

<http://dx.doi.org/10.17579/RevPatDual.02.12>

## **IV Congreso Internacional de Patología Dual. Adicciones y otros trastornos mentales.**

***Barcelona, 17-20 de abril de 2015***

### **Comunicaciones orales**

## **IV International Congress Dual Disorders. Addictions and other mental disorders.**

***Barcelona, April 17-20, 2015***

### **Oral communications**



## EXECUTIVE FUNCTIONING, SUICIDE ATTEMPTS AND SUBSTANCE RELAPSES IN PATIENTS WITH AND WITHOUT PSYCHIATRIC COMORBIDITY

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## THE BINOMIAL VIOLENCE AND ALCOHOL

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## THE ASSOCIATION BETWEEN GRIT AND DUAL DIAGNOSIS AMONG INPATIENTS WITH ALCOHOL USE DISORDERS

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## RESEARCH OF THE COMORBIDITY BETWEEN BORDERLINE PERSONALITY DISORDER, ATTENTION DEFICIT HYPERACTIVITY DISORDER AND SUBSTANCE USE DISORDER IN AN ADULT PATIENTS SAMPLE

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## STUDY OF THE EFFECTIVENESS OF A PSYCHODYNAMIC AND SOCIODYNAMIC TREATMENT IN PATIENTS WITH DUAL PATHOLOGY

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## THE RELATIONSHIP BETWEEN VULNERABLE ATTACHEMENT STYLE, PSYCHOPATHOLOGY, DRUG ABUSE, AND RETENTION IN TREATMENT AMONG METHADONE MAINTENANCE TREATMENT PATIENTS

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## **TREATMENT OUTCOMES IN A DUAL DIAGNOSIS THERAPEUTIC COMMUNITY: A FOLLOW-UP STUDY**

Virginio Salvi<sup>1</sup>, Fabrizio Boccardo<sup>1</sup>, Patrizia Giannini<sup>1</sup>, Metello Corulli<sup>1</sup>

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*St. Johns Medical College and Hospital, India*

## **MEN'S MENTAL HEALTH AND DUAL DISORDERS**

L. Sher

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## **POSTTRAUMATIC STRESS SYMPTOMS AND RELATIONSHIP TO DRUG AND ALCOHOL USE IN AN INTERNATIONAL SAMPLE OF LATIN AMERICAN IMMIGRANTS**

Lisa R. Fortuna<sup>1</sup>, Ye Wang<sup>1</sup>, Michelle Porche<sup>2</sup>, Zorangel Ramos<sup>1</sup>

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## **THERAPEUTIC ITINERARY IN SITUATIONS OF COMORBIDITY: INTEGRATION AND EQUALITY IN THE HEALTH SYSTEM - BRAZIL**

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## **GENDER IDENTITY DISORDER & SUD: LET'S GO DEEP INTO THE ABYSS OF TRAUMA**

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## **SEX TRADING AMONG MEN AND WOMEN ENTERING TREATMENT FOR DRUG MISUSE IN ENGLAND: ASSOCIATIONS WITH MENTAL WELLBEING**

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Alba-Irene González<sup>1</sup>, Adriana Reyes<sup>1</sup>, Zorangel Ramos<sup>2</sup>, Claudia González López<sup>3</sup>, Francisco Collazos<sup>1</sup>

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## **EFFECTIVENESS OF THE PERSONAL STRENGTHS INTERVENTION (PSI) ON IMPROVING THE STUDENTS WITH LEARNING DISABILITIES IN IRAN**

S. Piryaee<sup>1</sup>, M. Khademi Ashkezari<sup>1</sup>

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## SUBSTANCE USE AND THE PROTECTIVE EFFECT OF MATERNAL WARMTH

O. Santesteban<sup>1,2</sup>, M. Ramos-Olazagasti<sup>1</sup>, R. E. Eisenberg<sup>1</sup>, H. R. Bird<sup>1</sup>, G. Canino<sup>3</sup>, C. S. Duarte<sup>1</sup>

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## THE STUDY OF AGGRESSION LEVEL IN PATIENTS WITH COMPUTER ADDICTION AND COMORBID PSYCHIATRIC DISORDERS

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## DUAL DIAGNOSIS IN PRIVATE PRACTICE IN MOROCCO

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## POST HOC ANALYSES OF THE EFFICACY OF LISDEXAMFETAMINE DIMESYLATE IN ADULTS PREVIOUSLY TREATED WITH ATTENTION DEFICIT/HYPERACTIVITY DISORDER MEDICATION

L.A. Adler<sup>1</sup>, J. Wu<sup>2</sup>, M. Madhoo<sup>2</sup>, B. Caballero<sup>3</sup>

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## INTEGRATIVE PROGRAM MODEL [IPM]: DIALECTICAL BEHAVIOR AND PSYCHODYNAMICALLY INFORMED GROUP PSYCHOTHERAPY.

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## ANXIETY IN ADDICTIONS

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## RISK FACTORS ASSOCIATED WITH OPATE AGE AT ONSET AND TRANSITION TO DEPENDENCE

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## PERSONALITY CHARACTERS AND TENDENCY TO ADDICTION: A COMPARATIVE STUDY BETWEEN ADDICTED AND NONADDICTED PEOPLE

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## ANXIETY AND ALCOHOL CONSUMPTION

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## BORDERLINE PERSONALITY DISORDER AND SUBSTANCE USE DISORDER: ARE THEY A REAL COUPLE?

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## PROFESSIONALS WORKING WITH PATIENTS WITH ATTACHMENT DISORDER AND DUAL DIAGNOSIS- HOW TO NAVIGATE IN PROJECTIVE IDENTIFICATIONS

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## POLY-DRUG USE AND MENTAL DISTRESS COMORBIDITY: A 10-YEAR PROSPECTIVE STUDY OF PATIENTS FROM SUBSTANCE ABUSE TREATMENT IN NORWAY

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## TOBACCO USE AND BIPOLAR DISORDER. THE BRIEF INTERVENTION AT COMMUNITY MENTAL HEALTH

V. Millán Aguilar Rodríguez<sup>1</sup>, C. García Caro<sup>1</sup>, M. Ayora Rodríguez<sup>1</sup>, E. Rodríguez Jimenez<sup>1</sup>, A. Ruiz Arcos<sup>1</sup>, A. Padilla Mata<sup>1</sup>, M. Ordovás Gonzalez<sup>1</sup>, L. Asensio Aguerri<sup>1</sup>, E. Prieto Bonilla<sup>1</sup>, F. Sarramea Crespo<sup>1</sup>

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## BIPOLAR DISORDER AND SUBSTANCE USE DISORDER COMORBIDITY: CYCLOTHYMIC ENDOPHENOTYPE

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## **DISPARITIES IN ACCESS AND EFFECTIVENESS FOR EVIDENCE-BASED SUPPORTED EMPLOYMENT FOR PERSONS WITH CO-OCCURRING SERIOUS MENTAL ILLNESS (SMI) AND SUBSTANCE USE DISORDER (SUD): EVIDENCE FROM A STATE-WIDE POLICY INTERVENTION**

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## **EFFECT OF TOBACCO ABSTINENCE AND BUPROPION AUGMENTATION ON COGNITIVE FUNCTION IN SCHIZOPHRENIC PATIENTS: A DOUBLE-BLIND PLACEBO AND CONTROLLED STUDY**

Najmeh shahini<sup>1,2</sup>, Mansoreh mirzadeh<sup>1,2</sup>, Mohammad reza fayyazi bordbar<sup>1,2</sup>

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## **PSYCHOSYS AFTER OPIOID WITHDRAWAL – ARE OPIOID DRUGS ANTYPYCHOTICS?**

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## **NEUROBEHAVIORAL ASPECTS OF OMEGA-3 FATTY ACIDS: POSSIBLE MECHANISM AND THERAPEUTIC VALUE IN DUAL DIAGNOSIS**

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## **NEUROCOGNITIVE CHARACTERISTICS OF PSYCHOTIC SYMPTOMS IN YOUNG ADULTS WITH HIGH FUNCTIONING AUTISM**

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## **POLITICS AND ECONOMICS OF METHADONE IN RURAL CANADA**

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## AGE RELATED EFFECTS ON COGNITIVE FUNCTIONING IN PATIENTS WITH SCHIZOPHRENIA AND COCAINE DEPENDENCE

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## CLINICAL FEATURES OF SCHIZOPHRENIA IN PERSONS USING NARCOTIC SUBSTANCES OF THE OPIUM ROW

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## TOXIC PSYCHOSIS VS DUAL PATHOLOGY: LONGITUDINAL EVALUATION OF PATIENTS ADMITED TO THE PSYCHIATRY DEPARTMENT OF HOSPITAL GARCIA DE ORTA

S. Coelho<sup>1</sup>, A. Roberto<sup>1</sup>, D. Sennfelt<sup>1</sup>

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## ZIPRASIDONE VS. CLOZAPINE IN THE TREATMENT OF DUALY DIAGNOSED (DD) PATIENTS WITH SCHIZOPHRENIA AND CANNABIS USE DISORDERS: A RANDOMIZED STUDY

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## TREATING PSYCHOTIC PATIENTS WITH AGONIST OPIOID THERAPY AND ATYPICAL ANTIPSYCHOTICS

Maria Chiara Pieri

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## GENDER DIFFERENCES IN RETENTION IN DUALY DIAGNOSED ADULTS ATTENDING PRIVATE RESIDENTIAL TREATMENT IN THE U.S.

Siobhan A. Morse

Director of Research, Foundations Recovery Network, Brentwood, Tennessee

## PSYCHOLOGICAL, ENVIRONMENTAL OR PHYSICAL FACTORS, WHICH IS THE FIRST CAUSE OF TENDENCY TO ADDICTION?

Seyed Jalal Mosavi Amiri<sup>1</sup>, Alireza Homayouni<sup>2</sup>, Gholamali Nikpour<sup>3</sup>, Arsalan Khanmohammadi Otaghsara<sup>4</sup>

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## DO DRUG-INDUCED PSYCHOSIS REALLY EXIST?

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## **IV Congreso Internacional de Patología Dual. Adicciones y otros trastornos mentales.**

*Barcelona, 17-20 de abril de 2015*

### **Comunicaciones orales**

## **IV International Congress Dual Disorders. Addictions and other mental disorders.**

*Barcelona, April 17-20, 2015*

### **Oral communications**



## EXECUTIVE FUNCTIONING, SUICIDE ATTEMPTS AND SUBSTANCE RELAPSES IN PATIENTS WITH AND WITHOUT PSYCHIATRIC COMORBIDITY

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**Objectives:** Several studies have shown a worse clinical state and prognosis in patients suffering from both Substances Use Dependence (SUD) and psychiatric comorbidity, namely Dual Diagnosis (DD), compared to those who do not suffer from any other psychiatric condition. On the other hand, executive functioning have been shown to be involved in abstinence maintenance and even in suicide attempts<sup>1</sup>. However, very few studies have examined the role of executive functioning in the SUD course taking into account the presence of comorbidity. Therefore, the aim of this work is to explore the relation between executive functioning, clinical state of patients and substance relapses in a sample of substance dependent patients with and without psychiatric comorbidity.

**Method:** A sample of 70 male patients was divided into one group with psychiatric comorbidity or DD (n=35) and another group with SUD alone (n=35). The WCST was used as a measure of executive functioning. MANOVA's and correlation analyses were conducted between WCST results and other several clinical variables, especially with number of suicide attempts and substance relapses.

**Results:** DD group showed more suicide attempts compared to SUD ( $F=4.819$ ;  $p=0.03$ ). DD group also showed higher substance relapses than SUD ( $F\geq 4.82$ ;  $p\leq 0.03$ ). Executive functioning displayed significant negative correlations with suicide attempts and substance relapses, especially in the DD group ( $r\geq -0.39$ ;  $p\leq 0.05$ ).

**Conclusions:** DD patients showed more suicide attempts compared to SUD. Deficits in executive functioning were related to suicide attempts and substance relapses at baseline, especially in the DD group. These results are in agreement with cognitive functioning as a modulating factor of clinical outcomes and highlights their importance in assessment and treatment approaches of DD.

1. Benaiges, I., Prat, G., Adan, A. Neuropsychological aspects of dual diagnosis. Curr Drug Abuse Rev 2010; 3:175-188.

## CANNABIS: SU INFLUENCIA A LO LARGO DE UN AÑO EN LOS INTENTOS DE SUICIDIO

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El consumo de sustancias es común dentro de pacientes con esquizofrenia. La prevalencia del consumo de sustancias dentro de este grupo de pacientes se estima entre un 40-50% que contrasta con el 16% que se estima en la población general.

El objetivo de este estudio consiste en analizar la influencia del consumo de cannabis en los intentos de suicidio que se producen a lo largo de un año en personas que han padecido un primer episodio psicótico.

La muestra del estudio está compuesta por 65 pacientes que han sufrido un primer episodio psicótico. En el momento del ingreso y tras la estabilización se recabó información de tipo sociodemográfico y clínico.

Se encontraron relaciones significativas entre consumo de cannabis y los intentos de suicidio a los 12 meses ( $p < 0.05$ ). En cambio, no existe relación entre el consumo de cannabis y los intentos de suicidio previos al primer ingreso ni tampoco entre el consumo de cannabis y los intentos de suicidio a los 6 meses. La prueba Mann-Whitney mostró diferencias significativas ( $p < 0.05$ ) entre los consumidores/no consumidores de cannabis en los intentos de suicidio a los 12 meses. Dichas diferencias no se produjeron entre consumidores/no consumidores en los intentos de suicidio previos al debut de la esquizofrenia. Tampoco aparecieron diferencias entre consumidores/no consumidores con intentos de suicidio a los 6 meses.

Son pocos los estudios existentes acerca de la influencia del consumo de cannabis en los intentos de suicidio en diferentes momentos temporales. Los resultados expuestos aquí muestran como el consumo de cannabis se asocia a los intentos de suicidio pero sólo a los 12 meses mientras que en los otros momentos temporales tenidos en cuenta en el estudio tal relación no existe.

## PERSONALITY DISORDERS, SUBSTANCE USE DISORDER AND CRIMINAL BEHAVIOR

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**Objectives:** This study aimed to analyze the relationship between personality disorders (PD), drug abuse and criminal behavior, focusing on violent crimes. The prevalence of personality disorders and drug abuse were investigated among convicted offenders serving time in prisons in the State of Minas Gerais, situated in the southeast of Brazil.

**Methods:** 120 convicted offenders underwent two interviews on two separate days to be evaluated for Axis I and Axis II disorders using the MINI INTERNATIONAL NEUROPSYCHIATRIC INTERVIEW - MINI 5.0 (1994, 1998, 2000, Sheehan DV & Lecrubier Y. - Brazilian Version 5.0.0) and the STRUCTURED CLINICAL INTERVIEW FOR DSM-IV AXIS II DISORDERS - SCID-II (First, Gibbon, Spitzer, Williams, & Benjamin, 1999 – Brazilian version). Participants were invited to integrate the study after a randomic selection among all offenders who were serving sentences in two prisons with the largest population in the State of Minas Gerais, in order to make representative sample set from a large overall dataset. Following the cut-off score of the interviews, participants were placed to drug abuse or drug dependence diagnosis and the SCID-II personality disorders diagnosis clusters if they met the minimal criteria of DSM-IV-TR.

**Results:** Among the investigated population, antisocial personality disorder was the most frequent, occurring in nearly 57.7% of the sample; dependent and schizoid personality disorders were uncommon. Substance abuse and/or substance dependence were prevalent in 89.14% of the sample.

### Conclusions:

- Among the investigated population, antisocial personality disorder was the most frequent, occurring in nearly 57.7% of the sample; dependent and schizoid personality disorders were uncommon;
- Drug addiction is significantly associated with personality disorders. It is especially significant for those with antisocial personality disorder, what leads to the conclusion that antisocial personality disorder increases the risk for drug addiction;
- The association is significant for people with antisocial personality disorder, what leads to the conclusion that antisocial personality disorder increases the risk of drug addiction.
- Severe crimes committed by the use of violence are likely to be related with antisocial personality disorder.
- People with personality disorders and with a history of substance abuse and/or substance dependence, although generally considered criminally responsible for their actions, need urgent medical and psychological care in Brazilian prisons.

## PSYCHOLOGICAL ASPECTS OF STUDENTS' DISADAPTATION IN THE NEW EDUCATION ENVIRONMENT

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The problem of pupils' disadaptation in the new educational environment during transition to a new level of education has been studied.

The specific purpose of the project was to determine the psychological factors of students' disadaptation. Adaptation criteria are defined – the success of training as well as informational, regulative and affective criteria (in accordance with Lomov concept).

Using multiple regression analysis method, models of students' disadaptation are developed.

Via the developed models general and age-specific psychological factors of students' disadaptation are determined. The dominant factor of first-graders disadaptation is the low level of communication skills. The dominant factor of fifth-graders disadaptation is a low level of personal qualities (emotional and cognitive). The dominant factor of tenth-graders disadaptation is the lack of meaningful life goals. The main psychological factor of freshmen disadaptation is low level of life meaningfulness and the desire for self-actualization.

It is proved that a necessary condition for the successful learning in the new education environment is the formation of students' personal competence, the structural components of which are:

- individual psychological characteristics,
- motivation and values,
- learning activity,
- communicative abilities.

Low level of students' personal competence components (personal qualities, motives, values, skills) – are the psychological factors of disadaptation for all categories of students. Scientific and practical recommendations on the content of the psychological support of the educational process are developed.

## PERIPHERAL TEMPERATURE CIRCADIAN RHYTHM IN PATIENTS WITH DUAL DIAGNOSIS: MENTAL DISORDER AS A MODULATING FACTOR

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### OBJECTIVES:

Emerging studies show temporal unsynchronized effects of substance use and mental disorders on circadian rhythmicity<sup>1,2</sup>. However, there is little evidence about rhythmic circadian functioning in patients with Dual Diagnosis (DD). This field can provide relevant data for future therapeutic interventions that may improve the quality of life of these patients. The aim of this work is to explore differences in circadian rhythm of peripheral temperature (PT) depending on the type of comorbid mental disorder.

### METHODS:

We analysed PT in 174 males ( $39.07 \pm 10.31$  years). Participants were divided into 4 groups: healthy controls (HC; N=99) and 3 groups of DD patients according to the comorbid mental disorder: schizophrenia (SZ; N=41), bipolar disorder (BD; N=13) and major depression disorder (MDD; N=21). The PT record was made by the iButton sensor placed on the wrist. Intergroup differences were examined by MANCOVA using age as a covariate.

### RESULTS:

Significant differences emerged between DD and HC. The main results showed that DD patients showed higher minimum and average values, less amplitude and less stability of the rhythm compared to HC ( $F \geq 2.75$ ;  $p \leq 0.04$ ). Differences in minimum and average temperature values were also obtained according to the type of mental disorder between DD groups.

### CONCLUSIONS:

The DD are related to worse circadian functioning measured by peripheral temperature. Hence, circadian-based interventions could play a critical role in the prevention and treatment of DD. This intervention may be focuses in different parameters of circadian functioning depending of the type of comorbid mental disorder improving the treatment approaches of this dysfunction in a more efficient way.

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<sup>1</sup> Adan, A. (2013). A chronobiological approach to addiction. *Journal of Substance Use*, 18(3), 171–183.

