

trial of patient flow and treatment assignment at emergency room discharge over 1-month, we implemented a consensual diagnostic and treatment decision manual. Then, an educational program aimed to improve the understanding of the reliability of treatment decision among the psychiatric staff of the emergency room. In short, a substantial proportion of psychiatric patients with suicide attempt did not receive adequate treatment assignment at discharge and the presence of a clinical diagnosis of borderline personality disorder was a factor of even more unpredictable treatment choice. This is an issue of great need and potential impact since medical decisions often appeared to favour either treatment that are more expensive or treatments that are at increased risk of completed suicide. Further steps of the data analyses aimed to clarify the impact of better quality assurance on the reliability of treatment decision are under scrutiny and will be discussed.

S29.02

Crisis hospitalisation outcome among borderline patients. A 1-year follow-up

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We evaluated the impact of short-term crisis treatment at the general hospital among borderline patients with emotional crisis severe enough to require emergency hospitalisation in a 500.000 inhabitants urban catchment area. Those patients with concurrent bipolar disorder I and severe substance dependence were excluded from the study. Repeated assessment were conducted at intake, 3-month and 1-year follow-up in order to tape adherence to treatment, service utilization and treatment failure over one year. Presence of borderline personality disorder was assessed within acute in-patient treatment with the International Personality Disorder Interview (IPDE). The results indicate that residential treatment is no more a cogent issue of rational treatment plans for acute borderline patients. Among these subjects, psychodynamically informed crisis intervention at the general hospital may be a valuable alternative to classic psychiatric hospitalisation.

S29.03

Time-limited psychodynamic psychotherapy and venlafaxine among acutely suicidal borderline patients

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To further investigate time-limited psychoanalytic psychotherapy among acutely suicidal borderline patients we investigated 30 subject aged 18-60 who had been referred to the emergency room of a community hospital with IPDE (International Personality Disorders Examination) borderline personality disorder. Additional inclusion criteria were a diagnosis of major depression, current suicidal attempt, requiring in-patient treatment at medical emergency room discharge and the acceptance to give informed consent. Psychotic symptoms, bipolar disorder and severe substance dependence were exclusion criteria. At hospital discharge these patients were assigned to 3-month ambulatory treatment with a combination

Of Venlafaxine and time-limited psychoanalytic psychotherapy. We also studied the 3-months outcome of a comparison group of 30 IPDE borderline patients meeting the same inclusion/

exclusion criteria who had been assigned, at acute hospitalisation discharge to treatment as usual. The results indicated that assignment to ambulatory combination treatment with Venlafaxine and psychoanalytic psychotherapy in associated with good compliance, fair 3-month outcome and low-relapse/repetition rates. Ambulatory combination treatment may be a cost-effective alternative to residential treatment among borderline patients with suicidal crises.

S30. Symposium: NATURE AND NURTURE IN SUICIDAL BEHAVIOUR (Organised by the AEP section on Suicidology)

S30.01

Nature and nurture in suicidal behaviour; the role of genetics: Some novel findings

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Suicide affects about one million people each year, a phenomenon characterized by heterogeneous and complex causes. Often environmental factors such as negative life events may act as a significant contributor to suicidal behavior. However, in many cases the exposure to the same environmental stress does not result in increased suicidality. It is now well established that there is also a substantial genetic contribution to suicidal behavior. Our novel findings which need replication will be presented. We found that genetic variation in the noradrenergic tyrosine hydroxylase gene was associated with the angry/hostility personality trait and vulnerability to stress. Similarly, we recently discovered that genetic variation in the transcription factor T-box 19, an upstream regulator of the stress-related hypothalamic pituitary adrenocortical axis, showed significant linkage to a personality characterised by high anger/hostility in suicidal offspring. Further results from our studies have revealed that genetic variation in genes with roles in basal mechanisms of neural conduction, voltage-gated sodium channel type VIII alpha and vesicle-associated membrane 4 protein, showed association and linkage among suicide attempters. Additionally, we have results which give support to the findings of others, implicating the serotonin transporter and serotonin receptor 1A in suicidal behavior. Our future studies aim at identifying and resolving complex patterns and mechanisms of neurobiological gene-environment interactions, which may contribute to suicide.

S30.02

Risk factors and vulnerability to suicidal behavior

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Aggressive and suicidal behaviours are one of the most common psychiatric emergencies and, as every psychiatric disorder or human behaviour, have a multifactorial origin in which biological, psychological and social factors act together. These factors may