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PSYCHOTHERAPY IN EMERGENCY PSYCHIATRY: BETWEEN MYTHS AND EVIDENCE BASED MEDICINE

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The aim of this communication is to debate between two seemingly contradictory epistemological approaches in emergency psychiatry: Psychotherapy and Pharmacotherapy. Even if many international experts consider the interest of combining psychotherapy and pharmacotherapy in emergency, clinicians often find a conflict between psychotherapeutic and pharmacological skills. The question of the transference will be discussed in the emergency psychiatric settings. The newest literature data about the interest of the combining treatments (psychotherapy and pharmacology) in emergency psychiatry will be discussed by the experts from our international emergency network [1]. Then, the presentation of some preliminary research experiences of our group [2, 3], will be followed by the discussion of new unpublished data from around 10000 patients admitted consecutively in four emergency psychiatry rooms (Switzerland, Belgium, France, Romania). The clinical heterogeneity of the emergency psychiatry situations often stimulate clinicians to become creative and search for "symbiosis" between psychotherapeutic and pharmacologic treatments, as well as for clinical practice and evidence based medicine.

References:

[1] Damsa C, Ikelheimer D, Adam E, et al. Heisenberg in the ER: observation appears to reduce involuntary intramuscular injections in a psychiatric emergency service. *Gen Hosp Psychiatry*, 2006; 28: 431-433.

[2] Damsa C, Zullino D, Andreoli A, et al. Quality of care in Emergency Psychiatry: Developing an international network. *Eur Psychiatry*, 2007; 22: 411-412.

[3] Damsa C, Adam E, Lazignac C, et al. A naturalistic study of consecutive agitated emergency department patients treated with intramuscular olanzapine prior to consent. *Am J Psychiatry* 2008; 165: 535-536.