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.

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Time-limited psychodynamic psychotherapy and venlaxafine 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 Venlaxafine 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 Venlaxafine 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.