

S40 *Borderline personality: ...***TOWARD CLOSER LINKS BETWEEN BIOLOGICAL RESEARCH AND TREATMENT IN BORDERLINE PERSONALITY DISORDER**

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Borderline personality disorder (BPD) patients show dysregulations in emotional and cognitive domains. These include intense and brief alteration in mood, auto- and hetero-aggressivity, paranoid ideation, deficient self-image, lack of self-control and difficulties in social interactions. Our screening of several hundred recent publications on BPD showed that less than 10% were devoted to biologically-oriented research. Abnormalities in various neuropsychological tests, in particular deficits in memorizing complex visuospatial information and the presence of neurological soft signs were described. Results from brain imaging studies seem nonconclusive so far. Neurotransmitters and neurohormones systems might be modified, but these results are difficult to interpret in view of the changes that occur in serotonergic, dopaminergic and noradrenergic systems in patients suffering from other psychiatric disorders in which mood changes, impulsivity, addiction and aggressivity are also prominent features. We review these biological findings as they pertain to the biological mechanisms of BPD and its treatment with antidepressants or antipsychotics.

S40 *Borderline personality: ...***THE PSYCHOTHERAPY OF THE BORDERLINE PERSONALITY DISORDER FROM CLINICAL PRACTICE TO EMPIRICAL RESEARCH**

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Borderline Personality Disorder (BPD) has been extensively approached from different psychotherapeutic perspectives: psychodynamic, cognitive, behavioural, interpersonal, using individual or group techniques. Few empirical studies have been carried out to verify the effectiveness of these treatments. Such studies have used different methodological approaches (uncontrolled/controlled) and showed that psychotherapy can be useful in BPD. One of the most impressive results is the reduction of parasuicides in severe patients treated with Dialectic Behaviour Therapy by M. Linchan.

However some methodological issues (e.g., diagnosis, sampling, criteria of evaluation of the treatment) remain unresolved and aspects such as the stability of therapeutic effects over time, the specificity of the therapeutic action, the real dimensions on which the therapeutic action acts, and the micro-processes of changing are still not clear enough. As to a deeper knowledge of these aspects the ongoing evaluation of defense mechanisms seems to be promising. Preliminary data on this topic will be presented.

S40 *Borderline personality: ...***BPD: FROM OUTCOME RESEARCH TO BETTER CARE DELIVERY**

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Over the last few years, considerable research effort has been made to develop reliable assessment methods and new treatment programmes for psychiatric patients with Borderline Personality Disorder (BPD). In addition, extensive follow-up studies have provided a valuable conceptual framework for the design of mental care policies for these patients. Such progress should be completed in order to set up better care delivery for BPD patients within ordinary psychiatric services. The present report will be directed to presenting original data from our studies aimed to test a comprehensive model of acute treatment for BPD patients referred with an without major depression to a community psychiatry service. The present results indicate that technology transfer from clinical research to general services is actually feasible and may result in cost effective care for psychiatric patients with BPD.

S40 *Borderline personality: ...***Crisis intervention and long-term treatment in Borderline patients**

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A well structured crisis intervention program providing intensive outpatient treatment may be a cost-effective alternative to hospitalization in borderline patients. Since the all state mental hospital were replaced by a community mental health system, in the present situation of Italian mental health system there is increased need for new treatment strategies for borderline patients. We will discuss the difficulties that are associated, in a crisis intervention oriented care delivery frame, with the end of crisis intervention in these subjects. The specific importance of continuity of care in treating the borderline syndrome will be illustrated with clinical examples.

Key-words: Borderline Personality Disorder, crisis intervention, continuity of care, mental health system