(5) Ward et al., *Alc Alc* in press 2000

S08.02
PHARMACOLOGICAL BEHAVIOUR ASPECTS AND "ANTICRAVING" SUBSTANCES – ANIMAL STUDIES

J. Wolffgramm

No abstract was available at the time of printing.

S08.03
ANIMAL MODELS AND CLINICAL TRIALS – HOW DO THEY FIT?

O.M. Lesch

No abstract was available at the time of printing.

S08.04
CLINICAL EFFICACY, POSSIBILITIES AND LIMITATIONS OF ACAMPROSATE AND NALTREXONE FOR TREATING ALCOHOL DEPENDENCE

J. Chick. *Department of Psychiatry, University of Edinburgh, 35 Morningside Park, Edinburgh Eh10 5HF, UK*

Of 14 published randomised controlled studies (RCTs) of acamprosate versus placebo, 11 have shown effiacy in terms of at least one alcohol consumption variable, usually cumulative abstinent days, but sometimes also in terms of time to first drink or percent of patients sustaining abstinence for the study duration. Most studies have been given good or fairly good ratings of methodological quality, although low follow-up has marred some studies. Rapid relapse is not found when medication terminates. There are few indications, but some hypotheses, of who responds best.

Three published RCTs found that naltrexone delays relapse to heavy drinking; a fourth found this only in compliant patients. Of five completed studies reported at scientific meetings, two found no effect of naltrexone, a third found an effect only in compliant patients, and a fourth found an effect only when naltrexpone was combined with cognitive bahvioural therapy. The fifth suggested that naltrexone assists patients who aim to reduce rather than cease driking. Experiments in humans examining naltrexone's effect in a single session of drinking have given equivocal results – but alcohol dependent people may respond differently to others.

S08.05
PHARMACOLOGICAL TREATMENT TRIALS WITH DOPAMINERGIC AND SEROTONERGIC SUBSTANCES – MYTHS OR FACTS?

G. Wiesbeck, H.G. Weijers, J.A.L. Böning

No abstract was available at the time of printing.

S09. Day hospital specific treatment protocols

Chairs: S. De Risio (I), C.B. Pull (LUX)

S09.01
TREATMENT PROTOCOL OF SUICIDAL BEHAVIOR IN A DAY HOSPITAL SETTING

M. Sarchiapone*, G. Camardese, V. Carli, E. Barbarino, S. De Risio. *Institute of Psychiatry, Catholic University of Sacred Heart, Rome, Italy*

The complex nature of suicide suggests that complex interventions are necessary for suicide prevention and for treatment and follow-up of patients with suicidal behavior. A common problem is the patient's destiny after the eventual life-saving primary medical care given in the inpatient units while the increased suicidal risk associated with discharge is in contrast with the possible negative consequences of psychiatric hospitalization. In these optics the authors present a treatment protocol for suicidal patients admitted to the "A. Gemelli" Hospital in Rome. All the patients, with suicide attempt, when recovered their medical problems, have been admitted in a Day Hospital setting and have been reviewed daily by an equipe of psychiatrists, nurses and social assistants. After the psychiatric evaluation and the diagnostic deepening of patients, a biological, psychological and sociological therapeutic management, turned to patient and to his family, was performed. The analysis of protocol and its impact on the prevention of suicidal behavior and suicide repetitions is discussed.

S09.02
DAY HOSPITAL EATING DISORDERS UNIT

A. Ciocca. *University Hospital "A. Gemelli", Rome, Italy*

Assessment and Therapeutic Protocol

a. Assessment Protocol: Clinical and instrumental evaluation Psichosocial assessment (Cost tests battery plus others, DES, BAT, TAS, ttc.)

b. Therapeutic protocol: Restricting Anorexia

2) Binge purging anorexia: Therapy: Charging in unit in the acute fase, then in day hospital. Alimentary rehabilitation. Body rehabilitation. Individual psychotherapy. Multifamily discussion group.

3) Complicated Anorexia: Auditory hallucinations, obsessive-compulsive ideation or other psychiatric comorbidity Psychofarmachotherapy

4) Prepuberal Anorexia: When the symptomathology starts before puberty or even in the childhood Psychotherapy of the couple "mother-daughter".

5) Bulimia: Psychodynamic group psycotherapy. Electrolitic monitoring in case of frequent vomiting

6) Bulimia with depressive mood:Therapy: as below + antidepressant medication.

7) Multimpulsive Bulimia: Loose of control with alcohol and drug abuse, pathologic sexual behaviour, compulsive stealing, suicidal attempts, etc. Psychoterapy and psychofarmachotherapy.

Features of our therapies: Individual psychodynamic psychoterapy (once or twice a week), or intensive ones (three or four times a week), and psychoanalisis in private practice. Hypnotherapy Group psychotherapy: meetings of 90 minutes once a week for 1 year. About 10 patients, all of them with eating disorders. Leaded with

https://doi.org/10.1016/S0924-9338(00)93966-X Published online by Cambridge University Press

groupanalitic criteria, the free association method and interpretation on the l'hic et nunc. Psychotherapy of the couple "mother-daughther". Body rehabilitation therapy. Trying to improve of the body experience. Training autogenous, Body expression, dance therapy. Follow up control: ZWI at 1 year, L.I.F.E. (longitudinal interval follow up evaluation) at 2.5 years.

