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Over the last several years diagnostic research made significant conceptual and methodological advances but acute mental disorders still remain almost neglected from international classifications. This is becoming, however, an area of growing concern with considerable relevance to mental health policies: an increasing number of patients seek for acute/emergency treatment with atypical symptoms yet classic diagnostic categories do not adequately describe the multiple co-morbidities and unpredictable course of these disorders. To capture a number of exquisite clinical characteristics that may be a putative target of innovative treatment programs on the changing scene of emergency psychiatry and acute psychiatric treatment, this report will introduce the concept of "new acute mental patient" a condition at the crossroad of dissociative disorders, mood disorders and personality disorders among patients exposed to traumatic life events. The validity of this diagnostic construct and its relevance to outcome research will be further investigated utilizing the data basis from longitudinal studies.

S53.02

Learning from the longitudinal course of concurrent traumatic life events, major depression and personality disorders

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Background and Aims: Traumatic stress/dissociation, major depression and borderline personality disorders exhibit extensive overlapping and appear to be both concurrent and sequential over time. The purpose of the study was to conduct a longitudinal investigation of the association of these diagnostic dimensions over time among acutely suicidal patients. An additional aim was to determine which symptom co-variance profile was associated with the most acute clinical phase of the disorder, treatment failure and service consume.

Methods: 100 patients aged 18-55, referred to emergency room with major depression, borderline personality disorder and traumatic life event were prospectively investigated in a naturalistic follow-up design.

Results: Subjects almost recovered early in the follow-up (3 month and 6-month) from all disorders. The analyses indicated that traumatic stress/dissociation but not major depression and borderline personality disorder are a factor in the suicidal crisis of these patients. Comment. Stress related dissociative disorder may be an underestimated factor among acutely suicidal patients requiring intensive treatment.

S53.03

Integrating emergency care, crisis intervention and acute treatment at the general hospital: Efficiency and costs

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Backgrounds and Aims: We assessed the efficiency and costs of an innovative emergency service focusing on specialized evaluation and intensive treatment for the new acute mental patient.

Methods: A computerized register provided continuous evaluation of the impact of the new unit on the global patient flows in a 500.000 inhabitants catchment area during 5 years. Furthermore, we carefully assessed the all population treated at the emergency

room and the subpopulation population assigned to crisis intervention at the General hospital at emergency room discharge during 2-months. The efficiency and costs were investigated with: a) pre-post analyses (global flows), b) assessing the reliability of decision processes according to pre-established decision guidelines.

Results: Well integrated, diagnostic assessment, acute treatment and crisis intervention for the new acute mental appeared to dramatically improve the efficiency of a large system of community psychiatry services.

Comment: The study suggests that the emergency treatment of the new acute mental patient deserves more study.

Symposium: Impulsivity, compulsivity and addiction

S29.01

The role of impulsivity in the pathogenesis and treatment of addiction

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Research on pathogenesis and treatment has long been concentrated on the problems involving abnormalities in the reward and motivational system. However, current research also looks at decision making, including both error detection and behavioral inhibition. It is assumed that compulsive use and relapse in patients with a substance use disorder or with pathological gambling are the result not only of excessive salience of drug related stimuli but also of impaired error detection and behavioral disinhibition.

In this presentation an overview will be given of the research on decision making in alcoholics, drug addicts and pathological gamblers. The data show that patients with both chemical and non-chemical addictions have serious problems with error detection and behavioral inhibition independent of the presence of antisocial or borderline personality disorders. Recent data also show that ex-addicts have fewer problems with behavioral inhibition, indicating either pre-existing normality or improvement after abstinence. The fact that patients with low levels of behavioral inhibition relapse more frequently supports the first explanation. It, therefore, seems important to improve decision making in patients with addictive behaviors, using pharmacological interventions (cognitive enhancers), neurophysiological techniques (biofeedback) or psychotherapeutic treatments (training).

S29.02

Neurobiological correlates of impulsivity and addiction

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In alcoholism, central serotonergic dysfunction may contribute to negative affect and impulsive aggression. In animal experiments and human studies, serotonin transporters and receptors interact with central processing of affectively negative stimuli. Monoamine effects on central processing of emotionally salient stimuli are genetically influenced, and besides single gene effect, gene-gene interactions have been postulated. Gene-gene effects are often assumed but difficult to test in behavioral genetics due to the small explained behavioral variance. Processing of unpleasant stimuli in the amygdala has been associated with a functional polymorphism (val158-met) in the catechol-O-methyltransferase (COMT) gene and independently