<sup>2</sup> Jagannath, A., Peirson, S. N., & Foster, R. G. (2013). Sleep and circadian rhythm disruption in neuropsychiatric illness. *Current Opinion in Neurobiology*, 23(5), 888–894.

**Acknowledgments:** Spanish Ministry of Economy and Competitiveness (PSI2012-32669) and University of Barcelona (APIF grant to Silvia López-Vera).



## THE CO-MORBIDITY BETWEEN SUICIDE VICTIMS IN THE DISTRICT OF TIRANA, OVER THE TIME PERIOD 2001-2010

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**Aim:** To present the substance users and psychiatric co-morbidity suicide victims in Tirana over the time period 2001-2010.

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**Method of the study.** The study is retrospective with a homogen cohort. There have been used investigatory files of cases suspected of suicide from the Prosecution Office in Tirana. All the files of confirmed suicide by forensic expertise and legal assessments, with a final decision of the act committed, have been studied. The data has been analyzed with the SPSS 16 statistical packet, also the  $\chi^2$  Yates correction test for the comparison and linear regression of the assessment of the trend. The values of  $p \leq 0.05$  were considered significant. Point estimates are accompanied an interval estimate of 95%CI.

**Results of the study.** It results that in the time period 2001-2010 in Tirana 254 people have committed suicide, (the prevalence of 0.04% or 40 cases in 100.000 inhabitants). 35% of the cases are female and 65% were male, with a statistically relevant difference between them ( $z=17.5$   $p<0.01$ ). 70% of victims were diagnosed before the suicide and only 29% were treated before the act. 13% of total number of victims were substance abusers. 27 victims were alcohol abusers and 6 cases were drugs abusers. About half of alcohol abusers have comorbidity with other psychiatric disorders.

**Conclusion:** The prevalence of suicide in Tirana for the period 2001-2010 was found 0.04%. 57% of victims suffered from psychiatric disturbances and 13% were substance abusers. More than half of substance abusers have had co-morbidity with psychiatric illnesses.

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2. Kaplan & Sadock's Synopsis of Psychiatry: Behavioral Sciences/Clinical Psychiatry, 10th Edition, p. 897-907. Copyright ©2007

## FOCUS GROUPS: A METHOD FOR DEVELOPING GUIDELINES FOR DUAL DIAGNOSIS

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**Educational Objectives:** The participants should be able to design a project to develop guidelines for a dual diagnosis using literature review and qualitative research.

**Purpose:** There are few, if any, guidelines for the diagnosis and treatment of dual diagnosis. The reason is the lack of scientific data, because in research the presence of a comorbid substance use disorder (SUD) is usually an exclusion criterion. However comorbidity is the rule rather than the exception. The aim was to develop a guideline for the management of attention deficit / hyperactivity disorder (ADHD) in patients with SUD.

### Methods:

We have developed a guideline for adults with ADHD and addiction starting out from a systematic review and based on the methodology of the Scottish Intercollegiate Guideline Network (SIGN). Due to the lack of research data we have collected information from practitioners and patients in focus groups. The preliminary recommendations, augmented and corrected by the experts have been tested in 12 care centers.

**Results:** Due to the lack of scientific evidence on some of the topics, the guideline is a combination of evidence based and practice based recommendations.

Based on the results of the test phase, the guideline has been adjusted and approved by the Belgian Centre for EBM. The feedback from the testing phase also revealed a need for professional development and training of the caregivers.

### Conclusions:

Focus groups are advantageous in the development of a guideline.

1/ in order to keep the guideline in line with the needs and the constraints of the clinicians and the patients.

2/ to gather expert opinions and best practices.

3/ to increase the implementation of the guideline.

Increasing the competence of caregivers involves a change in attitude

The project also makes clear where the need for research is the greatest in this field.

### Literature Reference (optional list one or two maximum)

F. Matthys, P. Joostens, S. Tremmery, S. Stes, W. Van den Brink, B.G.C. Sabbe, The construction of the first validated (evidence based) guideline for dual diagnosis of ADHD and SUD; data from focus groups, International Journal of Mental Health and Addiction May 2013, DOI 10.1007/s11469-013-9438-1

Matthys, F., V. Soye, P. Joostens, W. Van den Brink, B. Sabbe, Barriers in the implementation of a guideline for recognizing and treating ADHD in adults with a substance use disorder, Journal Dual Diagnosis, ISSN 1550-4263 (Print), 1550-4271 (Online), DOI:10.1080/15504263.2014.926691

## ADDICTION AND MENTAL PRODUCTIONS IN TRAUMATIC PATHOLOGIES

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The meeting with toxicomen patiens can raise an inhibitory dimension of psychoactive substances. However, when the patient is confronted with the separation and that the anguishes including those of loss and abandonment occurring, at the time when the lack is done more pregnant, then appears the narcissistic gapings. This one leds the appearance of various symptoms and behaviors. This is the reality that the clinical practice in prison can raise among patiens principally those who are incarcerated for the first time. This clinical pratice permetes to locate the patterns of the appearance and hatching of the patient fragilites yet masked by a compensating effect of the consumption of psychoactive substances.

The case of Mr X, addicted to heroine confronts us with the way in which the anguish comes to reveal at the patient a psychotic dimension, even better schizotypal personality.

Mr. X, separated from his family by the enprisonnement, and weaned of heroin sees resurgence of deadly scenarios (nightmares, phobias ... .hallucinations), in conjunction with past grief and with its extra-prison activities.

**Purpose:** to have a beter understanding of the addiction on PTSD and the effect of the emprisonment on psychosis.

**Methode:** psychoanalytical observation

**Conclusion:** weaning to psychoactive substances accidentally induce the hatching of anguishes potentially liberating traumatic components. It is assumed that when these anguishes are beyond the control of the patient then would appear psychopathological problems back burned such as those of traumatic origin.

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## THE EFFECT OF ACADEMIC SELF-EFFICACY AND SELF-AWARENESS ON ACADEMIC ACHIEVEMENT IN STUDENTS WITH LEARNING DISABILITY (LD)

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**Educational objectives:** As a whole, students with disabilities tend to have much poorer outcomes than their nondisabled peers, including lower achievement, lower earnings and lower self-efficacy. Consequently, it is often asserted that formal education could provide opportunities for students with disabilities to alter the trend of poor outcomes.

**Purpose:** The purpose of this research was to investigate the effect of academic self-efficacy and self-awareness on achievement in students with LD.

**Methods:** Participants included 50 students (7-12 age) that have been diagnosed with a LD. The students were selected by random sampling method. Participants received demographic questionnaire, Motivated Strategies for Learning Questionnaire, and the Self-Advocacy Survey.

**Results:** The results of hierarchical regression analysis indicated that Academic achievement (GPA) was predicted by academic self-efficacy, and self-awareness ( $R^2 = .347$ ,  $p = .005$ ) and all of hypothesizes were supported. So the higher level of academic achievement in LD students, can be result from high self-efficacy and self-awareness.

**Conclusion:** increase of students with disabilities at schools has produced research aimed at exploring factors that play a role in success of those obtaining a college degree by these types of students. Indeed practical implementations of these findings can be useful.

**Keywords:** Academic Self-Efficacy, Self-Awareness, Academic Achievement, Learning Disability

## TIME TREND ANALYSIS OF PATIENTS WITH DUAL SEEKING TREATMENT FROM DUAL DIAGNOSIS CLINIC OF A TERTIARY CARE SUBSTANCE USE DISORDER TREATMENT CENTRE IN INDIA

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**Educational Objectives:** At the conclusion of this presentation, the participants should be able to understand the time trends in profile of patients with dual disorders seeking treatment from Dual Diagnosis Clinic of a tertiary care substance use disorder treatment centre in India.

**Purpose:** The current study is aimed at time trend analysis of patients with dual disorder seeking treatment from a Dual Diagnosis Clinic of a tertiary care substance use disorder treatment centre in India.

**Methods:** The current study is based on chart review of the patients seeking treatment from the Dual Diagnosis Clinic of a tertiary care substance use disorder treatment centre. The records of the patients seeking treatment over a 6 year period (2009-2014) were reviewed. Information was collected on socio-demographic variables, substance use disorder and co-occurring psychiatric disorder. Data were analysed using SPSS ver 21 (IBM Inc., New York).

**Results:** A total of 289 patients sought treatment from the dual diagnosis clinic of the centre. Majority were male (97.2%). The mean age of study participants was 34.02 (10.50) years. There was no change in mean age of the subjects across the 6 years ( $F = .18$ ,  $df = 5$ ,  $p = .97$ ). Primary drug of abuse were nicotine (74.4%), alcohol (49.5%), cannabis (38.4%), and opioids (28.7%). Most common co-occurring psychiatric disorders were psychotic disorders including schizophrenia (45.0%), Major depressive disorder (24.9%), Bipolar disorder (18.3%), anxiety disorder (4.5%) and OCD (2.4%). Most patients with psychotic disorders had co-occurring alcohol dependence. Most patients with bipolar disorder had co-occurring opioid dependence. Most patients with depressive disorders had co-occurring alcohol dependence ( $\chi^2 = 12.07$ ,  $df = 4$ ,  $p = .01$ ). There was a marginally significant increase in proportion of subjects with cannabis dependence ( $P_{Trend} = .07$ ). There was no significant time trend for various co-occurring psychiatric disorders ( $P_{Trend} = .21$ ).

**Conclusions:** The findings of the current study suggest that there has been a marginally significant increase in proportion of subjects with cannabis dependence over the 6 study years. However, the proportion of co-occurring psychiatric disorders was stable across these years. The findings of the current study suggest that the centre should be prepared to cater to a increasing proportion of patients with cannabis dependence.

## PERPETRATOR OF FACTITIOUS DISORDER ON ANOTHER RECEIVES AN INTERNAL SELF-REWARD IN THE MEDICAL ENVIRONMENT. ADDICTIVE BEHAVIOR?

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**Objectives:** We have investigated the problematic use of hospital setting by perpetrators of Factitious disorder on another before Munchausen syndrome by proxy (MSbP). We have also analyzed the addictive behavior component of this conduct. As well, these mothers have been checked for psychiatric co-morbidity. Indeed, our primary objective was to confirm dual pathology in MSbP.

**Method:** A 12 items semi-structured questionnaire has been carried-out to 15 MSbP perpetrator mothers in order to test relevant aspects of addictive behavior on their conduct.

**Results:** We have identified a common psychopathological profile in all the 15 mothers. This profile is characterized by the motivation to meet their own needs through fabricate diseases in their children, always presenting a compulsive and addictive behavior towards hospital environment and issues related to the medicine. As well, hospital stay implies a high degree of gratification and reward for all the 15 mothers and as perpetrators faced new stress situations the looking for these stays increases gradually. Psychiatric co-morbidity in MSbP is widely accepted. The most frequently associated diagnosis are Munchausen in themselves, personality disorder borderline type, addictive disorder and depression. We found a psychiatric co-morbidity of 53% substance use disorder, alcoholism, gambling disorder, sex addiction and kleptomania among other addictive conducts, 33% personality disorders (borderline and histrionic) and 27% depressive disorder (suicide attempts).

**Conclusion:** To consider MSbP as an addictive disease to hospital and medical environment can serve for its identification and treatment. MSbP presents like most addictive disorders a high degree of psychiatric co-morbidity. The perpetrator confrontation is similar to drug withdrawal situations and forces to prevent associated risks such as continuation of child abuse or suicide.

### References:

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## PSYCHIATRIC DISORDERS AND HIV-HCV COINFECTION: NED FOR BETTER SCREENING AND CONTINUOUS CARE

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**Educational Objectives:** To increase the awareness of the burden of psychiatric disorders in HIV-HCV co-infected patients, of their effect on access to HCV treatment and of the implications for continuous psychiatric care, even after the end of HCV treatment.

**Purpose:** To estimate the burden of psychiatric disorders in HIV-HCV-coinfected patients, as assessed by validated tools referring to DSMIV, and to relate them to HCV status (never HCV-treated; currently treated; non responder; sustained virological response (SVR)).

**Methods:** A nested cross-sectional study was performed on a subset of the HIV-HCV-coinfected patients enrolled in the ANRS CO13 HEPAVIH cohort. Psychiatric disorders were screened by trained psychologists using Mini International Neuropsychiatric Interview (MINI 5.0.0) for 10 diagnoses, including alcohol abuse/dependence and drug abuse/dependence.

**Results:** Among the 286 patients enrolled in the study, 68 (24%) never received HCV treatment, 87 (30%) were non-responder, 44 (15%) were receiving a classical bitherapy or PI-containing HCV therapy and 87 (30%) had a SVR. In this sample population, 121 (42%) patients screened positive for a psychiatric disorder (other than suicidality), 40 (14%) for alcohol abuse/dependence and 50 (17%) for drug abuse/dependence. Patients receiving HCV treatment screened less often positive for an anxiety disorder (among social phobia, post traumatic stress disorder, Generalized Anxiety Disorder (GAD), panic disorder) and for suicidality. Successfully HCV-treated patients screened more often positive for GAD. The highest rate of drug and alcohol dependence/abuse was among never HCV-treated and non-responder patients, respectively. Higher suicidal risk was associated with being never HCV-treated or non-responder.

**Conclusions:** Psychiatric disorders in HIV-HCV-infected patients are frequent, underdiagnosed and undertreated. Our results emphasize the need for continuous assessment and care for co-infected patients, even after HCV recovery. Suicidality is closely and independently associated with HCV status and GAD remains high among treatment responders. Referral to psychiatric screening and care should be routinely incorporated in clinical management of these patients, whatever the outcome after HCV treatment.

## A BROAD UNDERSTANDING OF GAMING ADDICTION: GAMERS' THOUGHTS, PERCEPTIONS AND BEHAVIOURS IN GAME TRANSFER PHENOMENA

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**Educational Objectives:** Define internet gaming disorder and identify gaming related phenomena that share similarities with symptoms of mental disorders relevant in clinical cases where video games and/or internet is involved.

Research about Game transfer Phenomena (GTP), a multimodal research approach for understanding video games' effects have identified altered sensorial perceptions, spontaneous thoughts and behaviours associated with gaming

**Purpose:** Explain a variety of non-volitional phenomena induced by excessive gaming relevant in diagnosing and treatment of gaming disorder.

**Methods:** This paper is based on findings of four studies conducted for a period of four years with mixed-methods; content and thematic analysis of 1,681 gamers' experiences collected in online video game forums (n=1,244) and a cross-cultural survey (n=2,362).

**Results:** The studies showed that playing video games can lead to (i) automatic thoughts and cognitive bias with video game content, (ii) seeing or hearing something from the game when not playing (e.g., seeing icons above peoples' heads), (iii) automatic actions and behaviours (e.g., involuntary movements, avoiding objects). GTP was significantly associated with medical conditions, particularly mental disorders, (iv) 3.0% reported having problematic gaming or gaming addiction and (v) 20% have experienced some type of distress due to GTP, although both positive and negative appraisal were reported.

**Conclusions:** A growing body of literature has examined problematic gaming and it has been included as a distinct condition that merit further examination in the revised version of the Diagnostic Manual of Mental Disorders (DSM-5). The diagnostic criteria focus on symptoms such as tolerance, withdrawal and negative consequences. However, there is little understanding about cognitions, perceptions and behaviours post-play. The GTP approach provide a deeper understanding of video games' effects. Understanding GTP is relevant because the episodic or persistent manifestation may contribute to the prevalence of gaming disorder symptoms or may be manifestations of symptoms of gaming disorder.

### Literature Reference

Ortiz de Gortari (2014). *Exploring Game Transfer Phenomena: A multimodal research approach for investigating video games' effects* (Unpublished doctoral dissertation). Nottingham Trent University, Nottingham, UK.

## DRUG AND SYMPTOMS OF PATHOLOGICAL GAMBLING IN COLOMBIAN PRISON POPULATION.

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<sup>1</sup>. Facultad de Ciencias Humanas, Universidad Nacional de Colombia, Bogotá, Colombia

**Purpose:** to determine the prevalence of pathological gambling symptoms in people imprisoned in Colombia and its relation to the use of psychoactive substances. A general relationship between pathological gambling and drug use (Odlaug, Stinchfield, Golberstein & Grant, 2012) is postulated, but not all pathological gamblers have problems with drug use (Petry, 2011). Also, studies on the prevalence of pathological gambling in incarcerated persons are scarce. Method: A non-random sample of 150 incarcerated men answered both the Pathological Gambling Brief Questionnaire and an ad hoc form on life prevalence of drug use, age of first use and frequency of use prior to incarceration. The drugs the questions were formulated about were: tobacco, alcohol, marijuana, crack and cocaine. Results: a) the prevalence of pathological gambling was slightly higher than the one found in Colombian general population, b) direct correlations between increased consumption and more symptoms of pathological gambling were found. Conclusions: pathological gambling can be a significant problem for a large percentage of people incarcerated in Colombia, so a specific program for joint treatment of this disorder and the treatment of substance addictions should be designed.

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Petry, N.M. (2011). Pathological gamblers, with and without substance use disorders, discount delayed rewards at high rates. *Journal of Abnormal Psychology*. 110 (3), 482-487

## DETERMINE THE EFFECT OF TREATMENT ON RETENTION AMONG DRUG USERS

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**Introduction** Iran is a country with 70,000,000 populations, which are mostly young. About 2,000,000 Iranians abuse drugs, with the main drug of abuse opiates.

**Methods** This multi-center prospective study was conducted at 7 outpatient treatment facilities in 4 cities in Iran, in 2007, 282 consecutive opiate dependent people were followed for 6 months. All patients were select after a complete physical and psychiatric evaluation. Criteria for Opioid Dependence in this study was presence of at least three of the following symptoms must occur during a 12 month period: 1) Tolerance, 2) Withdrawal, 3) Opioid use in greater quantities or for longer periods of time than planned, 4) Failed attempts to quit or cut back (at minimum, a wish to cut back), 5) Considerable time devoted to obtaining drug, using drug or recovering from use of drug, 6) Interference with social, occupational or recreational activities, and 7) Ongoing use despite awareness of drug problem (American Psychiatric Association, 1994).

**Dependent variable** Length of retention in treatment (0 - 6) considered as dependent variable (main outcome).

**Result** At the start of 1.2 patients discontinued treatment and among those who continued treatment, lowest of treatment group received bopre norfin and the highest percentage of people receiving methadone and methadone maintenance. At second month, 6.4 subjects discontinued treatment and among those who continued treatment had the lowest percentage of family therapy and individual psychotherapy received the highest percentage of people receiving methadone maintenance. At third month, 7.9 subjects discontinued treatment and among those who continued therapy, individual psychotherapy received the lowest percentage and the highest percentage of people receiving methadone maintenance. At forth month 9.1 of subjects discontinued treatment and among those who continued therapy, cognitive therapy had the lowest and the highest percentage of people receiving methadone maintenance. At five month, 10.9 of the people discontinued treatment and among those who continued treatment had the lowest percentage bopre norfin, group therapy and cognitive therapy had the highest percentage of people receiving MMT and Naltroxan, And the last month, 13.9 patients discontinued treatment and among those who continued therapy, family therapy and group therapy were lowest and the highest percentage of people receiving methadone maintenance.

**Conclusion** Type distribution during the treatment was difference significant ( $P < 0.05$ ) In other words, in each of the months of study, in all cases investigated during methadone maintenance treatment was most consuming. Treatments such as bopre norfin, family therapy, cognitive therapy, group therapy and individual psychotherapy have had the least indication.