S09.03
PERSONALITY DISORDER TREATMENT

K. Malone

No abstract was available at the time of printing.

S09.04
A RAPID OPIATE DETOXIFICATION PROTOCOL IN D.H. REGIMEN: PRELIMINARY RESULTS

G. Conte, C. Cesaro, D. Catania, S. De Risio. *Drugs Addiction Unit, Catholic University of Rome, l.go F. Vito, 1; 00168, Roma, Italy*

Heroin dependence is an important medical problem and the detoxification is a technical-administrative question.

The aim of our study is to introduce a protocol of a rapid detoxification from opiates with early Naltrexone induction and to give preliminary results of its application.

This treatment is directed towards heroin and methadone abusers admitted to the Psychiatryc Day Hospital of the Catholic University of Rome. It allows a reduction of hospedalization-time and costs.

Patients are admitted to D.H. for 5 days after a previous complete psychiatryc evaluation.

In this preliminary phase we can value the patient's motivation and treat the possible psychiatryc comorbidity.

The data we present underline the economical advantages of this method and the importance of a careful screening of patients.

S09.05
DAY HOSPITAL TREATMENT OF MOOD DISORDERS

M. Sarchiapone, V. Carli, G. Camardese*, E. Barbarino, S. De Risio. *Institute of Psychiatry, Catholic University of Sacred Heart, Rome, Italy*

There are studies which predicted that patients treated in partial, day hospital settings improve more in intellectual efficiency and social interaction than patients treated in full-time, inpatient settings.

The objective of this study was to determine the treatment effectiveness of Day Hospital care on a sample of patients with mood disorders. Study participants comprise 50 patients with Major Depression, Bipolar Disorder and Dysthymia according to DSM-IV criteria. All the patients have been followed by a specifically trained equipe of health care professionals, made of psychiatrists, professional nurses and social assistants. Utilized assessment instruments and a specific day care treatment protocol for mood disorders including an integrated approach of pharmacological treatment and psychological support to patients and families will be discussed in detail. Advantages of treatment in a Day Hospital unit compared to out and in-patient clinics for selected groups of patients will be described.

S10. Dimensional assessment of personality disorders

Chairs: E.M. Steinmeyer (D), R. Pukrop (D)

S10.01
THE USE OF BEHAVIORAL GENETIC METHODOLOGY TO DEVELOP A DIMENSIONAL MEASURE OF PERSONALITY DISORDER

K. Jang*, J. Livesley. *Department of Psychiatry, University of British Columbia, Canada*

The phenotypic structure of personality continues to be a source of controversy with investigators differing on the number of higher-order dimensions required to represent individual differences in normal and disordered personality. A limitation of analyses of phenotypic structure is that even small differences in methods, measures, and samples give rise to different results. Behavior genetic analyses of the genetic structure of personality are proposed as a possible solution to this problem. A measure of personality disorder traits was administered to a sample of about 800 twin pairs. Multivariate genetic analyses were used to identify genetic dimensions underlying the scales assessing 18 scales.

S10.02
THE DIMENSIONAL STRUCTURE OF PERSONALITY DISORDER

J. Livesley*, K. Jang. *Department of Psychiatry, University of British Columbia, Canada*

This paper will describe a series of investigations designed to explicate the dimensional structure of personality disorder. Traits describing personality disorder were identified from the clinical literature. Self report scales were developed to assess these scales. Factor analytic procedures were used to reduce these traits to a smaller number of dimensions. A similar structure was identified in clinical and general population samples. On the basis of these results 18 basic dimensions were identified and assessed using a self report measure. The higher order structure underlying these dimensions was evaluated in additional clinical and general population samples. Four higher-order factors were identified. This structure will be compared with models of normal personality traits and the results of these studies will be used as the basis for proposing a dimensional classification of personality disorder.

S10.03
PERSONALITY DISORDERS AND THE FIVE-FACTOR MODEL OF PERSONALITY – A META-ANALYSIS

F. Ostendorf. *Universität Bielefeld, Bielefeld, Germany*

The classification of personality disorders (PDs) proposed in the Diagnostic and Statistical Manual of Mental Disorders (DSM) or the International Classification of Mental Disorders (ICD) continues to be a subject of discussion and debate. At issue are a large number of conceptual and empirical problems (e.g., the high degree of comorbidity or overlap among the categories causing frequent multiple diagnoses), and there have been frequent suggestions that the DSM or ICD personality disorder categories are more appropriately represented by a dimensional model. Such dimensional approaches conceptualize PDs as extreme variants or exaggerations of normal personality traits. Because the science of Personality

https://doi.org/10.1016/S0924-9338(00)93966-X Published online by Cambridge University Press