(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

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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

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