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Objective: Intentional, non-suicidal self-injurious behavior (SIB) is a characteristic feature of borderline personality disorder (BPD). A major hypothesis regarding SIB is that it serves to reduce aversive states of inner tension and dissociation. However, the underlying psychological and biological factors of SIB have not been well investigated.

Methods: We developed a questionnaire which assesses qualitative and quantitative aspects of self-injurious behavior together with motivational issues regarding SIB. This instrument was administered to 100 female patients with BPD. Using the widely used method of script-driven imagery, we investigated BPD patients with a script depicting a situation of self-injury. Patients were assessed with psychophysiological measures as well as with fMRI during presentation of the scripts.

Results: Preliminary results of these investigations will be presented.

Conclusion: Self-injurious behavior has various psychological and neurobiological aspects.

Tuesday, April 5, 2005

W-19. Workshop: Stress and personality: How personality factors correlate with coping styles

Chairperson(s): Carlo Pruneri (Monza, Italy),
Fabio Furlani (Monza, Italy)
14.15 - 15.45, Holiday Inn - Room 5

Aim of this workshop is to go through the various contributions, already in literature, about the relationship between personality and coping styles, and add to those our own study about how people react to problems experienced as stressors according to their personality. The study was conducted in the Clinical Psychology Section of the S.Gerardo Hospital in Monza - Italy, assessing 107 out-patients who underwent a number of three clinical interviews and five test, including the 16 Personality Factors Questionnaire by Cattell (to assess personality profile) and the COPE (Coping Orientations to Problems Experienced) Questionnaire to assess coping styles. Thus we extracted personality characteristics from the personality profiles and analysed the correlations among these and the coping styles as obtained from the COPE, resulting as follows: Negative correlation between anxiety level and both problem and emotion focused coping. Positive correlation between autonomy (independence) level and problem focused coping. Positive correlation between critical/experimental attitude and emotion focused coping (such as positive reinterpretation of the experienced event). Negative correlation between self-confidence (here as counterpart of shyness) level and tendency to rely on religion for consolation. Negative correlation between cognitive/problem solving abilities and potentially dysfunctional coping styles (such as negation). Positive correlation between tendency to depression and potentially dysfunctional coping styles (such as behavioural inhibition). These and others were found and will be discussed about their possible implications in a psychoterapeutic context, and for a specific aim to help patients to improve use and effectiveness of coping styles.

Monday, April 4, 2005

C-11. Educational course: Psychoeducation and risk management strategies with borderline personality disorder patients

Course director(s): Sabine Christiane Herpertz
(Rostock, Germany), Antonio Andreoli (Geneva, Switzerland)
14.15 - 17.45, Hilton - Salon Studer

The course will consist of two parts: 1. risk management within an ambulatory crisis intervention, 2. psycho-educative training program for various (inpatient and outpatient) environments. Psychotherapy and antidepressant medication showed advantage compared to treatment as usual among borderline patients. Recent reports indicated, however, that simple case management programs aimed to enhance compliance and to provide careful risk management have significant relevance to better treatment policies with these patients. Specifically, several studies indicated that personalized on call response 24h a day, supportive care directed to secure treatment adherence and antidepressant maintenance, psychoeducational interventions, family support, home based social case-work and nursing after care, continuous follow-up aimed to express interest in the person's well being may significantly reduce drop-out from treatment, suicidal and self damaging behaviour and service consume. The course plan will provide a structured review of these studies and a rationale for valuable provision of specialized case management for borderline patients. An additional point is in keeping with "who" and "where" such programs should be implemented and "how" train and supervise these programs in various psychiatric environments. Finally, we will develop essential guidelines for fruitful integration of case management and specialized outpatient treatment in a comprehensive mental health plan aimed to develop ambulatory crisis intervention for borderline patients. Psycho-education in psychotherapy means to inform the patient about his/her specific disorder, aetiology, therapy strategies and settings as well as prognosis. Consistent with an empirically based model of borderline personality disorder including aspects of symptomatology and etiology, an individual explanation model of the disorder is worked out together with the patient that subsumes maladaptive as well as functional aspects of the personality style and provides an hierarchical analysis of behavioural problems and therapeutic aims. The aim of psycho-education is to make the patient to an expert of his/her disorder and to encourage the patient for change.

