. Paper presented at the 16th International ESCAP Congress Madrid, Spain.
- Heinig, I. & Wittchen, H.-U. (2015, 14.05.). DSM-5: Neue Schritte zur Optimierung der klinischen Diagnostik. Paper presented at the 9. Workshopkongress für Klinische Psychologie und Psychotherapie; Symposium - (Nichts) Neues in der Klinischen Diagnostik? Neues, Herausforderungen und Trends, Dresden, Germany.
- Hergert, J., Braun, B. & Bühringer, G. (2015, 14.05.). Charakterisierung älterer Personen mit einer alkoholbezogenen Störung: BSI-18 im Geschlechtervergleich. Paper presented at the 9. Workshopkongress für Klinische Psychologie und Psychotherapie & 33. Symposium der Fachgruppe Klinische Psychologie und Psychotherapie der DGPs, Dresden, Germany.
- Hilbert, K., Steudte-Schmiedgen, S. & Beesdo-Baum, K. (2015, 15.05.). Emotionsverarbeitung und Stress bei Generalisierter Angststörung und Major Depression. Paper presented at the 9. Workshopkongress für Klinische Psychologie und Psychotherapie & 33. Symposium der Fachgruppe Klinische Psychologie und Psychotherapie der DGPs, Dresden, Germany.
- Höcker, A., Muehlhan, M. & Schäfer, I. (2015, 14.-16.05.). Zusammenhänge zwischen frühen Traumata und der neuroendokrinen Stressantwort bei Patienten mit Alkoholabhängigkeit. Paper presented at the 9. Workshopkongress für Klinische Psychologie und Psychotherapie & 33. Symposium der Fachgruppe Klinische Psychologie und Psychotherapie der DGPs, Dresden, Germany.
- Hoyer, J. (2015, 10.). Evolution der Verhaltenstherapie: Wie sind neue Entwicklungen zu bewerten?. Paper presented at the Fachtagung des VIVT, Leipzig, Germany.
- Hoyer, J. (2015, 11.). Kognitive Verhaltenstherapie der Angststörungen: Wie sind neue Entwicklungen zu bewerten?. Paper presented at the 17. Jahrestagung der Gesellschaft für Angststörungen, Wasserburg am Inn.
- Hoyer, J. (2015, 04.). Psychotherapie wirkt: Auch in der Routinepraxis?. Paper presented at the 8. Hessischer Psychotherapeutentag, Frankfurt am Main, Germany.
- Hoyer, J. (2015, 10.). Soziale Angst. Paper presented at the Festveranstaltung des IPT, Leipzig, Germany.
- Hoyer, J. (2015, 01.). Soziale Angst und ihre psychologische Therapie. Paper presented at the Ringvorlesung Psychotherapie, Konstanz, Germany.
- Hoyer, J. (2015, 11.). Update Angststörungen: Psychotherapie und Wirkmechanismen. Paper presented at the 44. DGPPN Kongress, Berlin, Germany.
- Hoyer, J. & Wiltink, J. (2015, 15.05.). Lässt sich Therapieerfolg erst vorhersagen, wenn er schon eingesetzt hat? Analysen am Beispiel Soziale Phobie. Paper presented at the 9. Workshopkongress für Klinische Psychologie und Psychotherapie & 33. Symposium der Fachgruppe Klinische Psychologie und Psychotherapie der DGPs, Dresden, Germany.
- Jacobi, C. (2015, 14.05.). Früherkennung und Prävention von Anorexia nervosa: Entmutigende (?) Ergebnisse einer randomisierten kontrollierten Studie. Paper presented at the 9. Workshopkongress für Klinische Psychologie und Psychotherapie & 33. Symposium der Fachgruppe Klinische Psychologie und Psychotherapie der DGPs, Dresden, Germany.
- Jacobi, F. & Kern, S. (2015, 15.05.). Inanspruchnahme von Behandlungswegen psychischer Probleme bei Erwerbstätigen: welche Rolle spielen Gratifikationskrisen? (DEGS1-MH). Paper presented at the 9. Workshopkongress für Klinische Psychologie und Psychotherapie & 33. Symposium der Fachgruppe Klinische Psychologie und Psychotherapie der DGPs, Dresden, Germany.
- Jacobi, F. & Wittchen, H.-U. (2015, 31.08.-03.09.). The Size and Burden of Mental Disorders in Europe. Paper presented at the 45th European Association of Behavioral and Cognitive Therapies Congress (EABCT), Jerusalem, Israel.
- Jahnke, S., Max, G., Schmidt, A. F. & Hoyer, J. (2015, 16.05.). Stigma und Minority Stress bei Pädophilen: Ergebnisse einer Befragung von pädophilen Internetnutzern. Paper presented at the 9. Workshopkongress für Klinische Psychologie und Psychotherapie & 33. Symposium der Fachgruppe Klinische Psychologie und Psychotherapie der DGPs, Dresden, Germany.

- Jurk, S., Paul, S., Smolka, M. & the IMAGEN consortium. (2015, 28.08.). Development of personality traits associated with liability to substance abuse throughout adolescence. Paper presented at the European Meeting of the International Society for Research on Impulsivity, Amsterdam, The Netherlands.
- Knappe, S. & Beesdo-Baum, K. (2015, 17.06.). VERA - Bundesweite Studie zum Versorgungsverlauf bei Depression in Arztpraxen. Paper presented at the Lokale Bündnisse gegen Depression, Leipzig, Germany.
- Knappe, S., Beesdo-Baum, K. & Wittchen, H.-U. (2015, 14.-16.05.). (Nichts) Neues in der klinischen Diagnostik? Neues, Herausforderungen und Trends. Paper presented at the 9. Workshopkongress für Klinische Psychologie und Psychotherapie & 33. Symposium der Fachgruppe Klinische Psychologie und Psychotherapie der DGPs, Dresden, Germany.
- Knothe, L., Wieder, G., Venz, J., Knappe, S., Einsle, F. & Beesdo-Baum, K. (2015, 14.05.). Häufigkeit und Erkennen der Depression in der primärärztlichen Versorgung. Paper presented at the 9. Workshopkongress für Klinische Psychologie und Psychotherapie & 33. Symposium der Fachgruppe Klinische Psychologie und Psychotherapie der DGPs, Dresden, Germany.
- Kohlmann, A., Behrendt, S. & Bühringer, G. (2015, 14.05.). Welche interpersonalen Ressourcen sind mit Therapieerfolg bei Substanzstörungen in verschiedenen Altersgruppen assoziiert? Ein systematisches Literaturreview. Paper presented at the 9. Workshopkongress für Klinische Psychologie und Psychotherapie & 33. Symposium der Fachgruppe Klinische Psychologie und Psychotherapie der DGPs, Dresden, Germany.
- Kräplin, A., Wolff, M., Krönke, K.-M., Smolka, M., Bühringer, G. & Goschke, T. (2015, 23. – 25.09). Dysfunctions of cognitive control in addiction: Advances and needs in current research. Paper presented at the 1st Lisbon Addictions Conference, Lisbon, Portugal.
- Kraus, L., Slecza, P., Grüne, B. & Bühringer, G. (2015, 12.-13.03.). Online Glücksspielangebot: Trends 2012-2015. Paper presented at the Symposium Glücksspiel, Hohenheim, Stuttgart, Germany.
- Kuitunen-Paul, S. (2015). Welche Rolle spielen Lernen und Gewohnheiten bei der Entstehung & Aufrechterhaltung von Alkoholabhängigkeit?. Paper presented at the 16. Präsentationsrunde von Forschungsergebnissen des Interdisziplinären Zentrums für Suchtforschung Würzburg (IZSW), Würzburg, Germany.
- Lang, T. & Westphal, D. (2015, 14.05.). Emotionsregulation durch Exposition. Paper presented at the 9. Workshopkongress für Klinische Psychologie und Psychotherapie & 33. Symposium der Fachgruppe Klinische Psychologie und Psychotherapie der DGPs, Dresden, Germany.
- Lindenmeyer, J. & Bühringer, G. (2015, 15.05.). Wie hängen Alkoholabhängigkeit, Lernen und Entscheidungsfindung zusammen? Ergebnisse der DFG-Forschergemeinschaft 1617. Paper presented at the 9. Workshopkongress für Klinische Psychologie und Psychotherapie & 33. Symposium der Fachgruppe Klinische Psychologie und Psychotherapie der DGPs, Dresden, Germany.
- Lueken, U. (2015, 14.05.). Neurofunktionelle und genetische Marker des Behandlungserfolgs expositionsbasierter Verhaltenstherapie der Panikstörung mit Agoraphobie. Paper presented at the 9. Workshopkongress für Klinische Psychologie und Psychotherapie & 33. Symposium der Fachgruppe Klinische Psychologie und Psychotherapie der DGPs, Dresden, Germany.
- Lueken, U., Hahn, T., Hilbert, K., Beesdo-Baum, K., Wittchen, H.-U. & Kircher, T. (2015, 04.-06.06.). Generierung (differential-) diagnostischer und prognostischer Marker bei Angststörungen mit Hilfe von Machine Learning Verfahren. Paper presented at the 41. Tagung Psychologie und Gehirn, Frankfurt am Main; Germany.
- Lueken, U., Hilbert, K., Evens, R., Maslowski, N. I. & Wittchen, H.-U. (2015, 14.05.). Wie spezifisch sind spezifische Phobien? Neurostrukturelle und -funktionelle Marker der Schlangen- und Dentalphobie. Paper presented at the 9. Workshopkongress für Klinische Psychologie und Psychotherapie & 33. Symposium der Fachgruppe Klinische Psychologie und Psychotherapie der DGPs, Dresden, Germany.
- Mack, S., Beesdo-Baum, K., Jacobi, F. & Wittchen, H.-U. (2015, 14.-16.05.). Inanspruchnahme ambulanter Psychotherapie; Beeinträchtigungsprofile und Hilfesuchverhalten. Paper presented at the 9. Workshopkongress für Klinische Psychologie und Psychotherapie & 33. Symposium der Fachgruppe Klinische Psychologie und Psychotherapie der DGPs, Dresden, Germany.
- Mack, S. & Jacobi, F. (2015, 15.05.). Beeinträchtigungsprofile und Hilfesuchverhalten: Wer nimmt Psychotherapie in Anspruch? (DEGS1-MH). Paper presented at the 9. Workshopkongress für Klinische Psychologie und Psychotherapie & 33. Symposium der Fachgruppe Klinische Psychologie und Psychotherapie der DGPs, Dresden, Germany.
- Muehlhan, M. (2015, 09.10.). Angst und Sucht aus neurobiologischer Perspektive. Paper presented at the 3. Aktionstage zur seelischen Gesundheit. Diakonisches Werk, Dresden, Germany.
- Muehlhan, M., Kirschbaum, C., Wittchen, H.-U. & Alexander, N. (2015, 15.05.). Auswirkungen der Serotonintransporter Methylierung auf die funktionelle Kopplung großer Hirnnetzwerke (large-scale brain networks). Paper presented at the 9. Workshopkongress für Klinische Psychologie und Psychotherapie & 33. Symposium der Fachgruppe Klinische Psychologie und Psychotherapie der DGPs, Dresden, Germany.
- Paul, S., Wittchen, H.-U. & Bühringer, G. (2015, 15.05.). Kognitive Basisfunktionen und deren Beeinträchtigung bei Alkoholabhängigen und Kontrollprobanden. Paper presented at the 9. Workshopkongress für Klinische Psychologie und Psychotherapie & 33. Symposium der Fachgruppe Klinische Psychologie und Psychotherapie der DGPs, Dresden, Germany.
- Petzold, J. (2015, 24.01.). Hilfe, ich habe ein Schreibaby! - Welche Rolle spielen mütterliche Angst- und depressive Störungen bei exzessivem Säuglingsschreien?. Paper presented at the Veranstaltungsreihe "Psychologie am Samstag", TU Dresden, Dresden, Germany.
- Petzold, J. & Martini, J. (2015, 14.-16.05.). Mütterliche Angst- und depressive Störungen vor der Schwangerschaft als Risikofaktoren für frühkindliche Regulationsstörungen. Paper presented at the 9. Workshopkongress für Klinische Psychologie und Psychotherapie & 33. Symposium der Fachgruppe Klinische Psychologie und Psychotherapie der DGPs, Dresden, Germany.
- Petzold, J., Wittchen, H.-U. & Martini, J. (2015, 04.-07.03.). Mütterliche Angst- und depressive Störungen in der Peripartalzeit als Prädiktoren für frühkindliche Regulationsstörungen. Paper presented at the 34. DGKJP Kongress, München, Germany.
- Petzold, J., Wittchen, H.-U. & Martini, J. (2015, 14.05.). Mütterliche Angst- und depressive Störungen in der Peripartalzeit als Prädiktoren für frühkindliche Regulationsstörungen. Paper presented at the 9. Workshopkongress für Klinische Psychologie und Psychotherapie & 33. Symposium der Fachgruppe Klinische Psychologie und Psychotherapie der DGPs, Dresden, Germany.
- Pieper, L., Voss, C. & Hoyer, J. (2015). Dresden Behavior and Mind Health Study (BeMIND) – Project presentation. Paper presented at the Research colloquium of the Institution of Clinical Psychology and Psychotherapy, TU Dresden, Dresden, Germany.
- Pittig, A. (2015, 13.-16.05.). Decision conflicts in anxiety: Entscheidungskonflikte bei Angst - Was die experimentelle Psychopathologie von der therapeutischen Praxis lernen sollte. Paper presented at the 9. Workshopkongress für Klinische Psychologie und Psychotherapie & 33. Symposium der Fachgruppe Klinische Psychologie und Psychotherapie der DGPs, Dresden, Germany.
- Pittig, A. (2015, 14.05.). Motivationale Konflikte und Entscheidungen bei Angststörungen. Paper presented at the 9. Workshopkongress für Klinische Psychologie und Psychotherapie & 33. Symposium der Fachgruppe Klinische Psychologie und Psychotherapie der DGPs, Dresden, Germany.
- Pittig, A. & Bublatzky, F. (2015, 04.-06.05.). Avoidant versus goal-directed decisions in the presence of instructed fear cues. Paper presented at the 7th European Meeting on Human Fear Conditioning, Bochum, Germany.
- Pittig, A., Niles, A. & Craske, M. G. (2015, 15.05.). Acceptance-Commitment Therapie oder kognitive Verhaltenstherapie