**Key words:** retention, drug use, opiate, family therapy, cognitive therapy, individual psychotherapy

## AUTISM SPECTRUM DISORDERS IN DUAL-DIAGNOSIS PATIENTS – PREVALENCE STUDY CONDUCTED AT A DUAL DIAGNOSIS TREATMENT FACILITY

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<sup>3</sup>Parnassia Addiction Research Centre, The Hague, The Netherlands

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**Educational Objectives:** At the conclusion of this presentation, the participants should be more aware of a rise in cases of autism spectrum disorder and comorbid addiction in mental healthcare. The number of patients with this dual diagnosis and severe symptoms is probably underestimated.

**Background:** In recent years Dutch mental healthcare institutions have seen a rise in the number of cases of autism spectrum disorder (ASD) diagnosed among normally gifted patients (i.e. IQ > 90). These patients often suffer from comorbid disorders. Currently little is known about patients with an ASD and a comorbid addiction.

**Purpose:** The objective of this study was to determine how often ASDs occur in dual-diagnosis patients.

**Method:** Over the course of a year and a half, all inpatients at the *Palier Centrum Dubbele Problematiek* in The Hague previously diagnosed with substance addiction and a serious mental disorder were screened for ASDs using two ASD screening instruments. Dual-diagnosis inpatients were screened using the Autism Spectrum Quotient and the Autism Spectrum Disorders in Adults Screening Questionnaire. If the results strongly suggested that the patient suffered from an ASD, he or she was given a psychological assessment. A total of 212 patients were included in the study, of whom 100 were screened. Six were suspected of having an ASD and were assessed more fully, using a standardised psychological assessment tool. All six were found to have an ASD.

**Results:** The number of ASD patients was similar to that found in the group that had not been screened but in which nine patients had been diagnosed with ASDs based on full psychological assessments. Both groups had a number of significant common characteristics.

**Conclusion:** This study shows that among dual-diagnosis patients at the *Palier Centrum Dubbele Problematiek* in The Hague, the proportion with an ASD is at least 5% higher than known prevalence rates.

Professionals in dual disorder healthcare-institutions should be more aware of how often ASDs occur in dual-diagnosis patients. Little is known about ASD patients with comorbid addiction, while they are very vulnerable and often suffer from severe psychiatric symptomatology.

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Mannion A, Leader G. Comorbidity in autism spectrum disorder: a literature review. *Research in Autism Spectrum Disorders* 2013; 7: 1595-1616.

## DSM-IV DIAGNOSES AMONG A COMMUNITY SAMPLE OF CHINESE ADOLESCENTS: RATES AND PATTERNS OF COMORBIDITY

Patrick Leung

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**Purpose:** This study examined the rates and patterns of comorbid DSM-IV diagnoses in a population-based sample of 12- to 17-year-old Chinese adolescents in Hong Kong. **Methods:** 522 adolescents were randomly recruited from local mainstream high schools. They and their parents were respectively administered the Youth and Parent versions of the Diagnostic Interview Schedule for Children—4<sup>th</sup> edition (DISC-IV). **Results:** 16.4% of the sample had at least one DSM-IV diagnosis, while 23% of this disordered group had at least one other comorbid diagnosis. After covarying other disorders, the association on the comorbid pairs between anxiety disorders (ANX) and depression (DEP), DEP and conduct disorder/oppositional defiant disorder (CD/ODD), and CD/ODD and attention deficit/hyperactivity disorder (ADHD) remained statistically significant, while that between ADHD and ANX, and CD/ODD and ANX became non-significant or marginal. Thus, the original association of the latter two pairs might be spurious due to their comorbidity with other disorders. Within the comorbid pairs, their association was not reciprocal with marked discrepancy in the percentages of co-occurrence of one disorder in the other. **Conclusions:** Our results were largely in line with the existing Western literature. Covariance analysis helped to identify how other co-existing disorders confounded the strength of association of a comorbid pair. The present findings should provide fertile grounds for generating hypotheses to explore the comorbidity and separation of two disorders, shedding light on their etiologies and development. **Educational objectives:** Clinicians and researchers alike should learn the rates and patterns of comorbidity of adolescent psychiatric disorders and identify those comorbid pairs confounded and not confounded by other co-existing disorders. **Classic literature reference:** Angold A, Costello EJ & Erkanli A (1999). Comorbidity. *Journal of Child Psychology and Psychiatry*, 40, 57-87.



## SYSTEMS OF CARE FOR DUAL DISORDERS: THE CANADIAN EXPERIENCE

N. el-Guebaly

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**Educational Objectives:** At the conclusion, the participants should be able to identify key ingredients of a comprehensive system of care for Dual Disorders.

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**Purpose:** To identify critical system components for care of Dual Disorders.

**Methods:** Twenty years of provincial experience within the Canadian universal healthcare system in developing integrated care for substance misuse and other psychiatric disorders are reported. Original, separate systems of care from both constituencies have evolved with resulting successes and challenges. Evolving principles of integration in our health care system have included:

- a) Primary care:
  - Screening, Brief Intervention and Referral to Treatment (SBIRT)
  - “Shared care”, i.e. Addiction and mental health specialists in generic setting
  - Centralized access point of care
- b) Secondary care:
  - Single multidisciplinary assessment process including instruments such as modified ASI and GAIN-SS
  - Concurrent disorders programs “capable”
- c) Tertiary care:
  - Concurrent disorders programs “enhanced” with academic capability
- d) Community care:
  - “Frequent emergency users” and “Housing First” programs
  - Anti-Stigma campaign

Models of stepped care guide the allocation of resources. These models are based on the identification of patient indicators and treatment intensity, i.e. adapted Patient Placement Criteria for Dual Disorders in the U.S.; the MATE levels of care in The Netherlands; as well as the Tiered system in Canada. The implementation of these models has met with various challenges in staff training and implementation. Our experience with these challenges will be discussed.

**Results:** The integration of two cultures of care is not easy and is fraught with identifiable pitfalls.

**Conclusions:** Much progress is possible through sensitive education and training of a multidisciplinary staff.

## FORENSIC PSYCHIATRIC SERVICES IN THE ARAB WORLD, THE PAST AND THE FUTURE

Dr Hasanen Al-Taiar, Oxford, UK

Dr Saif Al-Hashimi, Oman

Dr Moustafa Hussien Soltan, Egypt

### Forensic Psychiatry in Iraq:

There are a few psychiatric hospitals in Iraq , the main one being Al-Rashad Hospital in Baghdad which was built in the traditional asylum design in 1950. It has the capacity of 1200 beds distributed across 4 male wards and 2 female wards.

There is a special forensic wing in the hospitals for the mentally unwell offenders who are sentenced or on remand and these are managed by general psychiatrists. There is a limited number of specialized psychiatrists looking after the patients in addition to a number of trainee psychiatrists. Al-Rashad hospital is considered to be one of the main training centres in Iraq. Again, there is no specialized forensic psychiatry training in Iraq or a Mental Health Law.

### Forensic Psychiatry in Oman:

Mental health care is improving very rapidly in The Sultanate of Oman, and there is a good number of psychiatrists and two fully equipped psychiatric hospitals (The University Hospital and Almassarah Hospital ,the latter is the only tertiary care Centre in the country).

At Almassarah Hospital, there is a well established and fully equipped forensic psychiatry ward but is run by general psychiatrists only in the absence of any professionally qualified forensic psychiatrists .

At present , all offenders who are suspected to have mental disorders are referred to the psychiatric services mainly at Almassarah Hospital by the police or the courts.

When it comes to compulsory admission to psychiatric hospitals, the patient's family can arrange that themselves and police are usually not involved in this process.

There is no forensic inpatient hospital available in the country yet . 11% of patients spend less than a year, 14% of patients spend 1-4 years, 42% of patients spend 5-10 years, and 25% of patients spend more than 10 years. There is still no mental health law present in Oman , but the process of developing one is currently underway.

### Forensic Psychiatry in Egypt:

Al-Abbasiyah Hospital in Cairo which is the teaching hospital in Ain Shams University in Cairo. There is a specialised forensic department which deals with mentally ill offenders in this hospital. There are around 30 beds for the patients who are remanded pending court disposals or trials. After sentencing, female patients are disposed to around 20 beds in Al-Abbasiyah Hospital and male patients are disposed to El Khanka Central Hospital which has 40 beds for forensic patients. Ain Shams University in Cairo used to grant a diploma in forensic psychiatry after a year of training in that hospital but this qualification has recently stopped and the university is trying to reinstate it. In other Arab countries, there is no specialized forensic mental health services but the general psychiatrists are occasionally asked by the court judges to assess offenders who might have some kind of a mental disorder.

### Conclusions:

1. Forensic Psychiatry services in the Arab world are still very primitive despite the good development in other medical fields.
2. *The forensic service provision is only part of the general psychiatric service provision.*
3. *Currently , there are no formal forensic psychiatry training programmes in the majority if not all Arab countries*

## ABUSE OF VIDEO GAMES AND THE INTERNET IN A CASE OF AUTISM

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**Purpose:** Some studies show that the majority of children with autism spend most of their free time using compulsively the Internet and video games, and this attitude undermines the school, relationships and his health taking on the characteristics of a behavior addiction. Behavioral therapy could cope with this problem by providing the child the tools to limit the use of videogames and improve social relationships.

**Methods:** 11 year old boy diagnosed with high-functioning autism, who uses video games and the Internet compulsively. The intellectual function is normal while the capacity to adapt is inadequate, with greater difficulties in socialization. He shows little respect for the rules in different contexts carrying out an oppositional and provocative behavior. His speeches relate almost exclusively to video games themes and the boy also maintained he wanted to live in a virtual dimension.

The child for about a year has been following a behavioral therapy, either individual or group, which aims to increase interest and respect of social rules.

**Results:** Short after an initial resistance to therapy, the child shows some changes. The issues relate less to the virtual world, and parents report a much lower use of videogames and a peaceful attitude when he is not permitted to use them. His social relations are improved as well as his attitude in different contexts.

**Conclusions:** The child has a greater interest in social games and shows more skills in relationships with peers.

The child shows greater respect for social rules reducing oppositional behavior.

The debate on the benefits of computer use for therapeutic purposes for autism spectrum disorder and the risk that this will create more damage to the social level remains open.

## AN EXPLORATORY ONLINE SURVEY ON THE PREVALENCE OF HYPERSEXUAL BEHAVIOUR

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**Purpose & Methods:** Hypersexual disorder<sup>1</sup>, believed to be a type of behaviour addiction by many researchers and clinicians, is a controversial and understudied disorder. Considering the lack of data from developing countries, an online survey was carried out using 'Facebook' and e-mail to disseminate the study questionnaire. It was aimed only at those Indian nationals who reside in India. Participants were informed about the nature of the study, its purpose and requested to share the study link with anyone eligible for the study they knew of. No identifying information was collected for the purpose of present study. Data was collected for a period of 3 months. Questionnaire consisted of items pertaining to socio-demographic details, various sexual behaviours and attitudes of subjects towards them.

**Results:** Out of a total of 502 respondents, majority of the subjects were unmarried male young adults, heterosexual, post-graduates, studying or in a job and of middle socio-economic status. Around 92% were engaged in various sexual behaviours like fantasizing, watching/reading porn, phone sex, sexting and sex chat apart from active masturbation and/or having regular sex. Around 33% felt that their behaviour was excessive, roughly 33% felt shame, almost 1/4<sup>th</sup> of the sample felt it was uncontrollable and more than 25% had resultant socio-occupational problems – mostly related to studying. Around 40% made active efforts to control themselves, with 55.9% of them remaining unsuccessful.

**Conclusions:** The present study shows that a minority of the subjects may have the underlying hypersexual disorder reflected by their endorsement of the items on questionnaire like, "excessive", "shameful", "lost control", "problems", etc. in reference to their sexual behaviours. We hope that the present study would pave the way for further investigations, using better methodologies, into this mysterious disorder.

### Literature references:

- 1 Kafka MP. Hypersexual disorder: a proposed diagnosis for DSM-V. *Arch Sex Behav* 2010; **39**: 377–400.

## **LIMES, LIMEN. BORDERLINE PERSONALITY DISORDER AND SUBSTANCES ABUSE: TWO LINKED PATHOLOGIES ON THE BORDER BETWEEN NEUROLOGY AND PSYCHIATRY, LAW AND CLINIC.**

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We present a case report: a young man, who suffered from Borderline Personality Disorder, and with a long history of substances abuse, was charged with murder and was afterwards examined to determine his competence and his mental health at the moment of the crime.

The neurologist who evaluated him found him competent, and considered him a malingerer, overlooking the history of the patient, his odd behavior and the results of psychodiagnostic tests. The defense appealed: the Court of Appeals determined he had a 'partial mental insanity' without further evaluations.

The sentence of the Corte di Cassazione in 2005 (third degree Court), that confirmed the previous judgment, gives us the opportunity to reflect on the main issue whether a defendant, who suffers from chronic mental diseases, such as personality disorders or substances abuse, is competent to stand trial and responsible for his actions, or not guilty for reason of insanity and unfit to plead.

And what does it mean 'partial insanity'? Is it a valid definition or is it a compromise?

The focus is on psychiatric evaluations: we intend to stress the importance of a valid scientific and (mostly) psychiatric knowledge, that lets understand the complexity of those situations, avoiding the risk of too rigid and simplifying statements.

Analyzing behavior and history, not only the symptoms, of the defendant-patient, we can have much more information about his mental functioning.

We will emphasize also the importance of a correct use of psychodiagnostic tests in forensic psychiatry.

## CARACTERÍSTICAS Y PERMANENCIA EN TRATAMIENTO DE UNA MUESTRA DE USUARIOS DE DROGAS CONDICIONADOS LEGALMENTE A TOMAR TRATAMIENTO EN CENTROS DE INTEGRACIÓN JUVENIL TLALPAN

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**Objetivos:** Describir algunas de las características sociodemográficas y clínicas de una muestra de usuarios de drogas condicionados legalmente a recibir tratamiento en el Centro de Integración Juvenil Tlalpan y determinar algunos factores asociados con una mayor permanencia en tratamiento en el caso del grupo señalado, a través de probar si existen diferencias significativas en términos de la permanencia en el tratamiento medida por el total de sesiones asistidas en función de: recibir consulta médica psiquiátrica, involucrar a la familia en el tratamiento; recibir terapia individual además de la grupal indicada en este caso; recibir farmacoterapia; tener una condición activa de estudiante; y ser dependiente a una o más sustancias.

**Material y Método:** Se realizó un muestreo no probabilístico, cuyos criterios fueron: pacientes usuarios de drogas ilegales, con tratamiento condicionado, no psicóticos, no agitados, que firmaran consentimiento informado aceptando participar en el estudio. Para el análisis de datos se realizó un conteo de frecuencias con fines descriptivos y se conformaron, para efectos del estudio de factores asociados a una mayor permanencia en tratamiento, grupos de comparación con base en las variables de estudio (a saber: haber recibido consulta médica psiquiátrica, terapia individual o farmacoterapia; haber tenido participación de la familia en el tratamiento; tener una condición activa de estudiante; y diagnóstico de dependencia para una o más sustancias); esto para determinar diferencias de medias entre grupos (prueba t para medidas independientes) a fin de probar las hipótesis de estudio

### Resultados: Comparativo de permanencia en tratamiento según variables seleccionadas

Variable	N	Sesiones asistidas (media)	T	P
Asisten a consulta médica psiquiátrica	15	18.6	3.86	0.001
No asisten a consulta médica psiquiátrica	15	6.3		
La familia participa en el tratamiento	15	19.3	4.57	0.000
La familia no participa en el tratamiento	15	5.7		
Casos con dependencia a una sustancia	8	10.6	0.58	0.570
Casos con dependencia a dos o más sustancias	22	13.1		
Reciben terapia individual	9	20.8	3.25	0.003
No reciben terapia individual	21	8.9		
Estudiantes activos	9	20.8	2.63	0.025
No estudian	21	8.9		
Reciben Farmacoterapia	8	15	0.933	0.368
No reciben farmacoterapia	13	9.9		

**Conclusión:** Podríamos recomendar en base a estos resultados que es idóneo fomentar tempranamente la participación familiar en los procesos de tratamiento de los usuarios condicionados legalmente, así como promover su actividad o reinserción escolar y su inserción en otras modalidades de tratamiento que reforzarían la terapia grupal como la terapia individual y consulta médico-psiquiátrica.



## BUILDING AN INDIVIDUALIZED PROFILE FOR TREATMENT ACROSS BEHAVIORAL ADDICTIONS

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**Educational Objectives:** The empirical body of evidence underpinning the biopsychological causes of various behavioral addictions leads to a search for an individualized profile for assessing treatment needs.

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**Purpose:** To identify an individualized profile across behavioral addictions.

**Methods:** This presentation is based on nine recent literature reviews submitted as part of the Textbook of Addiction Treatment: International Perspectives – Section on Behavioral Addictions. It includes two parts.

**Results:** In Part I, an outline of neurobiological data, e.g. frontostriatal findings, neurotransmitters and genetic results covers at least six types of behavior addictions. A summary of psychological underpinnings of these behaviors follows, involving impairment of control, craving, expectancies, motives and personality.

In Part II, the development of screening instrument and current research efforts at validation will be reported. A current validated menu of treatment options against individualized needs will conclude the presentation.

**Conclusions:** An ever-expanding spectrum of behaviors potentially leading to addiction calls for a profile of common risk factors and an individualized assessment of needs.

## AN INDIVIDUAL WITH COMORBID BIPOLAR AND POLYSUBSTANCE USE DISORDERS COMMITS HOMICIDE AFTER A TESTOSTERONE INJECTION: A CASE REPORT AND DISCUSSION

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**Educational Objectives:** At the end of this presentation the participants should be able to diagnose an increased risk for violence in patients with dual disorders.

**Purpose:** The aim of this presentation is to report and to discuss a case of a patient with bipolar disorder and hypogonadism who murdered his wife shortly after a testosterone injection.

**Methods:** A case study and a review of the relevant literature.

**Results:** The patient was a 42-y.o. man with a history of dual diagnosis and multiple psychiatric hospitalizations. He had bipolar disorder with psychotic features and polysubstance use disorder (including the use of alcohol, marijuana, and lysergic acid diethylamide [LSD]). He also had hypogonadism. He also had a history of criminal behaviour and imprisonments for assaults, burglary, and sexual relations with adolescent girls. About 10 hours after receiving an injection of testosterone the patient hit his wife in the abdominal area which led to an internal bleeding and resulted in her death. Our case study as well as several case reports in the literature suggests that testosterone administration or high testosterone levels may be associated with homicidal behaviour. Published studies indicate that schizophrenia, major depression, and bipolar disorder increase the risk of homicide primarily if comorbid substance use disorders are present, i.e., dual disorders are associated with elevated homicide risk.

**Conclusions:** Further studies of the role of testosterone in the neurobiology of violent and homicidal behaviour in patients with dual disorders may help to prevent homicides.