Monday, April 4, 2005

C-10. Educational course: ADHD through the life span

Course director(s): Sam Tyano (Petah-Tiqvah, Israel)
14.15 - 17.45, Hilton - Salon Orff

S. Tyano, I. Manor, M. Corbex, J. Eisenberg, I. Gritsenko, R. Bachner-Melman, R. P. Ebstein. *Gehah Hospital, Petah-Tiqvah, Israel*

Attention Deficit and Hyperactivity – Impulsivity Disorder (ADHD) is often defined as the disorder of the 21st century. ADHD is quite a frequent disorder, highly heritable and the person who is suffering from it can easily be influenced according to the situation in which he is in. Hence, children and adults who suffer from ADHD can suffer from a broad spectrum of pathologies, as well as functioning in their everyday lives. We suggest that these characteristics are typical to a radical characteristic and not to a disorder in the general way that is accepted upon society. Accordingly we define what is a radical characteristic and what is a disorder, and demonstrate how ADHD meets that definition including all its organic, psychological and social aspects

Wednesday, April 6, 2005

C-20. Educational course: Treatment of sexual abusers

Course director(s): Paul Cosyns (Edegem, Belgium), Elda Mincke
08.30 - 12.00, Hilton - Salon Orff

Educational objectives: The participant will learn to diagnose, assess and establish a treatment plan for sexual abusers. The course rests on the relapse prevention model and the cognitive and behavioural treatment approach. The participant will be familiarized with the treatment of cognitive distortions, of empathy feelings and the (pharmacological) treatment of the sexual drive. Course description: - Key-concepts: sexual abuse as a social deviance and/or a psychiatric disorder (paraphilia or disorder of sexual preference). Ethics and features of the judicial coerced treatment. - The cognitive behavioral treatment program as a therapeutic process. - The relapse prevention model of sexual abuse. - The treatment of cognitive distortions. - The pharmacological control of sexual drive.

Course methods and material : Power-point presentation with hand-outs and discussion of clinical cases (vignettes).

Sunday, April 3, 2005

O-02. Oral presentation: Personality and behavioural disorders

Chairperson(s): Paul Cosyns (Edegem, Belgium), Arnstein Mykletun (Bergen, Norway)
14.15 - 15.45, Holiday Inn - Room 7

O-02-01

Risk of suicide after attempted suicide

S. Zihlerl, B. Zalar. *University Psychiatric Hosp., Ljubljana, Slovenia*

Objective: All suicide attempts cannot predict suicide commitment. The aim of our study was to examine those characteristics of suicide attempt which could most accurately predict completed suicide.

Methods: Subjects were all individuals registered as committed suicides (N=16.522) or attempted suicides (N=15.057) in the Register of Suicides of the Republic of Slovenia between 1970 and

1996. Log linear analysis of a frequency table was used to uncover relationship between categorical variables.

Results: We found the model which fit between variables: mode, number of repetitions and type, then between number of repetitions, type and gender, and between mode, type and gender.

Conclusion: Our data suggest that clinicians should heighten their awareness that any suicide attempt can in some 20% predict suicide. At a highest risk is someone who has attempted suicide by hanging.

O-02-02

Suicide attempts in Basel (Switzerland) 2003-2004

P. Berger, M. Eichhorn, A. Riecher-Rössler. *University Hospital Psychiatric Outpatient Dept., Basel, Switzerland*

Objective: To analyse the psychiatric and cultural specificity of suicide attempts of Turkish immigrants.

Methods: In the context of the WHO/EURO multicentre study on parasuicide we recorded all suicide attempts of inhabitants of Kanton Basel-Stadt in the years 2003 and 2004. Most of the suicide attempters were treated at first in the emergency department of the University Hospital. From there, if medically indicated, they were transferred to the intensive care unit, the crisis intervention unit (KIS) or the University Psychiatric Hospital of Basel. To assure a complete recruitment we regularly contacted all hospitals of Basel and surroundings, general practitioners and psychiatrists. We recorded sociodemographic data, information about context and methods of the suicide attempt as well as psychiatric and medical diagnoses. Suicide attempts were defined according to the WHO criteria.

Results: In the 2003 we recorded 228 suicide attempts, 156 women and 72 men (quotient 2,16), which correspond to a rate of 144,1/100'000 inhabitants for women and 87,4/100'000 for men. The rate of suicide attempts for immigrants from Germany, Ex-Yugoslavia and Southern Europe was comparable to data from the respective countries of origin. But Turkish immigrants showed a rate of 362/100'000 Turkish inhabitants, which is not only significantly higher than the rate of Swiss people, but also higher than the rate known from Turkey. Most of these Turkish suicide attempters were young women.

Conclusion: Identifying risk factors for deliberate self-harm, with reference to specific cultural influences, could permit selective preventive interventions.

O-02-03

Homicide of women by intimate partners - femicide

R. Kovacevic, B. Kecman. *KPD-bolnica (Prison hospital) Forensic psychiatry, Belgrade, Yugoslavia*

Objective: Homicide of women (femicide) by intimate partners is only one type of family homicide. Marriage and family are legal and habitual arranged institutions. Homicide is the act of malign aggression and present negation of marriage, family and life at all.

Methods: We studied 90 male offenders who committed homicide of women (femicide). All of them are examined on the Department of forensic psychiatry in Prison hospital in Belgrade, during the period between January 1, 1992, and December 31, 2002. For this research, we constructed special questionnaire with the different groups of questions for detail analyzing lives of offenders. The results are worked out by descriptive and differential statistical