- bei sozialer Phobie: was wirkt bei wem?. Paper presented at the 9. Workshopkongress für Klinische Psychologie und Psychotherapie & 33. Symposium der Fachgruppe Klinische Psychologie und Psychotherapie der DGPs, Dresden, Germany.
- Rapp, M., Schad, D., Huys, Q. J. M., Jünger, E., Paul, S., Schlagenhaut, F., Wittchen, H.-U. & Smolka, M. N. (2015, 15.05). Zur Erfassung von Gewohnheitsbildung und Belohnungslernen. Paper presented at the 9. Workshopkongress für Klinische Psychologie und Psychotherapie & 33. Symposium der Fachgruppe Klinische Psychologie und Psychotherapie der DGPs, Dresden, Germany.
- Rodehacke, S., Paul, S., Smolka, M. N. & the IMAGEN consortium. (2015, 28.08.). Development of personality traits associated with liability to substance abuse throughout adolescence. Paper presented at the European Meeting of the International Society for Research on Impulsivity, Amsterdam, The Netherlands.
- Schäfer, J., Höfler, M., Wittchen, H.-U., Zimmermann, P. & Schönfeld, S. (2015, 31.08.-03.09.). Attentional bias and posttraumatic stress symptom severity: A dynamic perspective in a prospective longitudinal study among an at-risk sample. Paper presented at the European Association of Behavioral and Cognitive Therapies Congress (EABCT), Jerusalem, Israel.
- Schäfer, J. & Muehlhan, M. (2015, 14.-16.05.). Von der Vulnerabilität bis zur Störung: Biologische und kognitive Determinanten von Traumafolgen. Paper presented at the 9. Workshopkongress für Klinische Psychologie und Psychotherapie & 33. Symposium der Fachgruppe Klinische Psychologie und Psychotherapie der DGPs, Dresden, Germany.
- Schäfer, J., Wittchen, H.-U., Höfler, M. & Schönfeld, S. (2015, 15.05.). Resilienz bei Soldaten: Assoziationen mit Emotionsregulation und Aufmerksamkeitskontrolle. Paper presented at the 9. Workshopkongress für Klinische Psychologie und Psychotherapie & 33. Symposium der Fachgruppe Klinische Psychologie und Psychotherapie der DGPs, Dresden, Germany.
- Schäfer, J., Zvielli, A., Bernstein, A., Höfler, M., Wittchen, H.-U. & Schönfeld, S. (2015, 25.-28.11.). Aufmerksamkeitsverzerrungen als dynamischer Prozess in der Entstehung und Aufrechterhaltung der posttraumatischen Belastungsstörung: Ergebnisse einer prospektiven Längsschnittstudie. Paper presented at the DGPPN Kongress, Berlin, Germany.
- Schierz, K. & Hoyer, J. (2015, 16.05.). Wie unterscheidet man sexuelle Probleme und sexuelle Funktionsstörungen? Das Strukturierte Interview für Sexuelle Funktionsstörungen nach DSM-5 (SISEX). Paper presented at the 9. Workshopkongress für Klinische Psychologie und Psychotherapie & 33. Symposium der Fachgruppe Klinische Psychologie und Psychotherapie der DGPs, Dresden, Germany.
- Schmidt, A. F., Hoyer, J. & Banse, R. (2015, 16.05). Pädophile sexuelle Interessen und Risikofaktoren sexuellen Kindesmissbrauchs in der männlichen Allgemeinbevölkerung – eine Studie mit Selbstberichts- und reaktionszeitgestützten Maßen. Paper presented at the 9. Workshopkongress für Klinische Psychologie und Psychotherapie & 33. Symposium der Fachgruppe Klinische Psychologie und Psychotherapie der DGPs, Dresden, Germany.
- Schönfeld, S. (2015, 14.05.). The role of peritraumatic encoding in the development of PTSD symptoms. Paper presented at the 9. Workshopkongress für Klinische Psychologie und Psychotherapie & 33. Symposium der Fachgruppe Klinische Psychologie und Psychotherapie der DGPs, Dresden, Germany.
- Schönfeld, S., Schäfer, J., Höfler, M. & Wittchen, H.-U. (2015, 31.08.-03.10.). Identifying cognitive-emotional risk factors for mental health problems after combat exposure and trauma experience in the German military. Paper presented at the European Association of Behavioral and Cognitive Therapies Congress (EABCT), Jerusalem, Israel.
- Schweden, T. (2015, 25.-28.03). Wirkung von kognitiver Therapie auf Depersonalisations- und Derealisationssymptome bei Sozialer Phobie. Paper presented at the Deutscher Kongress für Psychosomatische Medizin und Psychotherapie, Berlin, Germany.
- Slecza, P., Braun, B., Grüne, B., Kraus, L. & Bühringer, G. (2015, 16.-18.03.). Young men gambling. What and why?. Paper presented at the 2nd International Conference on Behavioural Addictions, Budapest, Hungary.
- Slecza, P., Grüne, B., Braun, B., Bühringer, G. & Kraus, L. (2015). Young Men Gambling: The role of the family, 18th Conference of the European Association of Substance Abuse Research (EASAR). Bangor, UK.
- Steudte-Schmiedgen, S., Stalder, T., Schönfeld, S., Wittchen, H.-U., Trautmann, S., Alexander, N. & Kirschbaum, C. (2015). Haarcortisol-Konzentrationen und Cortisol Stress Reaktivität sagen PTBS-Symptome nach traumatischen Ereignissen vorher: Ergebnisse einer prospektiven Längsschnittstudie mit Soldaten vor und nach dem Auslandseinsatz in Afghanistan. Paper presented at the 9. Workshopkongress für Klinische Psychologie und Psychotherapie & 33. Symposium der Fachgruppe Klinische Psychologie und Psychotherapie der DGPs, Dresden, Germany.
- Thurm, F., Schuck, N. W., Stankevich, Y., Evens, R., Fauser, M., Riedel, O., Storch, A., Lueken, U. & Li, S.-C. (2015, 14.05.). Dopaminergem Einfluss auf die striatal-hippocampal-basierte räumliche Lern- und Gedächtnisleistung bei Patienten mit idiopathischem Parkinson-Syndrom. Paper presented at the 9. Workshopkongress für Klinische Psychologie und Psychotherapie & 33. Symposium der Fachgruppe Klinische Psychologie und Psychotherapie der DGPs, Dresden, Germany.
- Trautmann, S. (2015, 05.12.). Folgen militärischer Einsätze in Konfliktregionen für die psychische Gesundheit von Soldaten: Where facts meet fiction. Paper presented at the Veranstaltungsreihe "Psychologie am Samstag", TU Dresden, Dresden, Germany.
- Trautmann, S. (2015 15.05.). Risiko- und Schutzfaktoren einsatzbezogener psychischer Störungen. Paper presented at the 9. Workshopkongress für Klinische Psychologie und Psychotherapie & 33. Symposium der Fachgruppe Klinische Psychologie und Psychotherapie der DGPs, Dresden, Germany.
- Vollert, B., Beintner, I. & Jacobi, C. (2015, 25.-28.11.). every-Body - maßgeschneiderte Online-Prävention von Essstörungen und ernährungsbedingten Erkrankungen in der Allgemeinbevölkerung. Ergebnisse einer Pilotstudie. Paper presented at the DGPPN Kongress, Berlin, Germany.
- Westphal, D. & Hoyer, J. (2015, 05.10.). Alle haben Ängste. Paper presented at the 3. Aktionstag zur seelischen Gesundheit, Dresden, Germany.
- Westphal, D. & Hoyer, J. (2015, 05.10.). Wenn die Angst zur Störung wird. Paper presented at the 3. Aktionstag zur seelischen Gesundheit, Dresden, Germany.
- Wieder, G., Weusthoff, S., Hahlweg, K. & Einsle, F. (2015, 14.05.). Die Stimmgrundfrequenz im Gedankenexperiment - wichtig für den Erfolg der Expositionstherapie?. Paper presented at the 9. Workshopkongress für Klinische Psychologie und Psychotherapie & 33. Symposium der Fachgruppe Klinische Psychologie und Psychotherapie der DGPs, Dresden, Germany.
- Wiltink, J., Hoyer, J., Ruckes, C., Joraschky, P., Leichsenring, F., Leweke, F., Pöhlmann, K. & Beutel, M. E. (2015, 03.). Transfer von manualisierter psychodynamischer Kurzzeittherapie (STPP) der Sozialen Phobie in die klinische Routine. Paper presented at the Deutschen Psychosomatik Kongress, Potsdam, Germany.
- Wittchen, H.-U. (2015, 24.09.). Ausmaß, Belastungen und Kosten der Depression in Deutschland sowie Ansätze zur Förderung der psychischen Gesundheit am Arbeitsplatz. Paper presented at the Psychische Gesundheit 2030, Berlin, Germany.
- Wittchen, H.-U. (2015, 13.05.). Bedeutung kognitiver Dysfunktionen bei Depression – Definition – Bedeutung - Konzepte. Paper presented at the 9. Workshopkongress für Klinische Psychologie und Psychotherapie & 33. Symposium der Fachgruppe Klinische Psychologie und Psychotherapie der DGPs, Dresden, Germany.
- Wittchen, H.-U. (2015, 24.02.). Clinical epidemiology of some major psychiatric disorders in function of stress/ resilience. Paper presented at the Psychopathology in the time of global crisis: Stress, vulnerability and resilience, Mailand, Italy.
- Wittchen, H.-U. (2015, 22.04.). Definition und Klassifikation psychischer Störungen: Was hat sich mit DSM-5 geändert?. Paper presented at the Bühlerkolloquium, TU Dresden, Dresden, Germany.

