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Alcohol related visits account for 10 to 46 % of all emergency department visits each year (D'Onofrio et al. 2006; Nassisi et al. 2006; Baleyrier et al. 2003). This presentation focused on psychiatric guidelines and the clinicians' position about the management of agitation due to substance intoxication. American Psychiatric Experts' recommendations (Allen, 2005) for managing agitation are discussed.

The use of psychiatric validated scales to assess agitation seems to ameliorate the quality of care in emergency psychiatry. Several standardized tools could be useful for assess a diagnosis of alcohol abuse or dependence in emergency for adults and adolescents (AUDIT, CAGE, CRAFFT, et RAPS-QF), even if the clinicians are often sceptical about this issue.

The use of medication to protect the patient, staff and to prevent an escalation of violence remains a personal choice for each practitioner, depending on individual patient needs and context. In the treatment of agitation due to substance intoxication in emergency, a balance needs to be found between the subjective dimension and data issue from evidence based medicine.

## S15.04

Personality disorders and alcohol abuse in emergency setting

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Personality disorders represent the dominant background features in evolution of addictive behaviours. In psychiatric emergency units these kind of conducts are able to start or maintain psychopathological manifestations and behaviours which have at their limits manifest selfaggression and on others and the irreversible failure of vital organs.

We have evaluated these specific conditions considering the main premorbid personality dimensions in two groups of patients on records of Psychiatric Clinique 2 from Tg. Mureş.

The agravant and/or pathoplastic role of personality disorders is confirmed, considering that it influences also – and sometime in a decisive way – the compliance and efficiency of therapeutic relation and of rehabilitation strategies.

The presence of a personality disorder proves itself to be also a predictive factor for the precocity of psychopathological manifestations which require emergency assistance as well as for the frequency and complexity of associations between them.

## Symposium: Eating disorders

### S14.01

Eating habits and eating related psychopathology in patients prior to bariatric surgery and at a 1 year follow up

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About 800.000 people in Germany suffer from a BMI > 40 kg/m<sup>2</sup>. Obesity surgery is one of the most effective strategies for weight loss in this population.

We assessed 150 patients prior to bariatric surgery and are at present conducting follow-up assessments after surgery. Evaluation included the Eating Disorder Examination for the assessment of eating patterns and eating related psychopathology. The SCID Interview was used to assess lifetime eating disorders.

At the time of abstract submission 49 patients had completed pre-surgery evaluation as well as the 1 year follow-up; 73.5% (n = 36) were female, mean BMI pre-surgery was 52.4 (SD = 7.9). At baseline 24.7% met full criteria for Binge Eating Disorder (BED), an additional 10.2% met all but one criteria (sub-threshold BED). 46.9% reported any eating disorder lifetime, among these 8.2% met criteria for lifetime Bulimia Nervosa.

59.1% of the patients reported Binge Eating (loss of control & a large amount of food) prior to the surgery, post surgery only 16.3% (n = 8) reported occurrence of loss of control over eating. Symptoms of BED re-occurred in only 6.1% (n = 3) of the patients, none of them meeting the full criteria for BED any more. 53.1% reported an increase in enjoyment in eating 1 year after surgery. Vomiting occurred frequently: 81.6% (n = 40) reported vomiting 1 year after surgery; however, vomiting with the intention to reduce weight was extremely rare (n = 1).

### S14.02

Imaging serotonergic and dopaminergic neurocircuits in eating disorders: New insight into behavior and treatment

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Several lines of evidence suggest disturbances of serotonin (5-HT) and dopamine (DA) pathways play a role in the pathogenesis and pathophysiology of anorexia nervosa (AN) and bulimia nervosa (BN). Studies using imaging with radioligands specific for 5HT and DA components, have found alterations of the 5-HT<sub>1A</sub> and 5-HT<sub>2A</sub> receptors, and DA D<sub>2</sub>/D<sub>3</sub> receptors in AN and BN. In addition, some studies suggest relationships between these components and traits often found in individuals with AN and BN, such as harm avoidance and drive for thinness. Moreover, subtypes may have different patterns of 5-HT-DA dysfunction which may shed light on understanding specific symptoms such as inflexibility and rigidity and disregard of normal rewards in AN, or unstable mood and impulse dyscontrol in BN. The 5HT and DA systems are highly complex. Thus disturbances of these components may reflect dysregulation of these neuronal systems, rather than identify the exact etiology. In summary, new technologies such as PET and/or fMRI offer the promise of understanding the relationship of behavior and neurocircuits contributing to ED. Furthermore PET and radioligand studies may be a useful tool for investigating and managing medication response in treatment resistant individuals.