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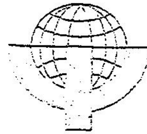

October 2004

WORLD PSYCHIATRIC ASSOCIATION
INTERNATIONAL CONGRESS

"TREATMENTS IN PSYCHIATRY: AN UPDATE"

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ABSTRACTS

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care. Seventy-one relatives of addicted patients, in outpatient and residential treatment, and 45 relatives of schizophrenic patients were compared as regards EE status. High-EE status is more frequent in the substance related group, particularly in residential treatment, than in the schizophrenic group. The benefit of family intervention and the predictive power of EE in schizophrenia emphasize the need of controlled trials of family psychoeducation interventions for substance related disorders.

SS51.5. CULTURAL ISSUES AND FAMILY TREATMENT OF SUBSTANCE ABUSE

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Each family has its own culture and its own dynamic and, when substance abuse occurs, the response of different family members is not necessarily uniform. For example, the family may split into rejecting and rescuing factions, thus leading to family conflict. Wider cultural factors undoubtedly also affect the family's response to substance abuse. In traditional societies, accustomed to folk methods of confronting difficulties and problem-solving, a professional therapist may meet considerable resistance, which can be alleviated if the position of an older person in supervising treatment is recognised and acknowledged. To understand the experience of a family from a very different culture requires a mind that can be open to new constructions of the pattern of family life, both internally and externally and in terms of custom and expectation. For example, respected kinship and authority structures in Asian and African extended families are strikingly different to those in Western families and, in countries where the family is the nucleus of society, it often plays a significant role in bringing the abuser to treatment. Certainly, substance abusers themselves perceive family support as most important for remaining in treatment. All of these examples demonstrate the importance of understanding the impact of culture on family life and also its effects on treatment interventions. Studies of substance abuse in different parts of the world demonstrate that people in different countries are doing very different and sometimes quite contradictory things to help substance abuser and this presumably reflects markedly different views about the nature of the disorder being treated and of the helping processes. Case studies will demonstrate the influence of culture in different forms of family treatments and the important role which family does play in recovery or otherwise.

SS52. SETTINGS AND TECHNIQUES OF INTERVENTION IN EMERGENCY PSYCHIATRY: A COMPARISON OF DIFFERENT MODELS (Organized by the WPA Section on Emergency Psychiatry)

SS52.1. PSYCHODYNAMIC CRISIS INTERVENTION FOR BORDERLINE PATIENTS WITH A SUICIDE ATTEMPT

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Suicidal patients with borderline personality disorder have an increased risk of completed suicide and poor treatment response. After recent research indicated that both antidepressant medication and psychotherapy improve the outcome of borderline patients with self-damaging behaviour, new research should be aimed to develop better acute treatment for these subjects. To address this issue, we further developed a well studied crisis intervention program in order to provide cost-effective ambulatory therapy to borderline patients referred to emergency room for a suicide attempt. We present here a first prospective evaluation of this program. Inclusion criteria were the following: consenting subjects, with an age range between 20 and 65 years, referred to emergency room with self-poisoning, major depression and borderline personality disorder, and requiring psychiatric hospitalisation. Psychotic disorders, bipolar disorder, severe substance dependence, mental retardation were exclusion criteria. After emergency treatment (up to 5 days), consecutive subjects meeting criteria were assigned to comprehensive outpatient crisis intervention including standard clinical management with selective serotonin reuptake inhibitor (SSRI) medication, suicidal risk case management and psychodynamic psychotherapy (2 session per week). At 3 month follow-up we found substantial symptom improvement, fair to good global functioning, negligible rates and severity of self-damaging behaviour. In addition, most patients exhibited remarkable adherence to treatment within crisis intervention and after discharge from the program.

SS52.2. PSYCHIATRIC EMERGENCIES: FROM DIAGNOSTIC EVALUATION TO INTERVENTION IN A PSYCHIATRIC EMERGENCY SERVICE

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Psychiatric emergencies are characterized by the acute subjective suffering which accompanies mood, thought and behavioral disorders. The subjective feeling expressed by the patient that his/her emotional balance has broken down requires that he/she receives immediate help and a specific treatment. In order to decide which intervention would be most appropriate, a careful examination of the psychiatric profile and the available resources is necessary. This is often not possible within the environment of a first aid department, for logistic and operational reasons. The outpatient clinic "Orientating Interviews" was set up in 1998 at the Psychiatric Clinic of Milan State University in order to bridge the gap. This is a service without any appointment list, where users have free access, thus permitting patients to be immediately accepted for treatment. During the first visit the user's reasons for requesting the service are explored, together with the expressed needs. A diagnostic evaluation is made and indications for treatment are provided, in accordance with the expressed needs and the psychopathological profile. If a clinical condition which falls within the definition of psychiatric emergency is found, the user is referred to the psychotherapy unit for specialized emergency interventions, which may take the form of crisis intervention (supportive psychotherapy lasting for 8-12 sessions once a week), brief psychotherapy, a medium-term analytically-oriented treatment (40-60 weekly sessions) or psychiatric therapy (support sessions plus drug therapy) with periodic check-ups.