- Wittchen, H.-U. (2015, 13.02.). Demografische Entwicklung und psychische Störungen: Auswirkungen auf den Versorgungsbedarf. Paper presented at the AG Personalausstattung Psychiatrie und Psychosomatik des Gemeinsamen Bundesausschuss, Berlin, Germany.
- Wittchen, H.-U. (2015, 10.02.). Effects of cognitive training – interventions for cognitive dysfunction in depression. Paper presented at the THINC Expert Community Meeting, Vienna, Austria.
- Wittchen, H.-U. (2015, 16.10.). Global mental health. Paper presented at the Kongress Intl. Neuroethics Society, Chicago.
- Wittchen, H.-U. (2015, 16.03.). Kongresseröffnungsvortrag. Paper presented at the Kongress für Rehabilitationsforschung, Augsburg, Germany.
- Wittchen, H.-U. (2015, 14.05.). Optimierte Behandlungen bei Angststörungen - Zentrale Konzepte und ihr Transfer in der Versorgung. Paper presented at the 9. Workshopkongress für Klinische Psychologie und Psychotherapie & 33. Symposium der Fachgruppe Klinische Psychologie und Psychotherapie der DGPs, Dresden, Germany.
- Wittchen, H.-U. (2015, 13.-15.05.). Planung erfolgreicher Expositionstherapie bei Angst. Paper presented at the 9. Workshopkongress für Klinische Psychologie und Psychotherapie Psychotherapie & 33. Symposium der Fachgruppe Klinische Psychologie und Psychotherapie der DGPs, Dresden, Germany.
- Wittchen, H.-U. (2015k, 24.09.). Psychische Störungen in Deutschland: Ausmaß und Größe des Problems und der Bezug zur Arbeitswelt. Paper presented at the Psychische Gesundheit 2030, Berlin, Germany.
- Wittchen, H.-U. (2015l). Veränderungen in der Klassifikation. Paper presented at the Kongress für Suchtmedizin, München, Germany.
- Wittchen, H.-U. (2015m). Warum werden Angsterkrankungen so oft gar nicht oder nur unzureichend behandelt?, Auftaktveranstaltung für Protect-AD. Würzburg, Germany.
- Wittchen, H. U. (2015, 14.-16.05.). Definition und Klassifikation psychischer Störungen: Was hat sich mit DSM-5 geändert?. Paper presented at the 9. Workshopkongress für Klinische Psychologie und Psychotherapie & 33. Symposium der Fachgruppe Klinische Psychologie und Psychotherapie der DGPs, Dresden, Germany.
- Wojnar, M., Manthey, J. & Rehm, J. (2015, 23.-25.11.). APC: Alcohol dependence in primary and specialist care in Europe - treatment coverage Paper presented at the Meeting of the WHO Technical Advisory Group on Alcohol and Drug Epidemiology, Geneva, Switzerland.
- Bühringer, G. & Kräplin, A. (2014, 18.01.). Ein Gläschen in Ehren kann niemand verwehren: Alkohol - Zellgift oder Genussmittel?. Paper presented at the Veranstaltungsreihe "Psychologie am Samstag", TU Dresden, Dresden, Germany.
- Bühringer, G., Kräplin, A., Forberger, S., Kraus, L., Neumann, M. & Slecza, P. (2014, 09.-12.09.). Gambling research in ALICE RAP: Consequences for research needs. Paper presented at the EASG Conference Helsinki, Finland.
- Bühringer, G., Neumann, M., Kräplin, A., Slecza, P., Forberger, S., Grüne, B. & Kraus, L. (2014, 26.11.). Glücksspielen: Warum wird aus einem Freizeitspaß eine psychische Störung?. Paper presented at the Bayerische Akademie für Sucht- und Gesundheitsfragen (BAS), Augsburg, Germany.
- Furka, N., Lochmann, E. & Hoyer, J. (2014, 29.-31.05.). Ein Gruppentherapieprogramm zur Verhaltensaktivierung bei Depressionen. Paper presented at the 32. Symposium der Fachgruppe für Klinische Psychologie und Psychotherapie der Deutschen Gesellschaft für Psychologie (DGPs), Braunschweig, Germany.
- Gual, A. & Rehm, J. (2014, 01.-02.12.). Alcohol dependence in primary and specialized care in Europe – the APC study. Paper presented at the 6th International Scientific Nalmefene Advisory Board, Frankfurt, Germany.
- Härtling, S. (2014, 28.-30.03.). Kurzzeitgruppentherapie bei Errötungsangst. Paper presented at the 28. DGVT Kongress für Klinische Psychologie, Psychotherapie und Beratung, Berlin, Germany.
- Härtling, S. (2014, 02.-06.05.). Störungsspezifische Verhaltenstherapie in Gruppen: Das Beispiel Errötungsangst. Paper presented at the 106. Verhaltenstherapiewoche, Dresden, Germany.
- Heinrich, A., Knappe, S. & Wittchen, H.-U. (2014, 26.-29.11.). Wie häufig leiden Soldaten mit und ohne Auslandseinsatz an Schlafproblemen? Ergebnisse der PID-PTSD+3-Studie. Paper presented at the Kongress der Deutschen Gesellschaft für Psychiatrie und Psychotherapie, Psychosomatik und Nervenheilkunde, Berlin, Germany.
- Hoyer, J. (2014). Sexuelle Funktionsstörungen: Wann und warum Psychotherapie hilft. Paper presented at the TU Universität Braunschweig, Braunschweig, Germany.
- Hoyer, J. (2014, 12.). Sexuelle Funktionsstörungen: Wann und warum Psychotherapie wirkt. Paper presented at the Expertenkolloquium Psychotherapie und Psychotherapieforschung, Trier, Germany.
- Hoyer, J. (2014, 10.). Stellenwert einer adäquaten Diagnostik: Wie wichtig ist richtiges Diagnostizieren?. Paper presented at the Ostdeutsche Psychotherapeutenkammer, Dresden, Germany.
- Hoyer, J. (2014, 20.09.). Wie sind Angststörungen zu behandeln? Einsichten aus der Psychotherapieforschung. Paper presented at the 3. Tagung Psychotherapie-State-of-the-Art DGVT Fort- und Weiterbildung, Potsdam, Germany.
- Hoyer, J., Möser, M., Crawcour, S., Ginzburg, D., Leibing, E. & Stangier, U. (2014, 09.). Treating social anxiety disorder in routine practice: How successful are licensed psychotherapists with or without additional manual training?. Paper presented at the European Association of Behavioral and Cognitive Therapies Congress (EABCT), Den Haag, The Netherlands.
- Jahnke, S., Schmidt, A. & Hoyer, J. (2014, 07.). The framework for the effects of stigma against people with pedophilia: Empirical evidence for the link between stigma and risk factors for child sexual abuse. Paper presented at the 10th Summer Conference Research in Forensic Psychiatry, Regensburg, Germany.
- Knappe, S. (2014, 18.06.). Familiäre Transmission psychischer Störungen. Paper presented at the Charité, Berlin, Germany.
- Knappe, S. (2014 30.09.). Stellenwert einer adäquaten Diagnostik: Wie wichtig ist richtiges Diagnostizieren?. Paper presented at the Ostdeutsche Psychotherapeutenkammer, Erfurt, Germany.
- Knappe, S. (2014, 03.09.). Stellenwert einer adäquaten Diagnostik: Wie wichtig ist richtiges Diagnostizieren? Ostdeutsche Psychotherapeutenkammer. Paper presented at the Ostdeutsche Psychotherapeutenkammer, Rostock, Germany.