## NURSING INTERVENTION IN CENTERS DRUG ADDICTION (CAD) PROTOCOL

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### PURPOSE:

Develop a tool to guide and unify nursing care in drug clients. For its realization was used as a framework Addictions Plan for the City of Madrid from 2011 to 2016. It describes the procedure is performed individually, looking for the normalization of the individual and includes use prevention, assistance and reintegration of consumers. In addition, special attention to the most sensitive for developing addictions or collective problem use is provided, such as: Teens and young, vulnerable women, patients with low potential for change, patients with dual diagnosis, drug addicts without home, people with special needs for their differences in background and people with legal disputes.

### METHOD:

A working group composed of several nurses who develop their work in the CAD was formed. This group was commissioned to do a literature review and the pair made several interviews with nurses who develop their work with drug addicts. Once all the data from the protocol adapted to the specific pathology addicted patients developed.

### RESULT:

It has designed a tool that can be very useful for handling and understanding of drug addicts. It also allows unify criteria nursing care and maintaining quality standards of it.

### CONCLUSION:

The protocol allows the assessment, planning and evaluation of nursing care in drug clients.

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Martínez, M. S. (2004). Los cuidados enfermeros desde una unidad de conductas adictivas: en busca de la excelencia. *Revista Española de Drogodependencias*. 29, 118-126.

## FAMILY HISTORY OF SUBSTANCE ABUSE AND ITS IMPACT ON PSYCHOSOCIAL SKILLS PROGRAMS TO PREVENT SCHOOL VIOLENCE IN TEGUCIGALPA, HONDURAS

E García Toro<sup>1</sup>, E Durón<sup>1</sup>, X Aguilera<sup>1</sup>, J.A Reyes<sup>2</sup>, M Aguilar<sup>2</sup>, M Sierra<sup>2</sup>

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**Objectives:** To evaluate the effect of a psychosocial skills program in preventing violence.

**Materials and Methods:** Using a quasi-experimental design, the study involved 8 weeks of an educational program providing 24 hours, divided into 12 sessions was performed. Changes were measured from the differences in two stages (pre and post) for which a questionnaire that measures three impact categories applied: knowledge about violence, attitudes and intentions towards violence and life skills. Additionally sociodemographic data and factors associated with violence were included.

**Results:** The results showed statistically significant post-intervention increases in responses associated with subscales of recognizing violence and causes of violence and increased the post intervention percentages in answers were the participants disagree with customs or reactions to violence (attitudes).

The post intervention percentages in answers about the decision to act or not to violence (intention) doesn't change and this was significantly associated with substance abuse in the family (crack OR 3.7 and Cannabis OR 2.1), aggressive behavior (OR 1.8), male gender (OR 2.5) Poor self-esteem was significantly associated with family violence (OR 3.1) and substance abuse in the family (crack OR 2.8, cannabis OR 1.8, cocaine OR 1.7 and Alcohol OR 1.4)

**Conclusions:** The psychosocial skills programs in the school environment are highly effective in increasing knowledge, recognize violence, improve attitudes towards violence however to achieve an effect on a larger scale is required more time intervention supplemented with multidimensional approach to direct actions towards family, community and social issues surrounding adolescent and their families substance use or abuse.

### References

1. Lira L. Una Revisión de violencia desde el campo de la salud mental. Orígenes de la violencia de México. Ed.1, 2010, pp 41-42
2. OPS. Prevención de la violencia mediante la reducción de la disponibilidad y del consumo nocivo de alcohol. En: Área de gestión de conocimiento y comunicación OPS. Prevención de la Violencia la evidencia. 2013. Pp.47

## TAKING THE PLUNGE- A QUALITATIVE STUDY OF HOPE WITHIN THE MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES

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**Educational Objectives:** Hope is important to recovery processes but its implications for research and practice has gained limited attention (Sælør, Ness, Holgersen, & Davidson, 2014). This presentation offers an insight in how service users living with co-occurring problems experience hope.

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**Purpose:** The aim of the study is to explore how hope and what may inspire it, is experienced in a first person perspective.

**Methods:** The overarching design of the study fits within an action research methodology. Data was collected by conducting in-depth interviews of 9 participants. Interviews were transcribed verbatim and a thematic analysis was applied.

**Results:** The analysis resulted in three themes dealing with what participants considered hope inspiring: “*You have to decide whether you want to live with it or not*”, “*You need some people you can trust and who has faith in you*”, “*You need something to hold on to when you are looking for the light at the end of the tunnel*”. A fourth theme encapsulates experiences of hope in itself: “*Daring to believe that something better is possible*”.

**Conclusions:** Hope seems inextricably tied to change, involving action and pursuing goals. The participants considered themselves the most important agent when aiming to realize their hopes. Rebuilding confidence that change for the better was possible despite experiences of disappointment and despair, was pivotal when orienting towards the future.

### Literature Reference:

Sælør, K.T., Ness, O., Holgersen, H., & Davidson, L. (2014). Hope and recovery: a scoping review. *Advances in Dual Diagnosis*, 7(2). doi: 10.1108/ADD-10-2013-0024

## ESTUDIO COMPARTIVO DE LOS HIJOS ADULTOS DE ALCOHÓLICOS UNIVERSITARIOS EN PUERTO RICO Y COSTA RICA

### Comparative Study of University Students, sons of Alcoholics in Puerto Rico and Costa Rica

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**Objetivos:** El propósito de esta investigación fue comparar la prevalencia de los hijos adultos de alcoholicos en estudiantes de nuevo ingreso de universidades en Puerto Rico y Costa Rica. Como objetivo secundario se evaluaron algunos factores psicosociales, tales como autoestima, codependencia, síntomas de ansiedad y depresión.

**Materiales y Método:** La recopilación realizada se hizo a través de un cuestionario auto-administrado a 3,204 estudiantes universitarios en Puerto Rico y Costa Rica. El instrumento consistió de 43 reactivos. La primera parte tenía preguntas dirigidas a recoger datos socio-demográficos, mientras que en la segunda parte, se utilizaron las subescalas de ansiedad y depresión de *Lista de Cotejo de Síntomas-36*; (Derogatis & Cleary, 1977; McNeil, Greenfield, Attkinson, & Binder, 1989), la *Escala de Autoestima Rosenberg* (Rosenberg, 1965), *Codependencia* (Perez-Gómez & Delgado-Delgado, 2003) y el *Children of Alcoholics Screening Test* (Hodgins, Maticka-Tyndale, El-Guebaly & West, 1993).

**Resultados:** El 18.5% de la muestra reportaron presentar características de Hijos Adultos de Alcohólicos (HADAs). Los resultados generales revelaron que existen diferencias estadísticamente significativas por país en las variables HADAs ( $t = 1.960$ ,  $gl=2546$ ,  $p = 0.05$ ) síntomas de ansiedad ( $t = 13.235$ ,  $gl=2892$ ,  $p = 0.00$ ) y de depresión ( $t = 16.491$ ,  $gl=2892$ ,  $p = 0.00$ ), codependencia ( $t = 2.011$ ,  $gl=2868$ ,  $p = 0.044$ ) y autoestima ( $t = 4.938$ ,  $gl=2883$ ,  $p = 0.00$ ). Además, las personas con características HADAs presentan menor autoestima (35.2%), más indicadores de codependencia (71.7%) y mayores síntomas de depresión (60.7%) y ansiedad (26.6%).

**Conclusión:** Se observó una prevalencia mayor de características de HADAs, síntomas de moderado a severos de ansiedad y depresión en la población de estudiantes costarricense. Por otro lado, en la población puertorriqueña se observó menor autoestima. Estos hallazgos sugieren que los estudiantes universitarios en ambos países son una población en alto riesgo de presentar dificultades en la salud mental y se deben de desarrollar estrategias efectivas de identificación temprana e intervención en los centros de consejería para trabajar con los mismos.

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## SEX ADDICTION: PSYCHIATRIC AND PSYCHOTHERAPEUTICS PERSPECTIVES

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**Purpose:** « Sex addiction » has raised debate and mediatization the last decade. Treatment seeking has grown but no best practices are yet developed. The disorder is commonly associated with other psychiatric disorders or social and marital problems.

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**Methods:** The aim of this work is to provide some case reports on patients seeking treatment for excessive sexual activity and to discuss clinical situations from assessment of dual diagnosis and three psychotherapeutics perspectives : psychodynamic, systemic and cognitive and behavioral.

**Results:** Excessive sexual activity is often associated with other psychiatric disorders and psychotherapeutic treatment is appropriate. Even if the three approaches are using different background and psychotherapeutic tools, each of them contribute to understanding the disorder and may help in alleviating the patients suffering.

**Conclusion:** Clinical method and description is useful for improving therapeutic approaches in this emergent disorder that needs clarification about evidence and etiopathogeny.

## COCAINE IMPAIRS CELL GENESIS DURING ADOLESCENCE: IMPLICATIONS FOR DEPRESSION-LIKE BEHAVIOR IN ADULTHOOD

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**Educational Objectives:** Cocaine experience in rats during adolescence impairs cell genesis but is not sufficient to alter depression-like behavior in adulthood.

**Purpose:** To analyze the effects of cocaine administered at different age-related windows of adolescent vulnerability (early, mid and late adolescence) on hippocampal cell genesis and the possible consequences of this adolescent experience in the manifestation of depressive-like behavior in adulthood.

**Methods:** Adolescent male rats were pretreated with BrdU (50 mg/kg, i.p., 3 days) followed by cocaine (15 mg/kg, i.p.) or saline (1ml/kg, i.p.) treatment for 7 days (PND 33-39, 40-46, and 47-53). Cell proliferation (Ki-67+ cells), cell survival (BrdU+ cells) and cell death (PARP fragmentation) were evaluated in the hippocampus 24 h after the last treatment dose (PND 40, 47, 54). Results were expressed as % change when compared to a young adult control group (PND 61). In a following experiment, adolescent rats were treated during 7 (PND 33-39) or 14 (PND 33-46) days with cocaine (15 mg/kg, i.p.) or saline, followed by the measuring of depression-like behavior in adulthood by forced swim test (pre-test PND 62 and test day PND 63).

**Results:** Chronic cocaine decreased cell proliferation (Ki-67+ cells) and increased cell death (PARP fragments) in the hippocampus only when administered during mid adolescence. However, chronic cocaine (7 or 14 days) during early-mid adolescence did not induce depression-like behavior in adult rats as measured by the forced swim test.

**Conclusions:** The results suggest that the administration of cocaine during adolescence alters brain plasticity as measured by a decrease in cell genesis. However, this previous cocaine experience does not endure into a later manifestation of depression-like behavior in adult rats.

**Acknowledgments:** Supported by ‘Delegación del Gobierno para el Plan Nacional sobre Drogas’ 2012/011, Fundación Alicia Koplowitz, and RTA-RD12/0028/0011. MJGF is a ‘Ramón y Cajal’ Researcher (UIB-MINECO).

## QUALITY OF LIFE OF MEN WITH ALCOHOL DEPENDENCE SYNDROME

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**Educational Objectives:** Alcohol dependence is comprehensive disease that in addition to health problems, involves economic and social difficulties. The problems rise in individual and societal level. Men's health indicators, mortality, and health awareness are much lower comparing to women. Alcohol dependence is in society stigmatized phenomenon that is often considered as velleity, not disease. This attitude inhibits prevention, treatment, rehabilitation and development of support systems.

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**Purpose:** The study aims to describe and analyse quality of life of alcohol dependent men in Estonia.

**Methods:** Consecutive sample of men who participated in the study had been diagnosed with alcohol dependence and been on treatment in Pärnu Hospital, Estonia. The social-demographic indicators and exposure to alcohol were assessed using a questionnaire. General index of quality of life and six broader domains (physical health, psychological, level of independence, social relationships, environment, spirituality/religion, personal beliefs) of quality of life were investigated using WHOQOL-100. The survey was carried out 2010-2011 in Pärnu Hospital. For data analysis statistical program STATA and Mann-Whitney test was used.

**Results:** In the final analysis answers of 57 men were used. The lowest average index of quality of life was for physical health (12.06), psychological wellbeing (11.88) and spirituality (11.86). Compared to European average, all domains for the study group had lower values. Men who were participating in self-help groups and/or were believers of some religion had higher estimation of their spirituality. Those men, who had had their longest period of non-drinking more than six and/or were in relationship, had higher estimations of social relationships.

**Conclusions:** In broader context, deeper cooperation of medical, scientific, political and non-governmental sphere is needed to gain success in the struggle against alcohol dependence. The practical work should start from better sharing of information about alcohol and co-morbid problems, more strict official alcohol policy, restructuring of treatment process to integrate medical and psychological methods and also integrating spirituality issues into health care and rehabilitation system.

## SY/ THE ROLE OF FAITH, SPIRITUALITY AND RELIGION IN THE PROCESS OF RECOVERY FROM DUAL DISORDERS

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*Clinical Director- Enterhealth, LLC. Residential and Outpatient Services*

The importance of spirituality in mental health is this days widely accepted and utilized as a tool for recovery in patients with diagnosis of substance related disorders. Wilson wrote in 1930 the *Alcoholics Anonymous book* . Its main objective is to help the alcoholic find a power greater than himself that will solve his problem, the "problem" being an inability to stay sober on his or her own. Religious beliefs and spiritual experiences are important in the life of a person, regardless of their faith, therefore we should include religious concepts in psychotherapy. Faith and religions are unique for each individual and in the process of care; practitioners should be able to utilize techniques that embrace patients believe system. A new psychotherapeutic method, which is called Spiritually Augmented Cognitive Behavior Therapy (SACBT), is a treatment technique, incorporating spiritual values to Cognitive behavior therapy. The use of meditation, prayers and rituals together with empathic listening, facilitation of emotional expression and problem solving may lead the patient to change with less resistance.

The goal of the presentation is to demonstrate how to utilize SACBT in residential and outpatient programs for dual disorders in conjunction with other modalities of care

The learning goal is to recognize the importance of spirituality as a tool for the treatment of the patient as a whole.

Recognize the impact that spirituality has in he recovery process.

## IMPLEMENTATION OF AN INTEGRATED CARE PATHWAY FOR CONCURRENT MAJOR DEPRESSIVE DISORDER AND ALCOHOL DEPENDENCE

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**Educational Objectives:** At the conclusion of this presentation, the participants should be able to recognize the patterns of comorbidity between Major Depressive Disorder and Alcohol Dependence and be familiar with the interdisciplinary integrated treatment approach used to treat these disorders.

**Purpose:** To develop, implement and assess clinical effectiveness of an Integrated Care Pathway (ICP) for concurrent Major Depressive Disorder and Alcohol Dependence.

**Methods:** Retrospective clinical chart review; prospective data collection; process reengineering, project management, change management; descriptive statistics.

**Results:** The ICP was developed and implemented at the Centre for Addiction and Mental Health. Thirty four patients were enrolled into the ICP program. Comparisons of treatment retention rates between ICP patients and historical controls (n=92) showed significantly lower dropout rate in the ICP cohort (7.1% vs 50.0%,  $p<0.001$ ; 11.1% vs 65.2%,  $p<0.001$ ; 20.0% vs 71.7%,  $p<0.001$  and 46.2% vs.78.3%,  $p<0.05$  at 4, 8, 12 and 16 weeks of treatment respectively). The ICP patients demonstrated significant reduction in depressive symptoms severity by the end of treatment (QIDS scores of 15.1 vs 9.3,  $p<0.03$ ; BDI scores of 28.3 vs 16.7,  $p<0.003$ ) and reduction of the percent heavy drinking days from 41.6% at baseline to 23.0% ( $p<0.04$ ) at week 14. No significant changes in severity of cravings, number of drinking days per week and drinks per drinking day were observed.

**Conclusions:** The ICP is a feasible approach to treatment of concurrent Major Depressive Disorder and Alcohol Dependence with significantly higher retention rates than treatment as usual. Patients demonstrate improvements on several levels including depressive symptoms, and changes in alcohol drinking patterns. The project achieved its objectives and demonstrated that the ICP model represents a promising treatment approach that can be recommended for broader implementation. Further data collection and implementation in a variety of settings are required in order to establish expanded applicability and effectiveness.

### Literature Reference:

Middleton S: What is an integrated care pathway? In: Evidence-based Medicine. Edited by Barnett J, vol. 3; 2001: 1-8.

Baigent M: Managing patients with dual diagnosis in psychiatric practice. Curr Opin Psychiatry 2012, 25(3):201-205.

## THE PREVALENCE OF MENTAL DISORDERS AMONG LESBIAN, GAY, BISEXUAL AND TRANSGENDER (LGBT) IN BAGHDAD

Aziz Salim Shakir Fibms

*Iraqi Ministry Of Health, Iraq*

**Background:** The term LGBT is commonly used as short hand for lesbian, gay, bisexual and transgender community, mental disorders higher prevalence among LGBT due to historical antigay stance and stigmatization of those people.

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**Aims of the study:** To identify the prevalence of mental disorders in LGBT community and relation to their demographic variables.

**Methods:** A case series study of 350 LGBT person in multicenter study in Baghdad was conduct within 4 years (2009-2013), Kinsey homo and heterosexual sexual scale used as a tool for assessment of sexual orientation and DSM 4 criteria for diagnosis of mental disorders.

**Results:** Only 150 Of 350 LGBT people suffered from mental disorders, regarding females the depression commonest (29%) followed by sadism (27%), while males depression and pedophilia commonest (17.8%) followed by nicotine and substance misuse (17%).

**Conclusion:** The mental disorders were common among LGBT and there is different gender distribution.

### Key words:

Lesbian, gay, bisexual, transgender, mental disorders



## LOW-DEMAND TREATMENT IN DUAL DISORDERS

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Through this presentation, attendees will know the multidisciplinary intervention in a low-demand centre with dual patients. First of all, we will describe the treatment and patient profile. Secondly, we will explain two clinical cases as an example.

From reception and attending to the demand, different ways of intervention are offered to the patient, all them aimed at reducing the impact of drug use. The way to influence in that, is not just monitoring it, health education or coordinated network with other services, as a basic process of health attention, but from a valuation of a multidisciplinary work team and the design of the “individual intervention plan” in which several therapeutic interventions are integrated and based in the social, educational, psychopathological and communal follow up.

This main ideas underlie more specifically the individual psychiatric and psychological monitoring, therapeutic groups or methadone treatment, not understood just an abstinence program but as a reduction of the consumption.

In this system where through prevention, detection and treatment is where dual patients are located.

According to the data obtained in the last psychological report, the most importantly symptoms are anxiety, depressions, somatisations and psychotic states. With regard to treats, it is found that there is a high prevalence in cluster B and C personality. Data regarding to addiction, places opiates as the first used substance, being cocaine the second most used drug.

The response to harm reduction treatment in dual pathology largely depends on the individual traits, but also the close connection between patient and professional and the amount of harm reduction estimated in each case. In this sense, the adhesion to the treatment is the main objective.

The cases selected will illustrate how the adhesion to harm reduction treatment improves the response to the “individual intervention plan” in dual patients.

## ABORDAJE Y MANEJO DE LA DINÁMICA FAMILIAR EN LA PATOLOGÍA DUAL

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Los pacientes con diagnóstico dual pueden presentar deficiencias en múltiples ámbitos. Uno de los más delicados es la dinámica familiar, por su relación con el desarrollo de los patrones de relación y conducta patológicos, por la severidad de los daños que encierra y por su relevancia durante y después del tratamiento. Sin embargo, la organización de un trabajo sistematizado con las familias de los pacientes afectados de patología dual es en muchas ocasiones misión imposible, por la combinación de distintos factores, entre los cuales no son irrelevantes el grado de desgaste de la familia, las dificultades socioeconómicas, la presencia de patología similar a la de los pacientes en otros miembros de la familia o la dificultad para llevar a cabo cambios relevantes en la dinámica por parte de los miembros teóricamente “sanos”.

