

patients with major affective disorders respond variably and, at times, unpredictably to different treatments, which underline the need of alternative approaches. Due to the action of most modern antidepressant drugs, serotonergic mechanisms have traditionally been suggested to play major roles in the pathophysiology. However, recent clinical evidence strongly suggests involvement of neurodegenerative pathology in the disease. Since there is accumulating evidence that the novel neurotransmitter NO acts as a neuromodulator, and participate in several sub-cellular processes, such as cellular memory and neuronal toxicity, nitrenergic pathways may have an important role in hippocampal degenerative pathology and cognitive deficits seen in patients with affective disorders.

A few clinical and several pre-clinical studies, strongly suggests involvement of the nitric oxide (NO) signalling pathway in these disorders (Harvey 1996). Several of the conventional neurotransmitters, including serotonin, glutamate and GABA, are intimately regulated by NO (Wegener et al. 2000). Interestingly, distinct classes of antidepressants (Imipramine, Tianeptine, Citalopram and Paroxetine) have been found to modulate the NO level in the living rat hippocampus in clinically relevant doses (Wegener et al. 2003). Moreover, our recent work, using selective inhibitors of phosphodiesterase 5, indicate that the whole NO signalling pathway may play a major role in the behavioural and neurochemical effects observed.

The NO system is therefore a potential target for antidepressant and anxiolytic drug action in acute therapy as well as in prophylaxis.

Keywords: Depression, Nitric Oxide, Neurotransmitter,

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Symposium: Quality of care in emergency psychiatry: New perspectives

S07.01

Therapeutic alliance in emergency psychiatry: A newly validated questionnaire

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The development of a therapeutic alliance with the patient is a challenge for emergency psychiatry. The therapeutic alliance could reduce the number of non-voluntary admissions and of compulsory administration of medication. Moreover, a better dialogue with the

patients could increase the patients' compliance with ambulatory care, and could prevent inutile hospitalizations. To evaluate the level of satisfaction with the emergency psychiatric treatment we created and validated a 10-item questionnaire. The questionnaire focuses on the "human quality" and the empathy of the psychiatrist, but also on his professional skills, the delay in the waiting room before medical evaluation, the level of satisfaction concerning the proposed care and a comparison between psychiatrists, nurses and the security staff. The same questionnaire is proposed to the patients and to the psychiatrists. The validation is still running and focuses on around 5000 patients admitted in emergency during one year (June 2007-June 2008). Preliminary results are discussed, taking into account diagnosis and differences between patients and psychiatrists about their therapeutic alliance.

S07.02

Specific staff educational crisis intervention for the management of violent behaviour in emergency - The interest of a follow-up study?

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The interest of educational programs concerning crisis intervention in the management violent behaviour remains a challenge for emergency departments. A preliminary study done in Geneva (Cailhol et al., 2007) showed a significant reduction in violent behavior during 5 months in emergency psychiatry, after the introduction of a specific educational program. The aim of this study was to evaluate the impact of a specific staff educational crisis intervention on managing violent behaviour after the end of the 5 month planned study. Thus, two year after the initial study, we re-evaluated the impact of the educational program by another project focusing on the management of agitation in emergency. We included all patients admitted in emergency during a same 5-month period (N= around 2000 patients), in order to determine if the promising initial published data could be extended on long term? The percentage of patients with violent behaviour will be compared with the data of the previous study, before and after educational programs. The results will be correlated with different factors which could influence the data: sociodemographic factors, diagnosis, staff characteristics.

Cailhol L, Allen M, Moncany AH, Cicotti A, Virgillito S, Barbe RP, Lazignac C, Damsa C. Violent behavior of patients admitted in emergency following drug suicidal attempt: a specific staff educational crisis intervention. *Gen Hosp Psychiatry* 2007;29: 42-44.

S07.03

The impact of a specific diagnosis and intervention program for managing patients with suicidal thoughts and behaviour

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Quality of care in emergency psychiatry is correlated with rapid diagnose, application of validated clinical guidelines for emergencies and focus on therapeutic alliance. We propose a specific diagnosis and intervention program for the management of patients with suicidal thoughts and behaviour. The specificity of this program involves the evaluation of the level of suicidal risk, the lethality of