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Asselmann, E. (2014, 15.11.). Die Rolle von Paniksymptomen für Psychische Störungen. Paper presented at the Veranstaltungsreihe "Psychologie am Samstag", TU Dresden, Dresden, Germany.

Asselmann, E., Wittchen, H.-U., Lieb, R., Höfler, M. & Beesdo-Baum, K. (2014, 17.-20.09.). Verändert Hilfesuchen das Risiko für inzidente psychische Störungen bei Personen mit Fearful spells oder Panikattacken? Eine prospektiv-longitudinale Studie bei Jugendlichen und jungen Erwachsenen. Paper presented at the 9. Jahrestagung der Deutschen Gesellschaft für Epidemiologie (DGEpi), Ulm, Germany.

Beesdo-Baum, K. (2014, 22.10.). Separation anxiety disorder: Findings from general population studies. Paper presented at the 27th Congress of the European College in Neuropsychopharmacology (ECNP), Berlin, Germany.

Behrendt, S. & Kräplin, A. (2014, 31.09.-02.10.). Leistungen im komplexen prospektiven Gedächtnis bei jungen Rauchern mit Störungsdurch Tabakkonsum nach DSM-V. Paper presented at the Deutscher Suchtkongress, Berlin, Germany.

Bühringer, G., Böhle, N., Kräplin, A., Slecza, P. & Neumann, M. (2014, 09.-12.09.). Early identification and intervention by significant others: A further approach for indicative prevention of gambling disorders?. Paper presented at the EASG Conference Helsinki, Finland.

- Kohlmann, A. (2014, 22.11.). Alkoholprobleme bei Älteren - Herausforderungen und Möglichkeiten der Behandlung. Paper presented at the Veranstaltungsreihe "Psychologie am Samstag", TU Dresden, Dresden, Germany.
- Kohlmann, A., Behrendt, S. & Bühringer, G. (2014). What types of resources are associated with successful outcomes of alcohol treatment in different age groups? A literature review. Paper presented at the 17th Conference of the European Association of Substance Abuse Research (EASAR), Lüneburg, Germany.
- Lueken, U. (2014). International master in affective neuroscience. Paper presented at the 2014 Summer Course on Fear, Anxiety, Obsessions & Trauma, Florence, Italy.
- Lueken, U., Hahn, T., Straube, B., Wittchen, H.-U., Wittmann, A., Ströhle, A., Pfeleiderer, B., Arolt, V., Reif, A. & Kircher, T. (2014, 18.-21.10.). Developing fMRI markers for individual response prediction in panic disorder with agoraphobia: A machine-learning approach. Paper presented at the 27th Congress of the European College in Neuropsychopharmacology (ECNP), Berlin, Germany.
- Neumann, M., Behrendt, S. & Bühringer, G. (2014, 05.). The role of non-cannabis substance use and -disorders in the natural course of cannabis use and cannabis use disorders. Paper presented at the 17th Conference of the European Association of Substance Abuse Research (EASAR), Lüneburg, Germany.
- Paul, S., Bühringer, G. & Noack, R. (2014, 21.-25.09.). Cannabis-Konsummotive sind assoziiert mit DSM-5 Cannabis Use Disorder. Entwicklung und diagnostische Überprüfung des CANUM-G Motivfragebogens an einer deutschen Studententischprobe. Paper presented at the 49. Kongress der Deutschen Gesellschaft für Psychologie (DGPs), Bochum, Germany.
- Pérez Miguel, A., Braun, B., Bühringer, G. & Pfeiffer-Gerschel, T. (2014, 15.-18.05.). Alcohol use and alcohol-use disorders among older adults in Germany: A literature review. Paper presented at the 17th Conference of the European Association of Substance Abuse Research (EASAR) Lüneburg, Germany.
- Petzoldt, J., Wittchen, H.-U. & Martini, J. (2014, 10.-12.09.). Maternal anxiety and depressive disorders prior to pregnancy predict infant insomnia disorder. Paper presented at the Marche-Tagung, Symposium "Stress and sleep in peripartum", Swansea, UK.
- Petzoldt, J., Wittchen, H.-U. & Martini, J. (2014, 26.-29.11.). Zusammenhänge zwischen mütterlichen Angst- und depressiven Störungen mit frühkindlichen Schlafstörungen. Paper presented at the Deutsche Gesellschaft für Psychiatrie, Psychotherapie und Nervenheilkunde (DGPPN) Kongress, Berlin, Germany.
- Reif, A., Straube, B., Richter, J., Lueken, U., Wittchen, H.-U., Hamm, A., Kircher, T. & Deckert, J. (2014, 18.-21.10.). Mechanisms of fear: The role of MAOA and 5-HT1a. Paper presented at the 27th Congress of the European College in Neuropsychopharmacology (ECNP), Berlin, Germany.
- Schäfer, J., Wittchen, H.-U., Höfler, M., Trautmann, S., Heinrich, A., Zimmermann, P. & Schönfeld, S. (2014, 26.-29.11.). Assoziationen zwischen Aufmerksamkeitskontrolle, Traumadosis und depressiven Symptomen. Paper presented at the Deutsche Gesellschaft für Psychiatrie, Psychotherapie und Nervenheilkunde (DGPPN), Berlin, Germany.
- Trautmann, S. (2014, 22.-24.03.). PTBS, andere psychische Störungen und deren Prädiktoren: Eine Kohortenstudie an Soldaten mit Auslandseinsätzen. Paper presented at the 16. Jahrestagung der Deutschsprachigen Gesellschaft für Psychotraumatologie (DeGPT), Hamburg, Germany.
- Trautmann, S. (2014, 20.-22.03.). Substanzkonsum, Substanzstörungen und ihre Assoziation zu psychischen Störungen im Rahmen von Auslandseinsätzen. Paper presented at the 16. Jahrestagung der Deutschsprachigen Gesellschaft für Psychotraumatologie (DeGPT), Hamburg, Germany.
- Trautmann, S., Schönfeld, S., Behrendt, S., Höfler, M., Zimmermann, P. & Wittchen, H.-U. (2014, 21.-24.05.). Substance use and substance use disorders in recently deployed and never deployed soldiers. Paper presented at the 17th European Psychiatric Association (EPA), Ulm, Germany.
- Westphal, D. (2014, 23.-26.11.). Die Effekte interozeptiver Exposition bei der Behandlung von Panikstörung mit Agoraphobie. Paper presented at the DGPPN Kongress (Deutsche Gesellschaft für Psychiatrie und Psychotherapie, Psychosomatik und Nervenheilkunde), Berlin, Germany.
- Wittchen, H.-U. (2014, 13.11.). Arbeit als Ressource oder Risiko: Eine neurobiologisch fundierte Perspektive. Paper presented at the Medica Education Conference, Symposium: Psychische Störungen und Burnout, Düsseldorf, Germany.
- Wittchen, H.-U. (2014, 25.11.2014). Carrying the weight – the burden of depression and key trends. Paper presented at the Global Crisis of Depression, London, UK.
- Wittchen, H.-U. (2014, 16.09.). DSM-5: Changes in anxiety disorders. Paper presented at the WPA Congress, DSM-5-Symposium, Madrid, Spain.
- Wittchen, H.-U. (2014, 09.01.). Einführungsvortrag Innensichten psychischer Erkrankungen. Paper presented at the Hygiene Museum Dresden, Dresden, Germany.
- Wittchen, H.-U. (2014, 29.10.). Epidemiologie und Versorgungsrealität - Sachstand aus Sicht der Wissenschaft Paper presented at the Fachtagung zur psychiatrisch/neurologischen Versorgungssituation von Patienten mit Multipler Sklerose, Schizophrenie, Demenz, Berlin, Germany.
- Wittchen, H.-U. (2014, 23.-26.11.). Expositionstherapie bei Angsterkrankungen: Mehr als nur die Angst aushalten. Paper presented at the DGPPN Kongress, Berlin, Germany.
- Wittchen, H.-U. (2014, 15.05.). Gesundheitspolitischer Thinktank Exzellenzforum Psychische Versorgung. Paper presented at the Dinner-Speech, Berlin, Germany.
- Wittchen, H.-U. (2014, 20.02.). Haben psychische Störungen in Deutschland zugenommen? Eine kritische Analyse der Morbiditätsentwicklung unter Berücksichtigung von „burn-out“ Syndromen. Paper presented at the Expertengespräch Bertelsmann Stiftung "Leistungsdruck und Freizeitstress: Lebens- und Karriereplanung in der (Dauer-)Krise?", Berlin, Germany.
- Wittchen, H.-U. (2014, 15.05.). Herausforderungen und Perspektiven in der Versorgung psychischer Erkrankungen. Paper presented at the Gesundheitspolitischer Thinktank Exzellenzforum Psychische Versorgung, Berlin, Germany.
- Wittchen, H.-U. (2014, 23.05.). Incidence, course and predictors of deployment-related mental disorders. Paper presented at the European Psychiatric Association (EPA), Ulm, Germany.
- Wittchen, H.-U. (2014, 23.05.). The individual and society burden of mental disorders: Consequences for a public health research agenda. Paper presented at the European Psychiatric Association (EPA) Kongress, Ulm, Germany.
- Wittchen, H.-U. (2014, 14.05.). Medikamentenmissbrauch und Medikamentenabhängigkeit basierend auf DEGS1-MH. Paper presented at the Expertengespräch mit Bundesministerium für Gesundheit, Berlin, Germany.
- Wittchen, H.-U. (2014, 24.06.). Prevalence and incidence of mental disorders among German soldiers deployed to Afghanistan: Increased risk of post-traumatic stress disorder (PTSD) or of mental disorders in general?. Paper presented at the Jahrestagung des MCI (NATO), Budapest, Hungary.
- Wittchen, H.-U. (2014, 26.03.). Psychische Störungen und Psychotherapie in Deutschland – Die Zeit für eine konzertierte Aktion ist gekommen. Paper presented at the 28. DGVT Kongress für Klinische Psychologie, Psychotherapie und Beratung, Berlin, Germany.
- Wittchen, H.-U. (2014, 23.05.). Rates of mental disorders among German soldiers deployed to Afghanistan. Paper presented at the European Psychiatric Association (EPA) Kongress, Ulm, Germany.
- Wittchen, H.-U. (2014, 04.09.). Von DSM-IV zu DSM-5 - Was gibt es Neues?. Paper presented at the Symposium, Meiringen, Schweiz.
- Wittchen, H.-U., Heinig, I. & van den Berg, L. (2014, 26.-29.11.). Optimierte Extinktionslernen bei Angststörungen: Outcomes, Mediatoren und Moderatoren von Expositionstherapie. Paper presented at the DGPPN Kongress 2014, Forschungsnetz zu Psychischen Erkrankungen, Berlin, Germany.