Se pretende en la mesa compartir la experiencia profesional en el abordaje de estas familias en distintos encuadres terapéuticos especializados en patología dual.

### Ponentes

1. M<sup>a</sup> Nieves Gómez Llano. Ayuntamiento San Sebastián de los Reyes. San Sebastian de los Reyes. (Madrid) España. : “Terapia con familias de pacientes duales en un encuadre ambulatorio”
2. Lucas García. CTD El Alba (Toledo) España. “Terapia con familias de pacientes duales en una comunidad terapéutica”
3. Soledad Marzo Pons, Ayuntamiento de Madrid, Madrid, “El maltrato familiar y los adolescentes”

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## THE EFFECT OF PRESCRIBING OF METHADONE ON CHANGING OF MOODS IN OPIUM ADDICTS

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<sup>3</sup> College of psychology, Ayatollah Amoli Branch, Islamic Azad University, Amol, Iran

<sup>4</sup> Allameh Tabatabaie University, Tehran, Iran

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**Educational Objectives:** The pharmacology of methadone is so straightforward, so unequivocal, and so simple for medical professionals. The benefits of such short-term addiction treatment with methadone are substantial. It is a safe, effective, relatively inexpensive medical intervention in the solving problems of addiction. However, some physicians and doctors and even healthcare providers who themselves prescribe methadone to addicts often have inadequate information and are unfamiliar with psychiatric and psychological aspects of how it works.

**Purpose:** For better understanding of these aspects the study aimed to investigate effects of Methadone on changing of positive and negative mood affect in addicted.

**Methods:** Research method is quasi-experimental. In sampling process, 19 addicted people were randomly selected and before Methadone therapy with a pretest, Watson's Positive Affect and Negative Affect (PANAS) were administered on them. One month later after Methadone therapy again Watson's Positive Affect and Negative affect (PANAS) was administered on them. PANAS assesses: interest, distress, powerfulness, fear, enthusiasm, proud, agitation, nervous and panic. Data were analyzed with dependent T test.

**Results:** Findings showed significant differences between PANAS components. Methadone therapy increased interest, powerfulness, enthusiasm, proud and decreased distress, panic and agitation in addicted. But there is not any significant difference between nervous components.

**Conclusion:** The findings indicated that using Methadone drug in addition to reduce physical symptoms of addiction, can reduce significantly mental problems in addicted and can be regarded as a proficient drug for treating of addiction and as a results individuals can have a normal, productive, healthy, socially acceptable and self-fulfilling life style.

## ADDICTION, TRAUMA, MENTAL ILLNESS- TREATMENT OPTIONS FOR COMPLEX CONCURRENT DISORDERS

Reinhard Michael Krausz

*University of British Columbia (UBC)*

**Objectives:** Complex concurrent mental disorders are a special challenge for the treatment systems working with very vulnerable populations. Systems internationally are quite fragmented between the addiction programs and psychiatry excluding patients with either substance use disorders or mental challenges. The significant traumatic experiences are only addressed systematically in a few programs, although we have good evidence that trauma is an important catalyst for both.

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**Purpose:** Adapting the treatment system to the needs of the most vulnerable.

**Methods:** Based on the work in Vancouver's Downtown Eastside (DTES) with patients with severe addiction and mental illness experiences with specialized residential (Burnaby Center for Mental Health and Addiction) outpatient (ACT and Sheway) programs will be represented as a way of need adapted and client centered approach for the most vulnerable in our community with significant success.

**Results:** Through the development of integrated, need adapted programs we were able to improve retention rates and health outcomes, reintegration into society and housing as well as keeping children with their mothers and avoiding foster care.

**Conclusions:** The generic approach in separated programs between addiction and mental illness is not effective. Need adapted approaches are successful in integrating difficult to treat patients and support their recovery.

### Reference:

Complex concurrent disorders, Vancouver DTES, Sheway, ACT, Residential care for CCD Schütz, C., Linden, I. A., Torchalla, I., Li, K., Al-Desouki, M., & Krausz, M. (2013). The Burnaby treatment center for mental health and addiction, a novel integrated treatment program for patients with addiction and concurrent disorders: results from a program evaluation. BMC Health Services Research, 13, 288. doi:10.1186/1472-6963-13-288

## MULTIDISCIPLINARY RESIDENTIAL INTERVENTION IN DUAL DISORDER

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<sup>1</sup>. Casa Emmaus, Iglesias, Italia

### Purpose

Casa Emmaus welcomes people with substance disorders and dual disorders offering them a residential treatment. Men, women and children are hosted in separate structures. The dual disorders program aims to enhance the resources of the patient by increasing the autonomy and awareness of the disorder. This module provides specific activities in small group. The team care to structure a highly individualized path for patients affected by complex descase. This individualized program take advantage of the presence of additional educational figures for personalized support. The choice of this intervention could be in the therapeutic community, or if necessary in the small group apartment. The project is managed by a multidisciplinary team. There is a working network with referral services. There is taking charge of the whole person and his family. It describes the experience of the program dual diagnosis of masculine structure.

### Methods

The sample is composed of patients who have completed the treatment residential, program dual disorder, undertaken at Casa Emmaus mainly during 2013.

### Results

48.7% of patients had access to the input program dual disorder. The sample is of 37 patients. The average age is 39 years. Most of them is unmarried, has basic studies and does not carry out any work at the time of entry. 36% concluded the program positively, and 41% had voluntarily abandoned the program before reaching the objectives. Among the personality disorders, the borderline personality disorder is the most prevalent. Among other psychiatric disorders are especially bipolar disorder and those inherent in the schizophrenia spectrum. The substance most commonly used is alcohol.

### Conclusions

The dropout rate is still high. It is necessary, in addition to compliance with the standard procedures, designing custom paths identifying specific individual goals to reach and resources available.

## A TRANSDIAGNOSTIC THERAPY FOR BEHAVIORAL DYSREGULATION: MINDFULNESS AND MODIFICATION THERAPY CUSTOMIZED FOR ALCOHOL USE, DRUG USE, AND ANGER ISSUES

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**Educational Objectives:** The high co-occurrence of substance abuse and other dysregulated behaviors suggests the need of a transdiagnostic treatment that can be customized to target multiple specific behaviors. Following this presentation, participants should be able to display knowledge of a transdiagnostic therapy's effects when targeting alcohol use, drug use, and physical/verbal aggression.

**Purpose:** The project compared a transdiagnostic therapy for behavioral dysregulation (Mindfulness and Modification Therapy; MMT) versus treatment as usual (TAU) in targeting alcohol problems, drug use, physical aggression, and verbal aggression.

**Methods:** The comparison study investigated a 20-week, individual therapy (MMT;  $N=13$ ) versus TAU ( $N=8$ ) in targeting multiple dysregulated behaviors in women self-referred for problems with substance use and aggression. All reported baseline alcohol misuse (assessed by the AUDIT); 76% reported active and regular drug use; and 86% met diagnostic criteria for a substance-use disorder (alcohol=57%; drug=57%). All reported self-described problems with anger, a desire to decrease anger outbursts, and at least one act of physical aggression in the previous 6 months. Assessments (administered at baseline, post-intervention, and 2-month follow-up) consisted of the Timeline Follow-Back (to assess alcohol/drug use and acts of physical/verbal aggression), the Conflict Tactics Scale-2, the Mindful Attention Awareness Scale, and weekly urine drug screens.

**Results:** Multilevel modeling showed that MMT displayed: a) significant and large decreases in all primary variables ( $p \leq .01$ ), and b) substantially greater decreases in alcohol use, drug use, and physical aggression – but not verbal aggression – than did TAU ( $p < .05$ ). Differences were significant at completion and showed minimal deterioration of effects at follow-up. MMT also displayed significant improvements in mindfulness that were greater than those found in TAU ( $p < .01$ ).

**Conclusions:** Building upon previous research, these findings provide support for the utility of MMT in increasing mindfulness levels and decreasing multiple dysregulated behaviors, including: alcohol use, drug use, physical aggression, and verbal aggression.



## A DRUG TREATMENT PROGRAM FOR YOUNG ISRAELI BACKPACKERS WHO SUFFER FROM DUAL DIAGNOSIS

**Hagit Bonny-Noach, PhD.** *Ariel University & Beit Berl Academic College- Israel.* Consultant, Israel Anti- Drug Authority (IADA). Board Member- Israeli society of Addiction Medicine (ILSAM).

**Haim Mell M.D.** *Head, Treatment & Rehabilitation Division, Israel Anti-Drug Authority*

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### Abstract:

Over the last two decades, the phenomenon of drug-use among Israeli Military Veterans backpackers in South-East Asia and South America has become an Israeli problem requiring a social and health solutions.

One of the severe consequences of drug use among the young backpackers are health consequences. These include: mental and physiological damage following the use of various drugs. Some of them return in a psychotic state of some degree of severity or other straight to psychiatric treatment.

With the growing need for health promotion and drug use prevention services among backpackers, the Israel Anti-Drug Authority established "The Backpackers' Project", focusing on drug use prevention, harm reduction and unique health services and treatment for the young backpackers. In addition to the classic treatment provided in psychiatric hospitals,

Two unique frameworks have been established that aim to address the problem: one is The 'Israeli Warm Home', which was established in India in order to provide a first response to those affected by drug use, as well as those who have not yet been affected by it. The other is Establishment of 'Kfar Izun' (Harmony Village), an innovative and unique recovery and rehabilitation village for young adults suffering from mental health problems due to the use of drugs, usually during backpacking trips.

The goal of this lecture is to introduce the Israeli efforts to prevent this phenomenon and provide information about a drug treatment program that is available for backpackers with dual diagnosis.

## HOSPITALISATION OF SERVICE USERS BEFORE AND AFTER ADMISSION TO ASSERTIVE COMMUNITY TREATMENT IN NORWAY – DOES SUBSTANCE USE MATTER?

H. Clausen<sup>1</sup>, T. Ruud<sup>2</sup>, K.S. Heiervang<sup>3</sup>, S. Odden<sup>4</sup>, H.K. Stuen<sup>5</sup>, A. Landheim<sup>6</sup>

<sup>1</sup>. Akershus University Hospital, Lørenskog, Norway

<sup>2</sup>. National Centre for Dual Diagnosis, Innlandet Hospital Trust, Hamar, Norway

**Educational Objectives:** At the conclusion of this presentation the participants should be able to identify factors that predict reduction in hospitalisation and to explain differences between an ACT population with and without dual disorders.

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**Purpose:** This presentation will provide new knowledge on hospitalisation in an Assertive Community Treatment (ACT) population, comparing people with and without dual disorders. Factors that can predict changes in hospitalisation will also be presented. Assertive Community Treatment (ACT) teams have recently been implemented in Norway and serve people with severe mental illness. Many have severe co-occurring substance use disorders. The ACT population needs long-term, comprehensive health and social services but they often do not benefit from traditional services. This may lead to frequent or long admissions in hospitals. Persons with dual diagnosis are more likely to suffer from chronic health conditions, they often have a low functional level, are at greater risk for mortality and suicide and they experience greater challenges in accessing different services than persons without co-occurring substance use. This might affect the use of hospitalisation. However, few studies have compared hospitalisation and predicting factors among persons with and without dual disorders in an ACT population.

**Methods:** A research-based evaluation including 12 Norwegian ACT-teams obtained written informed consent from 142 users that were followed by the teams for 2 years. Data regarding hospitalisation during 2 years before and after admission to the teams were obtained from the National Patient Registry. On admission, an assessment battery was completed, including questionnaires regarding life and health situation, severity of psychiatric symptoms (BPRS), level of functioning (GAF and Practical and social functioning) and screening for substance use disorders (AUDIT and DUDIT).

**Results/conclusions:** Results from the research-based evaluation in Norway will be presented and discussed.

## NALMEFENE IN ALCOHOL USE DISORDER: A PRELIMINARY STUDY

LA Núñez Domínguez<sup>1</sup>, M García Nicolás<sup>2</sup>, O Arbeo Ruiz<sup>3</sup>

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<sup>3</sup>. Centro de Día Zuría, Pamplona, Navarra, Spain

**Educational Objectives:** To verify the utility of Nalmefene, a new treatment for Alcohol Use disorder **59**

**Purpose:** To verify the utility of Nalmefene, a new treatment for Alcohol Use Disorders (AUD)

**Methods:** We collect a sample of patients diagnosed of AUD and begin treatment with Nalmefene. We collect some sociodemographic data and data about history of AUD. We make a follow-up 3 month later and use the number of drinking per days and number of drinks per month as measure of effectivity.

**Results:** The majority of patients (more than 90 %9 maintain the treatment at the end of the study. Majority of patients has got an important decrease in the measurement of alcohol use and in some cases; they have got the abstinence of drinking.

### Conclusions:

After analysis of results, we consider Nalmefene as a good alternative for some patients diagnosed of AUD, getting the abstinence in some cases

## TRANSLATING EXPERIMENTAL FINDINGS INTO THE CLINICAL CONSULTING ROOM: A CASE EXAMPLE

Cynthia Cabral

*City College of New York, City University of New York, NY, USA,. St. John's University, Queens, USA*

**Educational Objectives:** Participants should be able to identify the benefits and challenges involved in implementing an empirically supported treatment for comorbid PTSD and SUD. A clinical case from a National Institute on Drug Abuse funded clinical trial using a randomized, controlled, repeated measures design that assessed the efficacy of COPE as compared to Relapse Prevention Therapy will be presented.

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**Purpose:** Concurrent treatment for PTSD and SUD with Prolonged Exposure (COPE) was developed as an integrated psychotherapy that uses evidence-based treatment approaches to address both PTSD and SUD simultaneously. This presentation outlines the how a specific treatment developed for comorbid PTSD and SUD can be implemented for use in a high-risk inner city population.

**Methods:** This presentation will outline treatment course for a clinical case example, including baseline and outcome assessment, a review of the treatment course using the COPE model, challenges and future directions.

**Conclusions:** Nearly half of individuals (43%) with PTSD also meet lifetime criteria for SUD, and many report consuming substances to self-medicate trauma-related symptoms. Historically, sequential care was recommended to treat the SUD first and PTSD was addressed once abstinence had been achieved. Growing evidence indicates the need for concurrent treatment as patients with comorbid PTSD and SUD have unique clinical concerns that require an approach that is distinct from PTSD treatments for patients without SUD. Integrated evidence-based treatments that are both effective and cost efficient are needed to meet this high demand. The case presented provides further evidence that individuals with PTSD/SUD comorbidity may have positive outcomes as the result of concurrent treatment.

## CANNABINOID HYPEREMESIS SYNDROM. A REPORT OF SIX NEW CASES AND A RESUME OF PREVIOUS REPORTS.

**C. Contreras Narváez<sup>1</sup>**, M. Mola Gilbert<sup>2</sup>, E. Batlle de Santiago<sup>2</sup>, E. Giné Servén<sup>1</sup>, J. Bigas Farreres<sup>3</sup>

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**Abstract:** Cannabis is one of the most used substance worldwide. In Spain it is the substance with an earlier age in the first use (18,7 years). The secondary effects of its use are diverse. In 2004, Allen et al published nine cases of a new clinical entity characterized by cyclic episodes of abdominal pain, vomiting and compulsive hot baths. All the patients were cannabis chronic users, and it was observed that the symptoms improved with abstinence. This new entity is known as Cannabinoid Hyperemesis Syndrome (CHS) and until now its pathophysiology is not well known.

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**Objective and Methods:** seeking to inform readers about CHS, six new cases are described. Also previous cases are reviewed until August, 2014.

**Results:** 93 cases was founded. The population is young in average, with a majority of males, and a long time of cannabis use before the first episode. Before HCS diagnosis, the patients attended urgency services many times and were studied by a variety of tests.

**Conclusion:** given the high rate of cannabis use in general population, the HCS could be under recognized at urgency services. This syndrome must be considered in the differential diagnosis of cannabis chronic users with recurrent episodes of intractable vomiting.

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## CHANGES IN BODY WEIGHT AMONG BIPOLAR PATIENTS PARTICIPATING IN A RANDOMIZED, PLACEBO-CONTROLLED TRIAL (RCT) OF VARENICLINE FOR SMOKING CESSATION.

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**Educational Objectives:** Weight gain is both a clinical and patient concern during and after smoking cessation. Some do not want to quit even though the medical harms of weight gain post-cessation are far less than continued smoking.

**Purpose:** There is some literature on body weight changes following smoking cessation in the general population of smokers<sup>1</sup> but almost none in smokers with severe mental illness (SMI).

**Methods:** We assessed weight and body mass index (BMI) changes in a placebo-controlled RCT using varenicline for smoking cessation in bipolar patients.<sup>2</sup>

**Results:** During the 3-month treatment phase, varenicline treated patients (n=29) lost 0.13 (SD=3.2) kg, and placebo (n=25) lost 0.25 (SD=2.6) kg. Among all quitters (n=18; n=15 varenicline, n=3 placebo), mean weight loss was 0.3 (SD=3.4) kg. The quitters (n = 18), included 8 men, and 10 women, with a mean age of 47.7 (SD=9.2) years. For the varenicline group (n=15), weight loss was 0.69 (SD=3.7) kg versus a weight gain of 1.66 (SD=1.0) kg in the three placebo-assigned patients. Two varenicline quitters (1 male, 1 female) gained 5% or more of body weight, while none of the placebo quitters did. Only one quitter in varenicline group changed BMI category, switching from obese classification to overweight.

**Conclusions:** Even though a few individuals who quit smoking gained weight, encouragingly, as a group, SMI patients do not appear to gain body weight during short-term smoking cessation trials with Varenicline.

### Literature References

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Chengappa KNR et al, Varenicline for Smoking Cessation in Bipolar Disorder: a randomized, double-blind, placebo-controlled study. J Clin Psychiatry 2014; 75(7):765-772



## EFFECTS ON BRAIN FUNCTION OF USE OF MARIHUANA IN SCHOOLBOYS EVIDENCED BY NEUROPSYCHOLOGICAL TESTING SHOWN BY AND NEURO-SPECT IMAGES

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Estudio comparativo basado en 565 escolares adolescentes pertenecientes a cuatro colegios de Santiago, Chile. Fueron encuestados todos para seleccionar una muestra estratificada por sexo, curso y condición de consumidores o no consumidores, manteniendo constante las variables coeficiente intelectual y nivel socioeconómico. Se conforman dos grupos: 40 consumidores exclusivos de marihuana y 40 no consumidores. Se comparan los resultados obtenidos en ambos grupos en los Test Neuropsicológicos y del NeuroSPECT de consumidores con una base de datos considerados normales para el mismo grupo etario.

Los adolescentes consumidores de marihuana evidencian menores habilidades cognitivas asociadas al proceso de aprendizaje, tales como atención, concentración, jerarquización, integración visoespacial, retención inmediata y memoria visual. Las diferencias entre ambos grupos son estadísticamente significativas.