Posterpräsentationen auf Tagungen und Kongressen

2017

- Behrendt, S., Bühringer, G., Höfler, M., Lieb, R. & Beesdo-Baum, K. (2017, 17.-22.06.). Prediction of alcohol use disorder onset by latent internalizing psychopathology risk profiles in adolescence and young adulthood. Paper presented at the 79th Annual Scientific Meeting CPDD Montréal, Canada.
- Bosch, J. A., Herr, R. M., Schmidt, B., Loerbroks, A., Schmidt, N., März, W., van Dis, H. & Wittchen, H.-U. (2017, 05.). Dispositional optimism predicts inflammation cross-sectional and longitudinal analyses. Paper presented at the 75th Annual Scientific Meeting, Sevilla, Spain.
- Glaesmer, H., Bokemeyer, C., Friedrich, M., Faller, H., Brähler, E., Härter, M., Keller, M., Schulz, H., Weiss, J., Wittchen, H.-U., Koch, U. & Mehnert, A. (2017, 22.-24.03). Prävalenz und Risikofaktoren von Suizidgedanken bei Krebspatienten verschiedener Tumorentitäten und Krankheitsstadien – Ergebnisse einer multizentrischen epidemiologischen Studie. Paper presented at the Deutscher Kongress für Psychosomatische Medizin und Psychotherapie, Berlin, Germany.
- Hartung, T., Brähler, E., Faller, H., Friedrich, M., Härter, M., Keller, M., Koch, U., Löwe, B., Schulz, H., Weiss, J., Wittchen, H.-U. & Mehnert, A. (2017, 22.-24.03). Depression bei Menschen mit Krebs: Wie gut sind etablierte Screeninginstrumente?. Paper presented at the Deutscher Kongress für Psychosomatische Medizin und Psychotherapie, Berlin, Germany.
- Hoyer, J., Čolić, J., Pittig, A., Ginzburg, D., Wiltink, J., Leibing, J. & Stangier, U. (2017, 22.-25.06.). Manualized CT vs. usual CBT treatment for social anxiety disorder in a practice setting. Paper presented at the 47th SPR International Annual Meeting, Jerusalem, Israel.
- Kuitunen-Paul, S. & Roerecke, M. (2017). Alcohol use disorders identification test (AUDIT) and mortality risk in U.S. veterans and international populations: A systematic review and meta-analysis, The Lisbon Addictions 2017 Congres. Lissabon, Portugal.
- Nebe, S., Bernhardt, N., Sebold, M., Kuitunen-Paul, S., Krömer, N. B., Heinz, A. & Smolka, M. N. (2017, 16.06.). Alcohol consumption, value-based decision making and behavioral control in young adult social drinkers. Paper presented at the Tagung "Psychologie und Gehirn" der Fachgruppe Biologische und Neuropsychologie der Deutschen Gesellschaft für Psychologie, Trier, Germany.
- Seidel, E., Pieper, L., Venz, J., Voss, C., Hoyer, J., Frech, C. & Beesdo-Baum, K. (2017, 15.-17.06.). Anxiety and volition in ecological momentary assessment. Paper presented at the 5th Biennial Conference of the Society for Ambulatory Assessment, 5th Biennial Conference of the Society for Ambulatory Assessment.
- van Dis, H., Bosch, J. A., de Jong, F., Schmidt, B. & Wittchen, H.-U. (2017, 05.). Polypharmacy en mental health in primary care. Paper presented at the 75th Annual Scientific Meeting, Sevilla, Spain.
- Voss, C., Venz, J., Pieper, L., Frech, C., Hoyer, J. & Beesdo-Baum, K. (2017, 05.-08.09.). Hilfesuche bei Jugendlichen und jungen Erwachsenen mit selbstverletzendem Verhalten. Paper presented at the Gemeinsame Jahrestagung der DGEpi, der DGMS und der DGSMP, Lübeck, Germany.
- ity disorder in routine clinical practice: a comparison between manualized cognitive therapy and individualized cognitive-behavioral treatment-as-usual. Paper presented at the 46th European Association of Behavioural and Cognitive Therapies Congress, Stockholm, Sweden.
- Čolić, J., Stangier, U., Leibing, E. & Hoyer, J. (2016, 10.). Transfer of manualized CBT for social phobia into routine clinical practice: Does it lead to faster remission?. Paper presented at the Conference "Current Trends in Psychology", Novi Sad, Serbia.
- Čolić, J., Wiltink, J., Leichsenring, F., Leibing, E., Sarnowsky, S. & Hoyer, J. (2016, 22.-25.06.). Early and late response after psychotherapy for social anxiety disorder. Paper presented at the 47th Annual Conference of the Society for Psychotherapy Research, Jerusalem, Israel.
- Dudek, A. M., Beintner, I., Emmerich, O. L. M., Vollert, B., Schmidt-Hantke, J., Taylor, C. B. & Jacobi, C. (2016, 07.-09.04.). everybody – adherence to tailored online health promotion and eating disorder prevention in women: Results of a pilot study. Paper presented at the 8th Scientific Meeting of the International Society for Research on Internet Interventions (ISRII), Seattle, USA.
- Hausler, T., Neufeld, M., Rehm, J., Kuballa, T. & Lachenmeier, D. W. (2016, 07.-10.06.). Nontargeted NMR analysis to detect hazardous substances like methanol and formic acid in unrecorded alcohol from Russia. Paper presented at the XII International Conference on the Applications of Magnetic Resonance in Food Science, Karlsruhe, Germany.
- Hoyer, J., Sarnowsky, S., Leibing, E. & Leichsenring, F. (2016, 06.). Predicting relapse after psychotherapy for social anxiety disorder. Paper presented at the SPR, Jerusalem, Israel.
- Jacobi, C., Vollert, B., Hütter, K., von Bloh, P., Eiterich, N., Wilfley, D. E. & Taylor, C. B. (2016, 27.-29.10.). Efficacy of an Internet-based prevention program for women with subclinical anorexia nervosa. Paper presented at the 22nd Annual Eating Disorders Research Society Meeting, New York City, USA.
- Knothe, L., Venz, J., Einsle, F., Knappe, S. & Beesdo-Baum, K. (2016, 18.-22.09.). Häufigkeit und Erkennen der Generalisierten Angststörung in der primärärztlichen Versorgung. Paper presented at the 50. Kongress der Deutschen Gesellschaft für Psychologie, Leipzig, Germany.
- Kuitunen-Paul, S., Kuipers, L. Y., Scheffel, C., Kroemer, N. B., Wuttig, F., Smolka, M. N. & Bühringer, G. (2016). Jung, weiblich, einsam und stark abhängig? Zur Relevanz bekannter Rückfall-Prädiktoren in der ambulanten Tabakentwöhnung. 50. Kongress der Deutschen Gesellschaft für Psychologie (DGPs), Leipzig, Germany.
- Muehlhan, M. & Alexander, N. (2016, 26.-30.06.). Amygdaloid functional network architecture varies with epigenetic changes in the FKBP5 gene. Paper presented at the 22nd Annual Meeting of the Organization for Human Brain Mapping (OHBM), Geneva, Switzerland
- Nacke, B., Beintner, I., Reinhardt, A.-K. & Jacobi, C. (2016, 27.-29.10.). Detecting eating disorders in large scale eating disorder prevention programs - Validation of an online eating disorder screening algorithm. Paper presented at the 22nd Annual Eating Disorders Research Society Meeting, New York City, USA.
- Nacke, B., Beintner, I., Wilfley, D. E. & Jacobi, C. (2016, 09.). everybody – Tailored online health promotion and eating disorder prevention for women. Paper presented at the ESRII, Bergen, Norway.
- Nacke, B., Beintner, I., Wilfley, D. E., Taylor, C. B. & Jacobi, C. (2016, 07.-09.04.). everybody – Tailored online health promotion and eating disorder prevention for women. Paper presented at the 8th Scientific Meeting of the International Society for Research on Internet Interventions (ISRII), Seattle, USA.
- Neidenbach, R. C., Pieper, L., Sanftenberg, L., Schelling, J., Nagdyman, N., Ewert, P. & Kaemmerer, H. (2016, 10.). Clarification of the care situation of adults with congenital heart defects (EMAH) by general practitioners/ General practitioners or general practitioners: The physician's view. Paper presented at the DGK Herztage, Berlin, Germany.
- Perkonig, A., Günther, A., Bühringer, G. & Wittchen, H.-U. (2016, 05.). Onset and natural course of alcohol use and dependence from

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- Awasthi, S., Friedel, E., Wittchen, H.-U., Heinz, A., Walter, H. & Ripke, S. (2016, 30.10.-03.11.). Genome wide association results of alcoholic use disorder patients and healthy controls. Paper presented at the World Congress of Psychiatric Genetics Jerusalem, Israel.
- Čolić, J., Huber, F., Wiltink, J., Leibing, E., Stangier, U. & Hoyer, J. (2016, 31.08.-03.09.). Mediators of psychotherapy for social anx-

- adolescence to adulthood. Paper presented at the 2nd meeting of the German Addiction Research Network, Dresden, Germany.
- Petzold, J., Wittchen, H.-U. & Martini, J. (2016, 29.06.). Specific relations of maternal anxiety and depressive disorders prior to during and after pregnancy and infants' crying, feeding and sleeping problems. Paper presented at the 15th World Congress World Association for Infant Mental Health, Prague, Czech Republic.
- Pieper, L., Venz, J., Hoyer, J., Voss, C., Seibel, L. & Beesdo-Baum, K. (2016, 26.-29.05.). Physical activity improves mood in daily life. Results of an ecological momentary assessment study. Paper presented at the 28th APS Annual Convention, Chicago, USA.
- Pieper, L., Venz, J., Voss, C., Seibel, L., Hoyer, J., von Garnier, M. & Beesdo-Baum, K. (2016, 07.-10.12.). Associations between daily life depressive symptomatology, physical activity and eating behavior in adolescents. Results of the BeMIND study. Paper presented at the ICBM 2016 - International Congress of Behavioral Medicine Melbourne, Melbourne, Australia.
- Pieper, L., Venz, J., Voss, C., Seibel, L., Hoyer, J., von Garnier, M. & Beesdo-Baum, K. (2016, 28.08.-02.09.). Associations between manic symptomatology, physical activity and heart rate variability in daily life. Results of an ecological momentary assessment study in a community sample of adolescents and young adults. Paper presented at the HEC 2016 – Health – Exploring Complexity: An Interdisciplinary Systems Approach; GMDS & DGEpi & IEA-EEF annual meeting, Medical Informatics Europe, München, Germany.
- Pittig, A. & Hoyer, J. (2016). Transfer expositionsbasierter Interventionen: Barrieren in der Routineversorgung. Paper presented at the 34th Symposium of the section Clinical Psychology and Psychotherapy of the German Association for Psychology (DGPs), Bielefeld, Germany.
- Schmidt-Hantke, J., Musiat, P., Beintner, I., Jacobi, C. & Schmidt, U. H. (2016, 07.-09.04.). Overcoming anorexia online – Investigating the effectiveness of a web-based intervention for caregivers of people with anorexia nervosa. Paper presented at the 8th Scientific Meeting of the International Society for Research on Internet Interventions (ISRII), Seattle, USA.
- Schmidt, N., Schmidt, B., Dressel, A., Fraass, U., Gergei, I., Klotsche, J., Pieper, L., Scharnagl, H., Kleber, M. E., März, W., Wittchen, H.-U. & Grammer, T. B. (2016, 05.). Familial hypercholesterolemia in primary care in Germany. Diabetes and cardiovascular risk evaluation: Targets and essential data for commitment of treatment - findings from the DETECT cohort study. Paper presented at the Conference: 84th EAS Congress, Innsbruck, Austria.
- Schulte, C., Liepelt-Scarfone, I., Hagen, C. E., Hauser, A.-K., Brockmann, K., LANDSCAPE Consortium & Mielke, M. M. (2016, 19.-23.06.). Coding and non-coding Glucocerebrosidase variants have an impact on cognitive decline in Parkinson's disease. Paper presented at the 20th International Congress of Parkinson's Disease and Movement Disorders, Berlin, Germany.
- Venz, J., Voss, C., Seibel, L., Pieper, L., Hoyer, J. & Beesdo-Baum, K. (2016, 28.08.-02.09.). A network model for the short-term dynamics of mood states among adolescents and young adults. Paper presented at the HEC 2016 – Health – Exploring Complexity: An Interdisciplinary Systems Approach; GMDS & DGEpi & IEA-EEF annual meeting, Medical Informatics Europe, München, Germany.
- Vollert, B., Beintner, I., Musiat, P., Schmidt, U. H., Wilfley, D. E., Taylor, C. B. & Jacobi, C. (2016, 22.-24.09.). Using internet-based self-help to bridge waiting time for face-to-face outpatient treatment for bulimia nervosa, binge eating disorder and OSFED – A. Paper presented at the 4th ESRII, Bergen, Norway.
- Vollert, B., Beintner, I., Musiat, P., Schmidt, U. H., Wilfley, D. E., Taylor, C. B. & Jacobi, C. (2016, 07.-09.04.). Using internet-based self-help to bridge waiting time for face-to-face outpatient treatment for bulimia nervosa, binge eating disorder and OSFED – A randomized controlled trial. Paper presented at the 8th Scientific Meeting of the International Society for Research on Internet Interventions (ISRII), Seattle, USA.
- Voss, C., Diel, K., Asselmann, E., Wittchen, H.-U., Lieb, R. & Beesdo-Baum, K. (2016, 08.-10.09.). Self-reported triggering events for suicide attempts in a representative community sample of adolescents and young adults in Germany. Paper presented at the 16th European Symposium on Suicide and Suicidal Behaviour, Oviedo, Spain.
- Voss, C., Jacobi, F., Wittchen, H.-U., Venz, J., Strehle, J., Hapke, U. & Beesdo-Baum, K. (2016, 18. – 22.09.). Inanspruchnahme von Gesundheitsleistungen und suizidales Verhalten. Ergebnisse der DEGS1-MH-Studie. Paper presented at the 50. Kongress der Deutschen Gesellschaft für Psychologie, Leipzig, Germany.
- Wittchen, H.-U. & Lieb, R. (2016, 31.03.-03.04.). Anxiety disorders and the risk for suicide attempts in adolescents and young adults? A prospective longitudinal study over 10 years. Paper presented at the Anxiety and Depression Conference of America, Philadelphia, USA.
- Wolf, W., Borchert, T., Hoyer, J. & Brand, R. (2016, 07.). Sport specific factors and the vulnerability for mental disorders in young elite athletes: Results from a 1-year follow-up study. Paper presented at the 14th European Congress of Sports Psychology, Bern, Switzerland.

2015

- Asselmann, E., Martini, J., Gründel, L. & Hoyer, J. (2015, 25.-28.03.). Sexuelle Probleme während der Schwangerschaft und nach der Geburt bei Frauen mit Angst- und depressiven Störungen. Paper presented at the The German Congress of Psychosomatic Medicine and Psychotherapy, Berlin, Germany.
- Beesdo-Baum, K., Asselmann, E., Knappe, S., Silke, B., Höfler, M., Wittchen, H.-U. & Lieb, R. (2015, 06.-10.06.). Incidence of anxiety, mood and substance use disorders in the first three decades of life as a function of familial liability: Evidence for specificity. Paper presented at the WPA, Istanbul, Turkey.
- Beesdo-Baum, K., Große, J., Lieb, R. & Wittchen, H.-U. (2015, 05.-07.03.). The natural course of unipolar depression: A prospective-longitudinal study in a general population cohort of adolescents and young adults. Paper presented at the 105th Annual Meeting of the American Psycho Pathological Association (APPA), New York, USA.
- Behrendt, S., Braun, B., Kohlmann, A., Hergert, J., Bogenschütz, M., Søgaard Nielsen, A., Andersen, K. & Bühringer, G. (2015, 23.-25.09.). Drinking patterns and alcohol use disorder characteristics in senior citizens with DSM-5 alcohol use disorder entering an outpatient short-term intervention: Results from a randomized clinical trial. Paper presented at the Lisbon Addictions 2015, Lisbon, Portugal.
- Evens, R. (2015, 17.-19.07.). Increased resistance to distraction and its neurofunctional correlates in Parkinson's disease. Paper presented at the 2015 Dresden Symposium, Dresden, Germany.
- Evens, R., Stankevich, Y., Fauser, F., Storch, A., Riedel, R. & Lueken, U. (2015, 16.06.). Increased resistance to distraction and its neurofunctional correlates in Parkinson's disease. Paper presented at the 21st Annual meeting of the Organization for Human Brain Mapping, Honolulu, Hawaii, USA.
- Evens, R., Stankevich, Y., Fauser, F., Storch, A., Riedel, R. & Lueken, U. (2015, 04.06.). Neurofunktionelle Korrelate erhöhter Resistenz gegenüber Ablenkung bei Patienten mit idiopathischem Parkinson Syndrom. Paper presented at the Gehirn und Geist, Frankfurt am Main, Germany.
- Heinz, J., Hoyer, J., Gerat, M., Schmidt, A. & Jahnke, S. (2015, 03.). Wie häufig und wie gefährlich ist Pädophilie?. Paper presented at the Deutscher Psychosomatik Kongress, Berlin, Germany.
- Hilbert, K., Pine, D. S., Lueken, U. & Beesdo-Baum, K. (2015). Clustering of emotional processing data in subjects with generalised anxiety disorder and major depression. Paper presented at the 28th Congress of the European College in Neuropsychopharmacology (ECNP), Amsterdam, The Netherlands.
- Hilbert, K., Pine, D. S., Lueken, U. & Beesdo-Baum, K. (2015, 29.08.-01.09.). Unsupervised clustering of neurofunctional data in generalised anxiety disorder and major depression. Paper presented at the 28th Congress of the European College