Los hallazgos del NeuroSPECT muestran hipoperfusión subgenua bilateral, más marcada en el hemisferio izquierdo (área 25 de Brodmann), hipoperfusión frontal bilateral (áreas 10 y 32 de Brodmann), hipoperfusión del giroscingulado anterior (área 24 de Brodmann) e hipoperfusión del área 36 de Brodmann que proyecta sobre el hipocampo. Los estudiantes consumidores exclusivamente de marihuana muestran compromiso coincidente en neuroimágenes y test neuropsicológicos en áreas del cerebro relacionadas con el aprendizaje y se diferencian significativamente de los no-consumidores en las pruebas neuropsicológicas.

## MARIJUANA TEEN CONSUMERS TEEN: IMPLICATIONS FOR FAMILY AND SCHOOL

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Se sitúa el problema del consumo de marihuana en adolescentes, en la perspectiva del desafío que representa para la familia y la escuela, sin desconocer sus implicaciones sociales y de salud pública.

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Se estudia el efecto del consumo (exclusivo) de marihuana en una población de adolescentes escolares que no han consultado a un especialista por problemas de adicción. Los resultados muestran el efecto del consumo habitual de marihuana en funciones cognitivas involucradas en el aprendizaje. Una vez identificados los sujetos, se realizan evaluaciones individuales de estudiantes consumidores y no consumidores de educación media de establecimientos de dependencia municipal, particular subvencionada y particular pagada del Área Metropolitana (Santiago de Chile). Los resultados muestran evidencia de efectos nocivos sobre la memoria inmediata, atención-concentración y estrategias de ejecución en los consumidores, con diferencias estadísticamente significativas respecto al grupo control.

Se destaca el rol del colegio y de la familia como factores protectores o de riesgo para el consumo.

### Palabras claves:

Cannabis, adolescentes, consumo, daño neurológico, funciones cognitivas, colegio, familia

## PALIPERIDONE PALMITATE. AN EXPERIENCE IN DUAL PATHOLOGY

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**Objective:** Evaluate the efficacy and tolerability of antipsychotic, paliperidone palmitate, through clinical improvement observed in a group of patients diagnosed with psychosis i addictive disorder.

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**Material and Methods:** The sample comprised 15 patients with this dual diagnosis who initiated treatment with paliperidone palmitate and a prospective evaluation of both their psychopathological evolution as compared to the use of different psychoactive substances was performed.

- Efficacy was evaluated using psychopathological scales: GAF and SPRS, in 3 times: baseline, 13 weeks and 25 weeks.
- Tolerability was assessed with a record of adverse effects.

**Results:** Through Brief Psychiatric Rating Scale (BPRS), it was noted as patients were improving gradually.

Regarding the assessment scale (GAF = GAF) symptoms became more moderate so that increased their overall performance and level of personal autonomy.

The weight must be checked regularly.

Adverse events (akathisia, sexual dysfunction) were dose related.

No significant changes were observed in terms of hepatic parameters, glucose and lipid, although most were polypharmacy.

**Conclusion:** The use of paliperidone palmitate has been effective in improving psychopathology and abandon the use of different psychoactive substances. There have been good drug tolerance and acceptance, so a good compliance despite being complex patients.

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- Samtani MN, et al. Dosing and Switching Strategies for Paliperidone Palmitate Based on Population Pharmacokinetic Modelling and Clinical Trial Data. *CNS Drugs* 2011;25(10):829-845.

## FAMILIAL FACTORS ASSOCIATED WITH DEVELOPMENT OF ALCOHOL AND MENTAL HEALTH COMORBIDITY

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**Educational Objectives:** At the conclusion of this presentation, the participants should be able to recognise family and individual factors which may contribute to the development of comorbid alcohol/mental health disorders and differentiate these from single disorders.

**Purpose:** Co-occurring mental health and alcohol problems appear to be associated with greater health burdens than either single disorder; this study compares familial and individual contributions to development of comorbid alcohol/mental problems and tests whether these differ from single disorders.

**Methods:** A birth cohort of mothers (n=6703) and their offspring was recruited in pregnancy to the Mater-University of Queensland Study of Pregnancy (MUSP) at the Mater-Misericordiae Public Hospital, Brisbane, Australia. Mother/offspring dyads were followed over 21 years. Primary offspring from the MUSP with full psychiatric information at 21 years and maternal information at 14 (n=1755) were included. Structured interviews at 21 yielded a four-category outcome using mental health and alcohol modules of the Composite International Diagnostic Interview [no disorder, alcohol only, mental health only, and comorbid alcohol/mental health]. Multinomial logistic regression models were adjusted for gender, maternal mental health and substance use, family environment and adolescent behaviour.

**Results:** Maternal smoking (OR=1.56; CI<sub>95</sub>=1.09-2.22 vs no-disorder) and low mother-offspring warmth (OR=3.19; CI<sub>95</sub>=1.99-5.13) were associated with mental health/alcohol comorbidity in young adults, as were adolescent drinking (OR=2.22; CI<sub>95</sub>=1.25-3.96), smoking (OR=2.24; CI<sub>95</sub>=1.33-3.77) and attention/thought problems (OR=2.04; CI<sub>95</sub>=1.18-3.52). Some differences were seen from single disorders. In a sub-sample with paternal data, fathers' drinking problems (OR=2.41; CI<sub>95</sub>=1.10-5.29) were more strongly associated with offspring mental health/alcohol comorbidity than both single disorders (p<0.05).

**Conclusions:** Maternal smoking and warmth were related to alcohol, mental health and comorbid disorders at age 21. Adolescent drinking and attention/thought problems were only associated with comorbid disorders. Family influences on development of comorbid alcohol/mental health problems may act through constituent disorders.

## SEX DIFFERENCES IN THE EFFECTS OF IMMUNE ACTIVATION DURING THE GESTATIONAL STAGE ON COCAINE SELF-ADMINISTRATION IN ADULTHOOD: PRELIMINARY DATA FROM A MODEL OF DUAL DIAGNOSIS.

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In schizophrenia there is a prevalence of cocaine abuse can be up to three times higher than in the healthy population, however epidemiological data do not establish causality between pathologies. An animal model that recapitulates some of the symptoms of schizophrenia is the prenatal immune activation. In our case we pregnant female Sprague-Dawley rats and we were administered intraperitoneal dose of 100 mg / kg of Lipopolysaccharide or saline during gestational days 15 and 16. When the offspring reached adulthood, behavior social interaction, working memory and prepulse inhibition of the startle response was evaluated. Subsequently, we examined cocaine self-administration (0.5 mg / kg). Preliminary results showed no differences in social interaction. Unlike other authors, we did not find effects on prepulse inhibition of the startle response but a working memory deficit. In a parallel group study the levels of TNF alpha in maternal plasma increased after three hours of Lipopolysaccharide injection. self-administration results show a tendency for adult females exposed Lipopolysaccharide during gestation to self-administer cocaine and more increased key induced relapse. Otherwise, in males the drug self-administration and relapse was lower in the group exposed to Lipopolysaccharide in comparison to the saline control. Data seem to indicate that females with a phenotype of schizophrenia appear more vulnerable to abuse cocaine.

## RELATIONSHIP BETWEEN CANNABIS AND PSYCHOSIS: DANGEROUS LINK?

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<sup>1</sup>*Hôpitaux universitaires de Genève, Switzerland*

**Objectives:** This work investigates and analyzes the dual diagnosis from the link between cannabis use and psychiatric disorders.

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**Methods and results:** Review of the current scientific literature on the link between regular cannabis use and psychosis. Some clinical cases will illustrate frequent situations in the practice of clinical psychiatrist.

**Conclusions:** There is an increase in the prevalence of cannabis use in Western societies and there are different projects to regulate and control the cannabis use. Psychiatry must answer and argue on these issues from evidence and knowledge. Vulnerability of some groups and populations should be considered in this issue.

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## HIGHER FREQUENCY OF C.3435 OF THE ABCB1 GENE IN PATIENTS WITH TRAMADOL DEPENDENCE DISORDER

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### Abstract

**Background:** Polymorphic variation at the ABCB1 gene has been shown to affect the pharmacodynamics and kinetics of various drugs.

**Purpose:** This study aimed to determine the frequency of occurrence of Single Nucleotide Polymorphism (SNP) in position A118G OPRM1 (rs1799971) gene and C.3435 (rs1045642) gene in tramadol users in comparison with normal controls.

**Methods:** This was a cross sectional case-control outpatient study. The study sample consisted of 127 subjects (74 tramadol-dependents and 50 healthy controls). All patients fulfilled the Diagnostic and Statistical Manual IV Criteria for substance dependence (on tramadol). Genotyping of the OPRM1 gene 118 SNP and ABCB1 genes C.3435 SNP was performed by PCR, followed by restriction fragment length polymorphism identification.

**Results:** A significant association was found between the ABCB1 gene T allele at the polymorphic site 3435 and tramadol dependence. No significant association was observed with the A118G OPRM1 gene.

**Conclusion:** The high frequency of ABCB1 gene T allele present at the polymorphic site 3435 could provide a protective mechanism from tramadol dependence disorder. Further study, using a larger sample, would be useful in further evaluating the possible role of ABCB1 gene polymorphisms.

**Keywords:** m-opioid receptor, ABCB1 gene, OPRM gene, tramadol dependence

## THE BINOMIAL VIOLENCE AND ALCOHOL

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**Educational Objectives:** Relations between alcohol and youth violence

**Purpose:** Of risk factors and prevention

**Methods:** Theoretical description

**Results:** Evidence

**Conclusions:** -know that hazardous and harmful alcohol consumption is strongly related to violence,

-analyzing risk factors to prevent

- Alcohol consumption directly affects cognitive and physical functions. Hazardous drinking can reduce self-control and ability to process incoming information and assess risks, and increase emotional lability and impulsivity, which makes some more likely to resort to violence if confrontation drinkers. The decline in physical control and ability to recognize warning signs in potentially dangerous situations can make some drinkers easy targets for attackers.

- Individual and societal beliefs about the effects of alcohol (increases confidence and aggressiveness) can induce consume as preparation for participation in violent acts.

- Being a victim or witness of violence can lead to harmful alcohol as a coping mechanism or to self-medicate.

- The drinking places that are uncomfortable and are crowded and poorly managed contribute to that more aggression among drinkers.

- Alcohol and violence may be related through a common factor (antisocial personality disorder) that increases the risk of drinking large amounts of alcohol, and having violent behaviors.

- Alcohol and violence can be ritually related as part of the culture of youth gangs.

- The hazardous and harmful alcohol consumption are key risk factors for intimate partner violence, which can occur in relationships between young people.

- In utero exposure to alcohol (fetal alcohol syndrome or effects of alcohol on the fetus) is associated with behavioral and social problems, included criminal behavior.

## THE ASSOCIATION BETWEEN GRIT AND DUAL DIAGNOSIS AMONG INPATIENTS WITH ALCOHOL USE DISORDERS

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**Educational Objectives:** At the conclusion of this presentation, participants should be familiar with the concept of grit and its potential relevance for recovery from alcohol use disorder.

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**Purpose:** Grit is defined as perseverance and passion for long-term goals. Those with more grit demonstrate greater success and achievement in several domains, such as educational attainment<sup>1</sup> (Duckworth et al., 2007). Grit has not been examined among patients with substance use disorder (SUD). The aim of the study was to examine grit among inpatients with a primary diagnosis of alcohol use disorder, using the Short Grit Scale (Grit-S<sup>2</sup>).

**Methods:** Consecutively admitted inpatients to a substance use disorder treatment program completed self-administered questionnaires. The Grit-S has 8 items, with 2 subscales: Consistency of Interest and Perseverance of Effort. Total scores range from 1 (low grit) to 5 (high grit). Grit-S scores of those with alcohol use disorder (N=72) were compared to scores from other populations and to inpatients with an opioid use disorder (N=64). Among those with alcohol use disorder, associations between Grit-S scores and patient characteristics were examined.

**Results:** For the Grit-S, mean scores were 2.8 (sd=0.9) for the Consistency of Interest subscale and 3.6 (sd=0.7) for the Perseverance of Effort subscale. These scores were similar to the means of 2.9 and 3.7 reported in other populations. However, total Grit-S scores for the alcohol use disorder participants (mean=3.2, sd=0.6) were lower than the general population mean of 3.4 (p<0.02), but higher than participants with opioid use disorder (mean=3.0, p<0.02). Alcohol use disorder participants with a dual diagnosis had lower Grit-S scores compared to those without a dual diagnosis (means=3.1 versus 3.4, p<0.05). Gender and age were not associated with Grit-S scores.

**Conclusion:** Inpatients with alcohol use disorders reported low levels of grit relative to nonpatient samples; those with a dual diagnosis report the lowest grit scores. Given the importance of perseverance to the achievement and maintenance of abstinence, low grit may be a marker of risk for poor treatment outcomes.

### References

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Duckworth AL, Peterson C, Matthews MD, Kelly DR. Grit: Perseverance and passion for long-term goals. *Journal of Personality and Social Psychology* 92:1087-1101, 2007

## ENERGY DRINKS: AN EMERGING HEALTH PROBLEM

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La aparición de nuevas drogas, la preocupación de los padres y profesionales por la enorme difusión en las redes de nuevas sustancias legales, implica prevenir y actuar. El acceso a estas sustancias implica un gran riesgo para la salud.

En los últimos años se ha ido popularizando el consumo de las llamadas “bebidas energizantes”. Se ha constatado el uso de estos productos entre consumidores de drogas de abuso. Muy frecuente la combinación con alcohol, aunque también con cocaína y otras drogas recreativas. Un informe elaborado por el Gobierno de Estados Unidos concluye que el número de personas que han acudido a urgencias por consumir bebidas energéticas -de empresas como PepsiCo (AMP) o Monster Beverage (5-hour Energy)- se ha duplicado en los últimos cuatro años, período que coincide con el aumento en popularidad de estos productos en el país; ya muy visibles en tiendas, bares y universidades. El año pasado, sus ventas crecieron un 17%. “Desde 2007 hasta 2011, las visitas al médico de urgencias por esta causa aumentaron de 10.000 a 20.000 y en la mayoría de los casos los pacientes eran adolescentes y jóvenes adultos”, según explica el estudio elaborado por la Administración de Servicios de Salud Mental estadounidense.

Aunque en el documento no se especifica los síntomas exactos por los que los pacientes acudieron a urgencias durante estos cuatro años, lo que sí hace, es definir las bebidas energéticas como un “problema de salud pública emergente” que puede causar insomnio, nerviosismo, dolor de cabeza, arritmias y mareos. Los expertos aseguran que “perciben un aumento en el número de pacientes que presentan síntomas como ritmo cardíaco irregular, ansiedad y ataques del corazón tras consumir estos productos”. Y señalan que “muchacha gente desconoce su efecto físico real”. Estos productos están consiguiendo encontrar un hueco entre la juventud y su consumo aumenta cada año entre los estadounidenses. El director del Departamento de Enfermedades no Transmisibles y Salud Mental de la Organización Mundial de la Salud (OMS), Derek Yach, advertía ayer de que, en contra de lo comúnmente aceptado, las bebidas energéticas se utilizan como estímulo para continuar bebiendo alcohol en lugar de sustituir su consumo. La aparición de estos nuevos productos “atractivos” para los jóvenes con envases diseñados para estas edades y un sabor dulce “hacen que consumir alcohol sea más agradable”, en palabras de Yach.

## DETOXIFICATION WITH METHADONE FOR THE TREATMENT OF PRESCRIPTION OPIOID USE DISORDER: TWO CLINICAL CASES

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**Educational Objectives:** Inappropriate use of prescription opioids is a growing problem that can complicate pain management. Pretreatment risk assessment may be helpful in guiding their appropriate clinical use<sup>i</sup> and pharmacological substitution therapies have been shown to be the most effective treatment for opioid dependence<sup>ii</sup>. However, clinical guidelines for preventing prescription opioids use disorder as well as addressing detoxification therapies are lacking.

**Purpose:** To describe the therapeutic management in two women with prescription opioid (PO) use disorder, highlighting possible pretreatment risk factors.

**Methods:** We report two cases of women diagnosed with Severe Opioid Use Disorder (DSM-5) secondary to opioid-based analgesic treatment.

**Results:** Ms.R, a 62 years old woman, had received from 25 to 100 mcg/hour of transdermal fentanyl for 9 years due to fibromyalgia. Detoxification was carried out by switching to oral methadone, titrated up to 25 mg per day and was successfully terminated after 76 days with no relapses at three months follow-up.

Ms.G, a 46 years old woman, had been treated with codeine due to a chronic unspecific cough. She reported a continuous consumption of codeine-based tablets for 3 years, with up to 173 mg per day. Detoxification was carried out by switching to oral methadone titrated up to 50 mg per day, with no relapses at three months follow-up.

**Conclusions:** History of other substance misuse, psychiatric diagnosis as far as extra-label doses and length of treatment might be predictors of future dependence. Methadone was a successful strategy for detoxification in our patients. Given its pharmacological properties (long half life, high oral bioavailability) it might be an effective treatment for routine prescription opioids detoxification in patients with Opioid Use Disorder.

<sup>i</sup> Passik SD, Narayana A, Yang R. Aberrant Drug-Related Behavior Observed During a 12-week Open-Label Extension Period of a Study Involving Patients Taking Chronic Opioid Therapy for Persistent Pain and Fentanyl Buccal Tablet or Traditional Short-Acting Opioid for Breakthrough Pain. Pain Med. 2014 Mar 25. doi: 10.1111/pme.12431.

<sup>ii</sup> Ling W, Mooney L, Hillhouse M. Prescription opioid abuse, pain and addiction: Clinical issues and implications. Drug Alcohol Rev. 2011 May;30(3):300-5.

## BACLOFEN : MAINTENANCE OF ABSTINENCE IN ALCOHOL DEPENDENT PATIENTS ATTENDING LIVER CLINIC

**Lynn Owens\***<sup>1,2</sup>, Abi Rose<sup>3</sup>, Andrew Thompson<sup>2</sup>, Munir Pirmohamed<sup>2</sup>, Ian Gilmore<sup>1</sup>, Paul Richardson<sup>1</sup>

<sup>1</sup>Hepatology, Royal Liverpool Hospital, <sup>2</sup>Department of Molecular and Clinical Pharmacology, <sup>3</sup>Psychology, University of Liverpool, Liverpool, United Kingdom.

**Educational Objectives:** Have confidence in treating this complex patient group, and understand the importance of pharmacotherapy as an adjunct to psychological/behavioural interventions.

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**Purpose:** The primary aim of this study was to measure the effectiveness and tolerability of Baclofen in maintaining abstinence, and to determine if this resulted in a reduction in standard measures of liver damage.

**Methods:** An observational prospective clinical audit was performed. Patients with ALD were commenced on Baclofen titrated according to tolerability and response up to 30 mg TDS. Primary outcome measures were severity of physical dependence (SADQ score) and biochemical markers of liver damage GGT, ALT, Bilirubin & fibroelastography. These were compared at baseline, and 1 year.

**Results:** Of the 243 patients commenced on Baclofen in our HAC, 151 (85 female 66 male) have completed 1 year follow-up (F/U) of which 130 (86%) have remained engaged. 10 have died. All patients had a diagnosis of ALD of which 67 had cirrhosis, 15 had Hep C and 9 had pancreatitis. Comparison of baseline (B/L) and 1 year biochemical markers showed a reduction in GGT ( $\chi^2 = 66.8$   $P < 0.0001$ ) and Bil ( $\chi^2 = 82.6$   $P < 0.0001$ ). There was also in significant difference in mean ALT ( $P = 0.005$  95% CI = 3 to 16). Fibro scores between B/L and F/U were available for 22 patients with 19 scans showing improvements ( $\chi^2 = 20.4$   $P < 0.0001$ ). Between B/L and F/U there was a significant reduction in alcohol consumption ( $P < 0.0001$  95% CI = 10 to 22). And the presence of physical dependence ( $\chi^2 = 77.4$   $P < 0.0001$ ) as categorised by SADQ.