- in Neuropsychopharmacology (ECNP), Amsterdam, The Netherlands.
- Hilbert, K., Rößler, T. & Beesdo-Baum, K. (2015, 26.-27.03.). Level of habitual worrying is not related to impaired cognitive control in high and low worriers. Paper presented at the The 2015 Spring School of the Collaborative Research Centre 'Volition and Cognitive Control: Mechanisms, Modulators, Dysfunctions' (SFB 940), Dresden, Germany.
- Höcker, A., Muehlhan, M., Mollen, F., Holl, J., Wolff, S., Barnow, S. & Schäfer, I. (2015, 22.-23.10.). The impact of childhood abuse and neglect on acute stress reactivity in individuals with alcohol dependence. Paper presented at the 4th German Health Research Meeting on Behavioural Disorders related to Violence, Neglect, Maltreat ment and Abuse in Childhood and Adolescence, Berlin, Germany.
- Hoyer, J., oli, J. & Gloster, A. T. (2015, 07.). Valued living and its measurement: A critical reappraisal. Paper presented at the 13th World Conference of the Association of Contextual Behavioral Sciences, Berlin, Germany.
- Hoyer, J., Gaebler, M., Klumbies, E., Hoffmann, D., Kirschbaum, C. & Hoyer, J. (2015, 14.05.). Herzfrequenzvariabilität bei Patienten mit Sozialphobie und gesunden Kontrollpersonen vor und nach akutem psychosozialen Stress. Paper presented at the 9. Workshopkongress für Klinische Psychologie und Psychotherapie & 33. Symposium der Fachgruppe Klinische Psychologie und Psychotherapie der DGPs, Dresden, Germany.
- Hoyer, J., Hilbert, K., Villringer, A. & Pleger, B. (2015). Application of a novel clustering approach in the investigation of cognitive functioning and overweightness, 28th Congress of the European College in Neuropsychopharmacology (ECNP), Amsterdam, The Netherlands.
- Jurk, S., Paul, S., Smolka, M. & the IMAGEN consortium. (2015, 28.08.). Development of personality traits associated with liability to substance abuse throughout adolescence. Paper presented at the European Meeting of the International Society for Research on Impulsivity, Amsterdam, The Netherlands.
- Kavcioglu, F. C., Bublitzky, F., Pittig, A. & Alpers, G. W. (2015, 14.05.). Threat boosts the perceived intensity of fearful and happy facial expressions. Paper presented at the 9. Workshopkongress für Klinische Psychologie und Psychotherapie & 33. Symposium der Fachgruppe Klinische Psychologie und Psychotherapie der DGPs, Dresden, Germany.
- Keller, T., Boeckel, J.-N., Palapies, L., Klotsche, J., Gross, S., Leistner, D. M. & Pieper, L. (2015, 08.-11.04.). Improved risk stratification in primary prevention by use of selected circulating microRNAs. Paper presented at the 81. Annual conference of the Deutsche Gesellschaft für Kardiologie-, Herz- und Kreislaufforschung, Mannheim, Germany.
- Knothe, L., Pietzner, D., Knappe, S. & Beesdo-Baum, K. (2015, 07.-09.10.). Häufigkeit und Erkennen der Generalisierten Angststörung in der primärärztlichen Versorgung. Paper presented at the 14. Deutscher Kongress für Versorgungsforschung, Berlin, Germany.
- Knothe, L., Wieder, G., Venz, J., Knappe, S., Einsle, F. & Beesdo-Baum, K. (2015, 14.05.). Häufigkeit und Erkennen der Depression in der primärärztlichen Versorgung. Paper presented at the 9. Workshopkongress für Klinische Psychologie und Psychotherapie & 33. Symposium der Fachgruppe Klinische Psychologie und Psychotherapie der DGPs, Dresden, Germany.
- Kräplin, A., Behrendt, S., Goschke, T. & Bühringer, G. (2015, 14.05.). Assoziation zwischen Nikotinabhängigkeit und erhöhter Impulsivität: Welche Rolle spielen Geschlechtseffekte?. Paper presented at the 9. Workshopkongress für Klinische Psychologie und Psychotherapie & 33. Symposium der Fachgruppe Klinische Psychologie und Psychotherapie der DGPs, Dresden, Germany.
- Kräplin, A., Goschke, T. & Bühringer, G. (2015, 16. - 18.03.). Conflict adaptation in pathological gambling. Paper presented at the 2nd International Conference on Behavioral Addictions, Budapest, Hungary.
- Kuitunen-Paul, S., Trautmann, S., Pieper, L., Manthey, J., Wittchen, H.-U. & Rehm, J. (2015, 25.-28.09.). Welche Patienten mit Alkoholabhängigkeit werden in der primärärztlichen Versorgung erkannt?. Paper presented at the DGPPN Kongress, Berlin, Germany.
- Mehnert, A., Kuhnt, S., Brähler, E., Faller, H., Härter, M., Keller, M., Schulz, H., Wegscheider, K., Weis, J., Wittchen, H.-U. & Koch, U. (2015, 29.05.-02.06.). Twelve-month prevalence of mental disorders in cancer patients across major tumor entities. Paper presented at the ASCO Annual Meeting, Chicago, USA.
- Neumann, M., Behrendt, S., Perkonig, A. & Bühringer, G. (2015, 14.05.). Psychische Störungen als Risikofaktoren im Verlauf von Cannabiskonsum und -störungen: Ein systematisches Review prospektiver Längsschnittstudien in der Bevölkerung. Paper presented at the 9. Workshopkongress für Klinische Psychologie und Psychotherapie & 33. Symposium der Fachgruppe Klinische Psychologie und Psychotherapie der DGPs, Dresden, Germany.
- Pieper, L., Hoyer, J., Voss, C., Venz, J. & Beesdo-Baum, K. (2015, 25.-27.06.). Association between mood and heart rate variability in daily life. Paper presented at the 2015 Meeting of the Society for Ambulatory Assessment, The Pennsylvania State University, State College, Pennsylvania, USA.
- Pieper, L., Hoyer, J., Voss, C., Venz, J. & Beesdo-Baum, K. (2015, 10.-12.06.). Objective and subjective measures of physical activity – A comparison between ecological momentary assessment and accelerometer measures. Paper presented at the 4th International Conference on Ambulatory Monitoring of Physical Activity and Movement (ICAMPAM), Limerick, Ireland.
- Pieper, L., Manthey, J. & Rehm, J. (2015, 14.05.). Häufigkeit und Behandlung von Alkoholabhängigkeit in der primärärztlichen Versorgung in Deutschland: Ergebnisse der APC Studie. Paper presented at the 9. Workshopkongress für Klinische Psychologie und Psychotherapie & 33. Symposium der Fachgruppe Klinische Psychologie und Psychotherapie der DGPs, Dresden, Germany.
- Pieper, L., Manthey, J., Trautmann, S., Paul, S., Wittchen, H.-U. & Rehm, J. (2015, 25.-28.11.). Patienten mit Alkoholabhängigkeit in der spezialisierten Versorgung in Deutschland – Ergebnisse der APC Studie. Paper presented at the DGPPN Kongress, Berlin, Germany.
- Pixa, A., Hoyer, J. & Helbig, F. (2015, 14.05.). Evaluation der „Spezialambulanz für Alkohol, Cannabis, Pathologisches Glücksspielen und Raucherentwöhnung“ - Does It Work?. Paper presented at the 9. Workshopkongress für Klinische Psychologie und Psychotherapie & 33. Symposium der Fachgruppe Klinische Psychologie und Psychotherapie der DGPs, Dresden, Germany.
- Rodehacke, S., Paul, S., Smolka, M. N. & the IMAGEN consortium. (2015, 28.08.). Development of personality traits associated with liability to substance abuse throughout adolescence. Paper presented at the European Meeting of the International Society for Research on Impulsivity, Amsterdam, The Netherlands.
- Schierz, K. & Hoyer, J. (2015, 03.). Wie sind sexuelle Probleme und sexuelle Funktionsstörungen zu unterscheiden? Das Strukturierte Interview für sexuelle Funktionsstörungen (SISEX-DSM 5). Paper presented at the Deutscher Psychosomatik Kongress, Berlin, Germany.
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- Psychotherapie & 33. Symposium der Fachgruppe Klinische Psychologie und Psychotherapie der DGPs, Dresden, Germany.
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- Trautmann, S., Schönfeld, S., Heinrich, A., Schäfer, J., Zimmermann, P. & Wittchen, H.-U. (2015, 28.-31.03.). Risk factors for common mental disorders in the context of military deployment: A longitudinal study. Paper presented at the 23rd European Psychiatric Association (EPA) Kongress, Vienna, Austria.
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- Vollert, B., Petzoldt, J., Wittchen, H.-U. & Martini, J. (2015, 25.-28.11.). Zusammenhang zwischen mütterlichen Angst- und depressiven Störungen und frühkindlichen Fütterproblemen bei Mädchen und Jungen. Paper presented at the DGPPN Kongress, Berlin, Germany.
- Voss, C., Asselmann, E., Wittchen, H.-U., Lieb, R. & Beesdo-Baum, K. (2015, 11.-14.10.). Behavioral inhibition as a risk factor for lifetime suicide attempt. Findings from a representative community sample of adolescents and young adults. Paper presented at the IASR/AFSP International Summit on Suicide Research Preventing Suicide: Progress through Research, New York, USA.
- Voss, C., Jacobi, F., Wittchen, H.-U., Strehle, J. & Beesdo-Baum, K. (2015, 14.05.). Suizidalität in der deutschen Allgemeinbevölkerung - Ergebnisse aus dem DEGS Survey. Paper presented at the 9. Workshopkongress für Klinische Psychologie und Psychotherapie & 33. Symposium der Fachgruppe Klinische Psychologie und Psychotherapie der DGPs, Dresden, Germany.
- Knappe, S., Mark, T., Hoyer, J., Craske, M. G., Wittchen, H.-U. & Beesdo-Baum, K. (2014, 18.-21.10.). Limited psychometric properties of the DSM-5 dimensional assessment scales for OCD and PTSD. Paper presented at the 27th Congress of the European College in Neuropsychopharmacology (ECNP), Berlin, Germany.
- Reif, A., Straube, B., Richter, J., Lueken, U., Wittchen, H.-U., Hamm, A., Kircher, T. & Deckert, J. (2014, 18.-21.10.). Mechanisms of fear: The role of MAOA and 5-HT1a. Paper presented at the 27th Congress of the European College in Neuropsychopharmacology (ECNP), Berlin, Germany.
- Schäfer, J., Schönfeld, S., Höfler, M. & Wittchen, H.-U. (2014, 10.-13.09.). Associations between attentional control and suicidality in German soldiers after deployment in Afghanistan. Paper presented at the 27th Congress of the European College in Neuropsychopharmacology (ECNP), Berlin, Germany.
- Stangier, U., Hoyer, J. & Ginzburg, D. (2014, 09.). Effective components of cognitive therapy for social anxiety disorder. Paper presented at the European Association of Behavioral and Cognitive Therapies Congress (EABCT), Den Haag, Netherland.
- Stankevich, Y., Evens, R., Riedel, O., Storch, A. & Lueken, U. (2014, 18.-21.10.). Behavioral and neural correlates of cognitive control in Parkinson's disease. Paper presented at the 27th Congress of the European College in Neuropsychopharmacology (ECNP), Berlin, Germany.
- Thurm, F., Schuck, N. W., Fauser, M., Lueken, U., Storch, A. & Li, S.-C. (2014). Dopamin-ergic modulation of hippocampal and striatal aspects of spatial learning and memory in Parkinsonism. Paper presented at the Annual Meeting of the Cognitive Neuroscience Society (CNS), Boston, USA.
- Trautmann, S., Schönfeld, S., Behrendt, S. & Wittchen, H.-U. (2014, 30.09.-02.10.). Der Zusammenhang zwischen aversiven Kindheitserlebnissen und dem Auftreten von PTBS-Symptomen und Substanzstörungen nach einem militärischem Einsatz. Paper presented at the Deutscher Suchtkongress, Berlin, Germany.
- Trautmann, S., Schönfeld, S., Behrendt, S. & Wittchen, H.-U. (2014, 18.-21.10.). Increase in PTSD but not depression symptoms is associated with increases in alcohol and cigarette consumption after military deployment. Paper presented at the 27th Congress of the European College in Neuropsychopharmacology (ECNP), Berlin, Germany.
- Trautmann, S., Schönfeld, S., Heinrich, A., Kowalski, J. & Wittchen, H.-U. (2014, 26.-29.11.). Barrieren des Hilfesuchverhaltens und Stigmatisierung als Risikofaktoren für Ängstlichkeit und Depressivität bei im Ausland eingesetzten Soldaten. Paper presented at the DGPPN Kongress, Berlin, Germany.