**Conclusions:** Baclofen is well tolerated in this very difficult to treat, high risk patient group. It has a positive impact on alcohol consumption, and overall measures of liver function and harm. A RCT is needed to confirm the benefit of Baclofen in this patient group.



## DUAL PATHOLOGY ON ALCOHOLIC PEOPLE: A DESCRIPTIVE STUDY

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**Aims:** This study has aimed to assess the prevalence of dual pathology in patients undergoing treatment in the Addiction Treatment Centre (CTA), ARCA in Cadiz, and establish the mental disorders they suffered as well as their impulsivity, hyperactivity and desire to drink.

**Method:** It is a descriptive study of the mental and addictive disorders, which are more frequently found in alcoholism. It was carried out in a sample of 51 patients attending CTA, obtained through consecutive sampling. In order to assess the presence of dual pathology we used semistructured interview MINI 5 and the test MCMI-III, using DSM-IV diagnostics criteria for alcohol dependence or abuse. The tests SIS (impulsivity), SF-36 (health-related quality of life), MACS (desire to drink) and ASRSv1 (hyperactivity) were also used.

**Results:** The frequency of dual pathology in alcoholic people is 70.6% with an average of 2.45 disorders a person and dependency on alcohol according to MCMI-III, but as regards MINI 5 the percentage increases up to 80.4%. Of those patients suffering from dual pathology, 53.7% has bad mental health according to the health survey SF-36; 80% presents a moderate and intense global score according to MACS; 56.1% got a significant score in impulsiveness according to SIS; and 41.5 has highly consistent symptoms with ADHD.

**Conclusions:** The resulting figure from the prevalence of dual pathology is considered to be a remarkable one, and it emphasizes the importance of the problem. The fact that dual pathology is so frequent, mainly in addiction treatment centres (CTA), suggests the need for the adequate training of health professionals in order to diagnose and treat mental disorders as well as reach suitable communication among the different centres. On the other hand, it is important to make mental health professionals aware of the relevance to an appropriate detection and treatment for addictive disorders.

## INJECTION AND NON INJECTION DRUG USERS PRESENTING IN A TEACHING HOSPITAL IN SOKOTO, NIGERIA. A REPORT OF SOCIOCULTURAL FACTOR AS BARRIER IN MANAGEMENT

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**Educational Objectives:** At the conclusion of this presentation, the participants should be able to recognize how sociocultural factor in developing country impede on patients' management.

**Purpose:** This study examined the characteristics of injection and non-injection drug users and investigated sociocultural factors as impediment to management

**Methods:** Data on demographic characteristics and comorbid psychoactive substance use in 200 adult patients of 1406 patients who were managed as inpatients and outpatients from 1997 to 2012 were analysed. The type and pattern of substance use were investigated. Presence of sociocultural factors as treatment barriers was examined. Data analysis was done using SPSS for windows version 16.0.

**Results:** Two hundred of the subjects were managed on account of drug related problems. While both genders were found to have injection drug use, the non-injection drug users were mainly male gender. Also, the injection drug users were health workers or had contacts with health facilities.

In addition, the injection drug users were older than the non-injection drug users and the psychoactive substance used were pentazocine, marijuana, solvent and sedatives.

The families of patients were of the opinion that drug problem was secondary to moral failure.

### Conclusions:

Sociocultural factor which viewed psychoactive substance use disorder as moral failure was a challenge to the care of patients with drug related problems. There would be need for concerted efforts at ensuring that family members understand the medical aspects of addiction.

## DIFFERENCES BETWEEN OPIATE AND NON-OPIATE USING POPULATIONS: CHARACTERISTICS, MOTIVATION, RETENTION AND OUTCOMES IN DUAL DIAGNOSIS TREATMENT

Siobhan A. Morse

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**Learning Objectives:** At the end of this presentation, participants will be able to (1) identify relevant differences between opiate using and non-opiate using populations, (2) identify important differences in opiate using populations by age, (3) utilize this knowledge design programs supporting the disparate needs of the compared populations.

**Purpose:** As opiate use has increased, questions regarding the specific needs and challenges of this population remain largely unanswered. As opiate use has risen in recent years, a new wave of opiate users who differ significantly from those traditionally described in the literature are seeking treatment. While most research on opiate abuse and treatment has focused on the public sector, there is a paucity of research on individuals seeking private voluntary treatment. This study seeks to determine what, if any, meaningful differences exist between opiate and non-opiate users who enter voluntary, private, residential treatment, and the impact of any differences relative to treatment motivation, length and outcomes.

**Methods:** Data for this study was drawn from 1,972 individuals, utilizing the Addiction Severity Index, the Treatment Service Review, the University of Rhode Island Change Assessment, and a satisfaction measure. Interviews were conducted at program intake, and 1 and 6-month interviews post-discharge.

**Results:** The results suggest more similarities than differences between the two groups on baseline characteristics, motivation, completion, engagement, retention, and levels of satisfaction, and post-treatment service use. Additional *post hoc* analyses was conducted when significant within group differences by age for opiate users were revealed. Older opiate using adults appeared to enter treatment with higher levels of severity for alcohol, medical and psychological problems and young opiate using adults present at treatment with greater drug use and more legal issues.

**Conclusions:** This suggests different strategies within treatment programs may provide benefit in targeting the disparate needs of different age opiate users.

Siobhan holds a master's degree in Health Services Administration from Florida International University. While at FIU, she participated in a number of research projects, including a National Institute of Mental Health/Mental Health Statistic Improvement Project (NIMH/MHSIP) focusing on the severely and persistently mentally ill; United States Department of Education (USDOE) evaluations; and local evaluations of at-risk youth. As an adjunct professor at Florida International University, Siobhan taught program planning and evaluation for the College of Urban and Public Affairs. She also served as a lead coordinator in the joint United Way, Children Now and Dade Community Foundation Project entitled, "Report Card on the Status of Children's Services in Dade County," where she pioneered the use of report card technologies. Siobhan earned her certification as a clinical research coordinator (CRC) from the Associates of Clinical Pharmacology and conducted over 100 clinical trials with major pharmaceutical companies investigating new and promising treatments. She holds her certifications as an ARISE interventionist and as a master addiction counselor. Siobhan has several current publications in research journals, including indexed PubMed citations. Currently Siobhan is the Director of Research and Fidelity for Foundations Recovery Network.

## PERSONALITY DISORDER AND ADDICTION

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**Educational Objectives:** Personality disorder, or PD, is a debilitating condition that is often misrepresented in popular culture and misunderstood by the general public. Those who suffer from PD are seen as highly manipulative, dependent and dramatic, but mental health professionals understand that this behavior arises as a dysfunctional way to cope with overwhelming fear and emotional pain. The pain, emotional instability and impulsive behavior of personality disorder place these individuals at risk of drug or alcohol abuse.

**Purpose:** Research deals with the assessment of the presence of PD as a dual diagnosis of addiction as well as the presence of this diagnosis, PD, for the control group

**Methods:** In this project we used the following instruments diagnosis PD: NEO PI-R questionnaire for the assessment of 5 basic personality traits, SCID II questionnaire and semi structured interview for the assessment of personality disorders according to DSM IV classification. For a period of 6 months, we have examined 60 drug addicts (30 male and 30 female) and 60 subjects who had never contacted a psychiatrist as a control group, employed in research institutions (also, 30 male, 30 female).

**Results:** The incidence of all forms of personality disorder is approximately 13%, Group incidence of the general population indicates that men are more common in some of these groups (18%), and women are less likely (11%),

Psychiatric data show that about 65% of all hospitalized people with addiction are coming from the group personality disorder

Statistics say that a lot of people with personality disorders who do not "heal" around 25-40%

**Conclusions:** Your conclusions should address the following questions:

After analysis of results our conclusions are:

- maladaptive patterns of behavior are often associated with a significant degree of suffering, but not always, as well as problems in social, professional, intimate-partner and other areas of functioning
- result of dysfunctional behavior and cognitive defects that exist in the process of thinking is "create" tendency to develop addiction, which is a high percentage

Both the diagnosis, of PD and addiction, the most effective cure CBT because it showed the most economical (time and material terms).

Accurate diagnosis is essential for effective treatment especially because drug addiction is often a secondary diagnosis.

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## ADOLESCENT SMOKING AND SYMPTOMS OF DEPRESSION/ANXIETY: EVIDENCE FOR A SELF-MEDICATION HYPOTHESIS

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**Objective:** To examine the association between adolescent smoking (tobacco and/or cannabis) and emotional distress (symptoms of depression or anxiety) through a mixed-methods study.

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**Materials and methods:** 105 young adults between 17 and 21 years of age who had taken part in a previous longitudinal study were selected in order to create three subgroups: 1) participants with a diagnosis of depression or anxiety, 2) participants with self-perceived depressive/anxious distress but without a diagnosis and 3) controls. All participants responded to a battery of questionnaires and scales: a mixed quantitative/qualitative questionnaire about drug consumption; the Beck Depression Inventory-II; the Goldberg Health Questionnaire; and the Mannheim Interview on Social Support.

**Results:** All variables related to tobacco consumption (experimental use, habitual use, daily use, long-term use and current use) showed a statistically significant relationship ( $p < .01$ ) to consumption of cannabis during the previous year. Young males with symptoms of depression according to the BDI-II were more likely to smoke cigarettes in comparison to those without these symptoms, although this was not the case for young females. In both sexes, young adults with a previous diagnosis of depression or anxiety started smoking tobacco later than participants without a diagnosis, but their reason for smoking both tobacco and cannabis was self-medication.

**Conclusion:** Tobacco and cannabis prevention programs for adolescents and young adults should consider self-medication a primary reason for tobacco and cannabis consumption, especially when it co-occurs with symptoms of depression and anxiety.

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## RESEARCH OF THE COMORBIDITY BETWEEN BORDERLINE PERSONALITY DISORDER, ATTENTION DEFICIT HYPERACTIVITY DISORDER AND SUBSTANCE USE DISORDER IN AN ADULT PATIENTS SAMPLE

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**Aims:** The Borderline Personality Disorder (BPD) is an applied diagnosis, in many occasions, to an heterogeneous group of people with very different characteristics. Also, the treatments, as well pharmacological as psychological, don't use to take into account these individual differences. Recent researches show that the Attention Deficit Hyperactivity Disorder (ADHD) is a factor that could be performing a relevant role in those patients. Therefore, it is appropriate to further the study of the relationship between BPD and ADHD both in terms of the assessment referred to as the knowledge of the characteristics of these patients towards the development of more specific treatments.

For all these reasons, the aims of the present research were: a) analyze the existence of specific symptomatology characterized by a higher impulsiveness in patients with BPD and ADHD opposite to patients with BPD without ADHD; and b) research the relation existing between ADHD and severity level of BPD.

**Material and Method:** For the research of ADHD it was used the ASR screening test and a clinical interview with a decision tree to confirm the ADHD diagnosis. The clinical interview confirmed the existence of an 11,1% of ADHD cases. The gravity of BPD was evaluated by de Asnaani Scale and the impulsiveness by the Barrat Impulsiveness Scale. A retrospective design with experimental and control group was employed in a 136 patient's sample.

**Results:** The results showed higher impulsiveness levels in BPD group than in non BPD group in all the evaluated dimensions (Cognitive M=16.6 vs. M=13.8; Motor M=16.8 vs. M=14.3; Planning M=18.1 vs. M=14.98 and Impulsiveness Total M=52 vs. M=43.6)

**Conclusions:** Results confirmed the existence of higher levels of impulsiveness in BPD patients opposite to the Non-BPD group confirming our hypothesis. In the ADHD group (evaluated with ASR scale) the impulsiveness levels were not more elevated than Non-ADHD group. In addition ASR Screening test showed an elevated tendency to false positive in ADHD in comparison with the diagnosis by clinical interview.

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## STUDY OF THE EFFECTIVENESS OF A PSYCHODYNAMIC AND SOCIODYNAMIC TREATMENT IN PATIENTS WITH DUAL PATHOLOGY

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**Aims:** In this paper we conducted a review of the evolution of the bio-psycho-social paradigm and a study on the effectiveness of treatment in relation to personality disorders in dual pathology in a Day Hospital dynamic orientation in the city of Bilbao. As noted in the Osteba Report (Catalan et al, 2013) patients with personality disorders are frequent users of health services. The use of these services increases when PD show addictive disorders (dual pathology). Therefore, the aim of the present work was to analyze the using of such services by a sample of 106 patients diagnosed with dual pathology.

**Material and method:** A longitudinal design was employed using survey methodology at one and five years of treatment's completion. The treatment applied consisted of an intervention from a bio-psycho-social perspective in a Day Hospital Therapeutic Community using a Psychodynamic and Sociodynamic Model. The variables studied were: frequency of use of the Psychiatric Emergency, hospitalization, substance abuse and self-harm ideation.

**Results:** The results showed that treatment efficacy is maintained in the period analyzed for all the variables studied. (Emergencies entries: 15% at 1 year vs. 14% at 5 years; Hospital Admissions: 20% at 1 year vs. 9% at 5 years; Substance Consumption: 16% at 1 year vs. 14% at 5, Self-harm Ideation 22% at 1 year vs. 22% at 5 years).

**Conclusions:** These results show that results obtained with a Psychodynamic and Sociodynamic treatment remain over time.

## THE RELATIONSHIP BETWEEN VULNERABLE ATTACHEMENT STYLE, PSYCHOPATHOLOGY, DRUG ABUSE, AND RETENTION IN TREATMENT AMONG METHADONE MAINTENANCE TREATMENT PATIENTS

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**Educational Objectives:** at the conclusion of this presentation, the participants should be able to recognize different attachment styles, and understand their relation to different dimensions of psychopathology and drug abuse.

**Purpose:** In one sentence, explain the specific purpose of the project.

**Methods:** Between March and July 2007 a non selective sample of 101 current MMT patients was studied, using the vulnerable attachment style questionnaire (VASQ) and the Symptom check list (SCL-90) which measures symptom severity of diverse psychopathology dimensions. Drug abuse for opiates, cocaine, benzodiazepines, cannabis and amphetamines in one month before filling the questionnaires were recorded, and defined as positive if at least one urine test for any of the drug was positive. After six years, retention in treatment and repeated urine test results were studied.

**Results:** Patients with vulnerable attachment style (a high VASQ score) had higher rates of drug abuse and higher psychopathology levels compared to patients with secure attachment style, especially on the interpersonal sensitivity, anxiety, hostility, phobic anxiety, and paranoid ideation scales. Drug abstinence at baseline was related to retention in treatment and to higher rates of drug abstinence after six years in MMT, whereas a vulnerable attachment style could not predict drug abstinence and retention in treatment.

**Conclusions:** Your conclusions should address the following questions:

- The VASQ is indicative of higher depression rates and also of other psychopathology dimensions among MMT patients.
- The VASQ can be used as a screening tool at MMT facilities in order to assess adult attachment style in relation not only to depression, but also to diverse psychopathological symptomatology.
- Patients with a vulnerable attachment style had a higher proportion of drug abuse throughout the study.
- Drug abstinence constitutes a reliable and accurate measurement of MMT success, and it could serve as a predictor for treatment outcome.

## TREATMENT OUTCOMES IN A DUAL DIAGNOSIS THERAPEUTIC COMMUNITY: A FOLLOW-UP STUDY

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**Introduction** Patients with severe psychiatric disorders and substance use comorbidity that are not able to live in their homes often enter therapeutic communities in which they undergo residential rehabilitation programs that last from several months to some years. These residential facilities are a huge cost for the national health services, however, despite the economic effort, the effectiveness of these interventions is rarely assessed.

Aim of our study is to evaluate the outcomes of patients with severe mental illness and substance use disorder admitted at the therapeutic community "Il Porto" (Moncalieri, Italy) and prospectively followed during their stay in the facility. We decided to investigate 5 areas: general functioning, insight and treatment compliance, quality of life, emotions regulation, and ability to reach treatment goals.

**Methods** Patients with a diagnosis of severe psychosis (schizophrenia, schizoaffective disorder, or bipolar disorder) or severe personality disorders admitted in the therapeutic community were enrolled in the study; the majority of them also had substance use disorder comorbidity. At entrance, 6 and 12 months, patients were administered the following rating scales: Global Assessment of Functioning (GAF), Sheehan Disability Scale (SDS), Schedule for Assessment of Insight (SAI), Short Form 36-items (SF-36), Difficulty in Emotion Regulation Scale (DERS), Coping Orientation to the Problems Experienced (COPE-NVI), Goal Attainment Scaling (GAS).

**Results** We enrolled 62 patients: 74% were males, mean age 32.6 years, duration of illness 19.8 years. 61% had a severe personality disorder, 24% schizophrenia, 15% schizoaffective and bipolar disorder. 74% had a comorbid substance use disorder.

After one year of treatment only 18 patients (29%) were still retained in the study. In these patients general functioning (GAF, SDS) improved; SF-36 subscales "physical role", "emotional role", "social role", and "mental health" also improved after 6 and 12 months. After 6 months patients were also more engaged in goal directed behaviors and less performing substance use and avoiding behaviors. Insight into illness did not change during residential treatment.

**Discussion** Our study demonstrates the effectiveness of residential treatment in a therapeutic community for severe psychiatric patients with substance use disorder comorbidity. The high drop-out rate is a problem that should be accounted for.

## **SELF HARM AMONG WOMAN INJECTING DRUG USERS (IDUS) FROM NORTH EASTERN INDIA**

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In India, it is estimated that there are between 165000 and 1.1 million IDUs, and it has been best characterized in the North-east. There is still a dearth of literature pertaining to mental health issue especially on suicide or self harm behaviour. Women IDUs in India are especially vulnerable group due to stigma, lack of gender sensitive care and partner violence.

This study aimed to assess the lifetime, one year prevalence, various method used and factors contributing to suicidality among Women IDUs in Manipur and to understand the drug use pattern.

89 women were assessed using a semi structured socio demographic interview and Suicide Behaviour Scale (Linehan, 1981). Additional areas assessed were pattern of drug used (ASSIST,WHO) violent victimisation, support and high risk behaviour. Descriptive Statistics were used and Chi-squared, independent t tests and one way ANOVA were used to examine univariate associations.

The study shows that among the 89 respondents: Tobacco use -97.8% (n=87), Alcohol use - 75.3% (n=67), Sedatives/ Sleeping pills 24.7% (22), Cannabis use 3.4 % (n=3) and all of them has used Opioids in their lifetime, mostly on daily basis, had a strong urge to use and had social, legal and social consequences. 36% reported lifetime suicide attempts, 54 % thought about it but never tried, 29 % reported suicidal attempt in the past year. Factors associated with lifetime suicide attempts included sexual risk behaviour, low family income and partner violence .

The study indicates that nearly a third of women IDUs reported suicide attempts. Those who experience partner violence and low family income appear to have a higher risk. There is an urgent need for action from policy makers and mental health professionals to reach out to this vulnerable population.