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- Beesdo-Baum, K. (2014, 18.05.). DEGS Survey - Befunde zur Suizidalität. Paper presented at the 3. Regionales Netzwerktreffen European Regions Enforcing Actions Against Depression (EUREGENAS), Dresden, Germany.
- Beesdo-Baum, K., Mack, S., Jacobi, F., Strehle, J., Maske, U. E., Hapke, U. & Wittchen, H.-U. (2014, 21.-24.05.). Depression: Prevalence, disease burden, service use and treatment barriers. Paper presented at the 17th European Psychiatric Association (EPA) Kongress, Ulm, Germany.
- Bühringer, G., Grüne, B., Forberger, S., Kraus, L., Neumann, M., Slecza, P. & Kräplin, A. (2014, 12.). Behavioural addictions with a focus on gambling. Paper presented at the EMCDDA, Lisbon, Portugal.
- Heinrich, A., Knappe, S., Trautmann, S., Kowalski, J., Schönfeld, S. & Wittchen, H.-U. (2014, 04.-06.12.). Mit welchen psychischen Störungen sind Schlafprobleme bei Soldaten der Bundeswehr mit Auslandseinsätzen assoziiert?. Paper presented at the 22. Jahrestagung der Deutschen Gesellschaft für Schlafforschung und Schlafmedizin e.V., Köln, Germany.

ÖFFENTLICHKEITSARBEIT/PUBLIC RELATIONS

PRESSESPIEGEL

Datum	Titel	Zeitung/Magazin
31.05.2017	Was führt Menschen in die Sucht? Forscher blicken 330 Dresdnern ins Gehirn	Dresdner Neueste Nachrichten
01.02.2017	Abhauen gilt nicht	Brigitte
22.01.2017	Die fiese Angst vorm großen Krabbeln	Morgenpost
21.12.2016	Per Mausclick gegen Körperkult	Zeitschrift für Mitglieder der BARMER
20.12.2016	Von Dresden in die Welt	Dresdner Universitätsjournal
05.12.2016	Befreit vom Schlankeitswahn	Freie Presse
29.11.2016	Befreit vom Schlankeitswahn	Sächsische Zeitung
15.11.2016	Was für einen regulären Zugang zu Online-Therapien noch nötig ist	Dresdner Universitätsjournal
15.11.2016	TU-Programm verhilft Frauen zu Selbstbewusstsein	Dresdner Neueste Nachrichten
01.11.2016	So ticken Sachsens Jugendliche	Sächsische Zeitung
31.10.2016	Mama, ich hab' solche Angst	Freie Presse
30.10.2016	Mama, ich hab' solche Angst	Sächsische Zeitung
10.10.2016	TU Dresden begrüßt Neuberufene	Dresdner Universitätsjournal
04.10.2016	Nationale Lösungen reichen nicht aus	Dresdner Universitätsjournal
01.10.2016	Wie lebt man mit der Angst?	Allegra
30.09.2016	Angsterkrankungen bei Kindern und Jugendlichen	Stadtelternrat
27.09.2016	Angst bei Kindern: Alarmsignale ernst nehmen	Freie Presse
26.09.2016	Projekt der TU Dresden hilft Kindern bei Angsterkrankungen	Freie Presse
26.09.2016	Projekt der TU Dresden hilft Kindern bei Angsterkrankungen	Dresdner Neueste Nachrichten
22.09.2016	TU Dresden: Mutig werden mit Til Tiger	Dresdner Neueste Nachrichten
05.07.2016	Tasmanien - Los Angeles - Dresden	Dresdner Universitätsjournal
10.06.2016	Sicherheit ist eine Spaßbremse	Sächsische Zeitung
08.06.2016	Zufriedenheit statt Schlankeitswahn - Per Mausclick zu einem positiven Körpergefühl	SPIEGEL-EI (Studentenwerk Dresden)
01.06.2016	Die Angst vor der Angst – Wenn Furcht das Leben bestimmt	Fitmacher – Heimat Krankenkasse
07.05.2016	Qualität vor Quantität	Beiträge zum Glücksspielwesen
04.04.2016	Durch Terroranschläge und Amokläufe wirkt die Welt immer bedrohlicher. Wie geht man damit um?	Allegra
04.01.2016	Forschung zur Verbesserung Ihrer Praxisarbeit	OPK Magazin
17.11.2015	Forschung muss sich auf Schlüsselthemen ausrichten - Psychische Erkrankungen grenzen aus und fordern Wissenschaft, Gesellschaft und Politik heraus	Dresdner Universitätsjournal
20.10.2015	Hilfe, ich werden schon wieder rot!	Augsburger Allgemeine
24.09.2015	Psychologen sehen Zukunft in Online-Therapien. Beitrag über das ROAMER Projekt	Die Welt
24.07.2015	Angst essen Seele auf? Kräuter sind dabei nicht immer gute Wahl zur Milderung	esanum
15.07.2015	Gut für nix und schlimm für alles	Dresdner Universitätsjournal
09.07.2015	Erythrophobie – Die Angst vor dem Rotwerden	ApothekenUmschau
24.06.2015	Better red	The smart set
04.05.2015	Alarmstufe rot	Süddeutsche Zeitung
15.01.2015	Teilnehmer an Studie gesucht (PTSD-Studie)	Dresdner Universitätsjournal

ÖFFENTLICHKEITSARBEIT/PUBLIC RELATIONS

RADIO/TV/INTERNET

Datum	Titel	TV/Radio/Internet
31.05.2017	Expertenrat: Welt-Nichtrauchertag - Endlich Nichtraucher	MDR 1 Radio Sachsen/MDR Expertenrat
14.12.2016	Großartiger Erfolg! Fünf der weltweit meist zitierten Wissenschaftler aus dem Bereich Mathematik und Naturwissenschaften	Newsletter TU Dresden, Fakultät Mathematik und Naturwissenschaften
09.12.2016	Gefangen im Hamsterrad. Zwei TU-Studenten haben eine Lösung gegen den alltäglichen Wahnsinn. Dafür reicht ein einziges Wochenende	SZ-Online
01.11.2016	Verleihung Wilhelm-Feuerlein-Forschungspreis 2016	Oberberg-Stiftung.de
12.10.2016	Wenn Sorgen krank machen (Interview mit Prof. Katja Beesdo-Baum)	Spiegel Online
28.09.2016	Angst-Zustände bei Kindern: Eltern sollten erste Warnsignale dringend ernstnehmen	heilpraxisnet.de
27.09.2016	Neues Projekt an der TU Dresden hilft kleinen Angsthasen	MDR Aktuell
27.09.2016	TU Dresden hilft kleinen Angsthasen	MDR-Sachsenspiegel
21.09.2016	Angststörungen im Kindesalter (Interview mit Radio Dr. S. Knappe)	dpa
06.07.2016	Teilnehmer für Entspannungstraining gesucht!/ Participants for relaxation training wanted!	Newsletter TU Dresden, Fakultät Mathematik und Naturwissenschaften
31.05.2016	Expertenrat: Endlich Nichtraucher	MDR 1 Radio Sachsen/MDR Expertenrat
05.04.2016	Elenore-Trefftz Gast Professorin Prof. Dr. M. Craske	Newsletter TU Dresden, Fakultät Mathematik und Naturwissenschaften
11.03.2016	Erröten: Warum man rot wird und was dagegen hilft	Berlin.de
01.03.2016	Förderung psychischer Gesundheit am CEPRIS/Programmes promoting psychological health	Newsletter TU Dresden, Fakultät Mathematik und Naturwissenschaften
01.01.2016	Elderly, Beitrag zum ELDERLY Forschungsprojekt	MDR Sachsenspiegel
29.07.2015	Erröten und Errötungsangst	SWR
17.06.2015	Chip im Kopf - ferngesteuert gegen die Sucht	MDR exakt
10.06.2015	Die Angst vor der Angst	www.yaez.de
27.01.2015	Häufigkeit psychischer Erkrankungen	NDR Info
02.01.2015	Unsere Mitglieder im Porträt: Prof. Katja Beesdo-Baum	Newsletter der Graduiertenakademie TU Dresden

Im November 2015 wurden im Rahmen einer nationalen Pressekonferenz in Berlin die Hauptergebnisse der „Dunkelzifferstudie“ gemeinsam mit PD Dr. Peter Zimmermann und PD Dr. Jens Kowalski, den Leitern des Psychotraumazentrums des Bundeswehrkrankenhauses Berlin vorgestellt. Darauf folgte eine bundesweite Berichterstattung mit mehr als 50 Medienbeiträgen zu den Ergebnissen dieser Studie.



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