**Keywords:** suicide attempt, Woman IDU

## MEN'S MENTAL HEALTH AND DUAL DISORDERS

L.Sher

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**Educational Objectives:** At the end of this presentation the participants should be able to recognize major issues related to dual disorders in men.

**Purpose:** The goal of this presentation is to review the main issues related to dual pathology in males.

**Methods:** A review of the scientific literature related to men's mental health.

**Results:** Men frequently suffer from adversity and experience psychological difficulties regardless of how physically strong or financially well off they are. More than 10% of men between the ages of 20 and 44 in the United States take some form of prescription antidepressant, antipsychotic, ADHD drug, or anxiolytic. Dual pathology in men is associated with suicidal and/or homicidal behaviours. Over the past several decades three to four times more men have taken their own lives than women. Frequently, depressive, anxiety or psychotic disorders and/or suicidality in men with dual pathology are not detected because of simultaneous aggressive, impulsive behaviour, and alcohol/drug abuse that often mislead to diagnoses of personality disorders and/or substance use disorder as well as an unempathic focus away from the underlying depression, anxiety, or psychosis. Prevention of suicidal and homicidal behaviours in men with dual disorders should include a) pharmacological management of substance use disorders and comorbid psychiatric disorders; b) psychological therapy of dual disorders including particular attention to male-specific issues; c) behavioural management of dual pathology; d) treatment of comorbid medical and neurological disorders, especially, pain syndromes, traumatic brain injury, and seizure disorder; e) psychosocial assistance; and f) restriction of access to lethal means.

**Conclusions:** The importance of dual pathology in men requires special recognition. The psychological needs of men and boys need more attention of clinicians, researchers, and policy-makers. More research studies on the pathophysiology and treatment of dual disorders in males are necessary.

## POSTTRAUMATIC STRESS SYMPTOMS AND RELATIONSHIP TO DRUG AND ALCOHOL USE IN AN INTERNATIONAL SAMPLE OF LATIN AMERICAN IMMIGRANTS

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**Purpose:** We identify the prevalence and correlates of posttraumatic stress symptoms and relationship to alcohol and drug use in an international sample of Latin American immigrants in the United States (Boston) and Spain (Madrid & Barcelona), and consider potential treatment needs.

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**Methods:** Using descriptive statistics we analyze the results of a screening battery used in an international epidemiological and treatment study of dual pathology in Latin American immigrants funded by the National Institute of Drug Abuse (NIDA) Specifically, we used the Posttraumatic Symptom Scale (PCL), the AUDIT (alcohol), the DAST (drugs) and other psychological measures to identify correlates of meeting PTSD criteria symptoms and problematic substance use. We use logistic regression to evaluate the relationship of PTSD symptoms to drug and alcohol use problems in the sample.

**Results:** The total sample includes 562 immigrant Latinos. The prevalence of meeting a cutoff for moderate PTSD symptoms on the PCL varied by site (38% in Boston, 26% in Madrid and, 36% in Barcelona). Screening positive for alcohol abuse, drug abuse, depression and generalized anxiety were significantly correlated with screening positive on the PCL ( $p < 0.001$ ). Higher scores on experienced discrimination and family conflict scales were also positively correlated with positive PCL ( $p < 0.001$ ). In the logistic regression predicting alcohol abuse, individuals meeting criterion C numbing and avoidance PTSD symptoms on the PCL had twice the odds of alcohol abuse as compared to those not meeting that criterion ( $p < 0.001$ ). Having any trauma history was associated with increased odds (OR = 2.5) of alcohol abuse, while female gender was associated with decreased odds (OR = 0.3) of alcohol abuse ( $p < 0.001$ ). In the model predicting drug abuse, age and female gender (OR=0.43,  $p < 0.001$ ) was associated with reduced odds of drug abuse. There is a trend towards increased odds of drug abuse among those who meet criterion B re-experiencing symptoms on the PCL.

**Conclusions:** The prevalence of moderate to severe posttraumatic symptoms in this international immigrant sample is relatively high as compared to what is expected in a general civilian population but comparable to what has been found in other studies of immigrant populations. Substance abuse is correlated with posttraumatic symptoms in general but certain PTSD criterion symptoms may differentially pose a risk for alcohol vs. drug abuse. The need for dual pathology treatment should be especially considered for individuals with a history of trauma, male gender, multiple psychiatric symptoms, and sociocultural stressors.

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## **THERAPEUTIC ITINERARY IN SITUATIONS OF COMORBIDITY: INTEGRATION AND EQUALITY IN THE HEALTH SYSTEM - BRAZIL**

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In order to understand the search for care of a person with mental disorder comorbidity in clinical situation, field work was developed with a user of the health care network in the city of Rio de Janeiro - RJ. The care of these cases is a challenge for the field of mental health, because it demands the development of therapeutic projects that break with the dilemma body / mind and promote integrated care. The methodology adopted was to build the therapeutic itinerary followed by the user; the techniques of participant observation, open interviews and document analysis have been used, over 6 months of the year 2013, also involving family members and professionals in the study. The results indicate that the user moved by both the Health System as the Unified Social Assistance System along the route, and was treated at a specialized reference center, a medical emergency, a psychiatric hospital, a polyclinic and a clinical family. Moreover, in health services was mainly described the biomedical view, alcoholism and dementia predominating as an index of psychiatric comorbidity and leprosy as clinical comorbidity index , the paranoid schizophrenic mental disorder as the main diagnosis. The user is presented to professionals as a mother who would like to live in the company of children and at the same time as someone with " addiction to strong drink " as was considered by " drunk " and " maloqueira " family , inhabiting the streets of downtown the city of Rio de Janeiro approximately ten years ago . Through the narrative of a portion of the life course and much of the therapeutic itinerary of the user, there is paths between health, home and street services, as well as passages marked by the experience that health professionals manifest " asqueiro " when in his presence . Based on this theoretical- methodological approach centered on user, note that your paths and walkways around town and healthcare repercussions in their daily lives in a way that their search for care became a care leak.

## GENDER IDENTITY DISORDER & SUD: LET'S GO DEEP INTO THE ABYSS OF TRAUMA

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According to ISTAT (Italian National Institute of Statistics), 1.000.000 people in Italy declare themselves homosexual. Far to consider that a pathological condition, it includes patients affected by Gender identity disorder. A trauma, particularly if occurred during childhood, is strictly linked both to an increase in suicide and substance abuse rates. Meanwhile if it has had sexual connotations it may imply difficulties in the fulfillment of sexual identity. Homosexual population (10% of bisexual and 8,8% of lesbian) have a greater and huger use of illicit drug especially by injection, thus including all possible and logical considerations about related infections <sup>(2)</sup>.

It results of the greatest interest that we can attest an increase in victims of rape among them if compared to general population (64% vs 44%) and in  $\frac{1}{3}$  of the cases, violence occurred during childhood.

Adding that homosexual population is at major risk of suicide and attempted suicide, we are obliged to wonder if there's a common pathway rooting in sexual traumas or a sum of risk factors leading to these conducts.

## SEX TRADING AMONG MEN AND WOMEN ENTERING TREATMENT FOR DRUG MISUSE IN ENGLAND: ASSOCIATIONS WITH MENTAL WELLBEING

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**Educational Objectives:** Understand the needs of men and women entering drug misuse treatment who engage in sex trading.

**Purpose:** To estimate the prevalence of and factors associated with sex trading (offering sex for money, drugs or something else) among men and women entering drug misuse treatment, and identify treatment needs.

**Methods:** Secondary analysis of baseline data from a prospective cohort study of 1796 adults presenting to 342 drug treatment agencies between March 2006 and February 2007. Short Form-12 measured mental and physical wellbeing, self-reported diagnosis of psychiatric condition was recorded and the Circumstances, Motivation and Readiness tool measured readiness for/pressure to enter treatment. Logistic regression models determined the associations with sex trading separately for men and women. Inverse probability population weights were calculated, utilising demographics from the National Drug Treatment Monitoring System and agency specific data collection windows.

**Results:** The estimated prevalence rate of sex trading in the past 12 months was 5.1% (15.0% for women and 2.1% for men). Applying these results to the 69,247 adult drug misusers presenting with new treatment episodes in England during 2012/13, gives an estimate of 3,532 (95% CIs 2827- 4237) who have traded sex in the 12 months prior to treatment entry. For women, adjusted models identified crack use (aOR 1.83, p=0.004), previous treatment (aOR 3.00, p=0.010) and greater readiness for treatment (aOR 1.12, p=0.027) as independently associated with sex trading. For men, lower mental wellbeing (aOR 0.97, p=0.030) was independently associated and marginal effects were identified for syringe sharing (aOR 2.89, p=0.064) and unprotected sex (aOR 2.23, p=0.065).

**Conclusions:** Sex trading is associated with risky behaviour and specific treatment needs, including mental health for men. Given the scale of the problem it is important that those providing treatment have the competencies to adequately address the issue and ensure provision of accessible and appropriate services.

## THE IMPACT OF RACIAL DISCRIMINATION ON SUBSTANCE USE IN THE LATIN AMERICAN IMMIGRANT POPULATION

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**Educational Objectives:** Racial discrimination has been found to be associated with higher levels of stress in general, and can be understood to be a component of acculturative stress.. Research shows that Latin American immigrants who experience acculturative stress may recur to substance use as a means by which to cope. The bulk of research in this area has been carried out in the United States, and to that end it will be interesting to contrast the experience of Latin American immigrants in the United States with those in Spain.

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**Purpose:** The objective of the study is to determine if racial discrimination is related to substance use in a sample of Latin American immigrants in Boston, Barcelona, and Madrid. It is expected that, regardless of country of residence, those who report higher levels of racial discrimination will have higher levels of substance use.

**Methods:** A sample of Latin American immigrants participated in the study as part of a screening interview carried out for the International Latino Research Partnership study. Sociodemographic data, symptoms of anxiety, depression, and trauma, and a measure of racial discrimination were collected in the three different study sites. The data were analyzed to determine if there is a relationship between the experience of discrimination and current substance use.

**Results:** The findings will be based on the scores on the AUDIT, DAT, ASI, and benzodiazepine use for substance use and the Discrimination scale for racial discrimination. A regression analysis will be used to compare the relevant variables.

**Conclusions:** The relationship between substance use and the experience of racial discrimination would appear to be one that transcends borders and as such warrants attention. Further research on the impact of racial discrimination is necessary to fully understand its relationship to other concerns such as trauma and HIV risk.

## EFFECTIVENESS OF THE PERSONAL STRENGTHS INTERVENTION (PSI) ON IMPROVING THE STUDENTS WITH LEARNING DISABILITIES IN IRAN

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**Educational Objectives:** The participant should be able to understand positive psychology and cognitive theories of learning that present the useful suggestions for improving the dysfunctional academic and social-emotional outcomes of learning disability (LD).

**Purpose:** The purpose of this study is examining the effect of PSI on social-emotional levels and self-determination of students with Learning disabilities using experimental method.

**Methods:** The sample included 16 students with learning disorder in Isfahan, Iran that were selected by random sampling method and were assigned randomly in two experimental and control groups which contained 8 students in each group. The experimental group received the PSI training (such as Goal setting & attainment, Guided cognitive instruction, Self-monitoring & evaluation) while the control group was in waiting list. Participant information include Demographic information, Documentation of a disability gathered from participants and The Self-Determination Student Scale (SDSS; Hoffman et al., 2004) and The Steen Happiness Index (SHI; Seligman et al., 2005) which used to assess the outcomes. Data was analysed by covariance analysis method.

**Results:** Results indicated that PSI training had significant effect on improvement of the self-determination and social-emotional level of these students ( $p \leq 0/001$ ).

**Conclusions:** Personal Strengths Intervention (PSI) combines key elements of self-determination, positive psychology, and cognitive theories. It is concluded that PSI appears to have social validity for improving self-determination and social-emotional levels and implementation of PSI has some effect on the self-determination and social-emotional levels of students with learning disabilities.

## SUBSTANCE USE AND THE PROTECTIVE EFFECT OF MATERNAL WARMTH

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**Educational Objectives:** At the conclusion of this presentation, participants will learn about the prevalence of substance use in a population-based sample of Puerto Rican youth, they will be familiar with the PARTheory (Rohner, 2002), learn about predictors of maternal warmth, and about its protective effect against substance use. Our findings have implications for intervention which will be relevant for prevention/intervention scientists.

**Purpose:** To examine (1) the correlates of Maternal Warmth and Acceptance (MWA) over time and (2) the association between maternal warmth and substance use and any non-alcohol substance use among Puerto Rican youth over the course of 3 years.

**Methods:** Sample: This is a secondary analysis of the Boricua Youth Study which assessed Puerto Rican children aged 5-13 yearly for 3 years, in two different sites: San Juan (Puerto Rico) and the South Bronx (NY), N=2,491 (Bird et al., 2007). Children who, at baseline were 10 years old or older and participated in the 3 waves were included in these analyses (n=1085). Main Measures: a) Maternal warmth and acceptance (Parent report) is a 13-item adaptation of the "Hudson's Index of Parental Attitudes" (Hudson, 1982); b) Child Substance Use (Parent and children report): Questions of the lifetime substance abuse section of the Diagnostic Interview Schedule for Children-IV (DISC-IV) (Shaffer et al. 2000) were used to assess child substance use (alcohol, drugs, tobacco and marijuana); c) Demographic factors: Child gender; child age; family income; d) Parental factors: parental psychopathology, drug and alcohol abuse; Data Analysis: We examined MWA correlates longitudinally across time using Generalized Linear Mixed Models. Then, we tested the association between Maternal Warmth and Acceptance at wave 1 and the presence of any child substance use (including alcohol) and any non-alcohol substance use (drugs, tobacco and marijuana) at any wave, using logistic regression analysis that adjusted for potential confounders.

**Results:** MWA mean values tend to increase over 3 study waves (M=2.46; M=2.49; M=2.51). The prevalence rate of any substance use was 30.4% (w1-w3) and any non-alcohol substance use was 10.3% (w1-w3). Being older, male, living below the poverty level, having parental psychopathology and higher levels of parental discipline are associated with lower levels of MWA. Having an older mother, living in a two-parent family, higher levels of familism, parental support, and parental monitoring are associated with higher levels of MWA. Maternal Warmth and Acceptance was associated with a lower probability of using any substances and any non-alcohol substances, even after adjusting for confounding variables (AOR= .64; 95%CI=0.44-0.93, p .019 and AOR= .32; 95%CI=0.19-0.53, p .000 respectively). Future analyses will capitalize on the three-wave design to test how the relationship between MWA at w1 and SU changes over time.

**Conclusion:** In a population-based sample of Puerto Rican youth, these results are consonant with PARTheory, which supports the relevance of maternal warmth as a protective parental factor against substance use. Positive parenting discourages substance use in children. Considering that Puerto Rican adults have the highest rates of SU among Hispanics (Alegria, 2007), early preventive interventions promoting parental warmth should be considered to reduce SU problems in this population.



## THE STUDY OF AGGRESSION LEVEL IN PATIENTS WITH COMPUTER ADDICTION AND COMORBID PSYCHIATRIC DISORDERS

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**Purpose:** there is a worldwide rapid growth of computer addiction (CA) causing many social problems due to the high level of aggressive behavior in addicts [1]. The aim is to study the aggressive behavior in patients with computer addiction (CA) and dual disorders.

**Methods:** totally 70 patients were included in study (34 with isolated CA – group A and 36 with dual disorders - group B, i.e. CA with another psychiatric disorder (schizophrenia, depression, bipolar affective disorder, epilepsy). The age range was 12-35 years (mean age =  $20.2 \pm 3.1$  yrs). The male to female ratio was 9:1. The main method used was clinical psychopathological.

**Results:** The clinical analysis showed that most of the patients (92.9%) have high level of aggression. Aggression in CA is directed to people, limiting their access to computer. 92.9% had verbal aggression and 51.4% had physical aggression. The direct aggression was found in 92.9% patients and indirect aggression in 21.4% patients. 78.6% patients had external aggression and 21.4% patients demonstrated autoaggression. Group B demonstrated moderate verbal aggression, while group A patients had severe verbal aggression, which transformed very fast to physical aggression with threats causing harm using sharp objects. The aggression in group B remained at the same level, but in group A it had a tendency to grow rapidly.

**Conclusions:** inclination of aggression level is a separate significant problem, emerging or increasing during CA. Given that the data obtained suggest that in the patients with isolated CA aggression expressed is more than in patients with dual disorders, in both groups aggression is likely and needs monitoring.

### Literature reference:

Chih-Hung K., Ju-Yu Y., Shu-Chun L., Chi-Fen H., Cheng-Fang Y. "The Associations Between Aggressive Behaviors and Internet Addiction and Online Activities in Adolescents". // Journal of Adolescent Health, 2009-06-01, Volume 44, Issue 6, Pages 598-605.

## DUAL DIAGNOSIS IN PRIVATE PRACTICE IN MOROCCO

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Since the seventies the concept of dual diagnosis or dual pathology is described in the literature. It is considered as a major approach to evaluate the clinical status of a patient and to establish the appropriate treatment. Nevertheless, professionals working in health centers or in private practices have an approach that it is not always sensitive to this light. Even in hospitals, psychiatry specialists are more oriented to psychiatric disorders and addiction specialists are more interested in addictive disorders.

It is therefore relatively recent and novel for a private psychiatrist to evaluate and look at double or multiple disorders from a mental and an addictive perspective; which until recently relates from different pathologies and were addressed separately or were ignored partially.

In this presentation, the different attitudes that are currently taken by private psychiatrists in Morocco in the cure of patients with a dual pathology are going to be presented. Then the frequency of this pathology on the daily exercise and the difficulties and challenges to which psychiatrists are confronted are going to be highlighted. Finally, a set of recommendations will be made in order to improve the treatment of such disorders in daily practice.

## POST HOC ANALYSES OF THE EFFICACY OF LISDEXAMFETAMINE DIMESYLATE IN ADULTS PREVIOUSLY TREATED WITH ATTENTION DEFICIT/HYPERACTIVITY DISORDER MEDICATION

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**Educational objectives:** Guidelines on first or second line use of the available ADHD medications varies between countries. Here we demonstrate that improvements in symptoms in patients with ADHD receiving lisdexamfetamine dimesylate (LDX) are statistically significantly greater than placebo irrespective of ADHD medication history.

**Purpose:** Here we evaluate *post hoc* the impact of ADHD medication history on the once-daily stimulant medication LDX in adult patients with ADHD.

**Methods:** In this phase 4, double-blind, dose-optimized study, patients aged 18–55 with ADHD and impaired executive function were randomized (1:1) to LDX or placebo for 10 weeks. Patients well controlled on current ADHD medication with acceptable tolerability were ineligible. Self-reported, lifetime ADHD medication histories were recorded at screening. This does not, however, necessarily indicate whether patients were unresponsive to prior medication. Investigator-rated ADHD Rating Scale IV with adult prompts (ADHD-RS-IV-Adult) was a secondary efficacy measure. Primary efficacy and safety outcomes have been published.<sup>1</sup>

**Results:** Baseline characteristics were similar across treatment arms and previous ADHD medication subgroups. Differences between LDX and placebo in mean change from baseline to endpoint in ADHD-RS-IV-Adult total score were observed in the overall study population (n=154; –11.1 [95% confidence interval: –14.96, –7.32]; effect size, 0.9), treatment-naïve patients (n=80; –11.4 [–16.81, –5.96]; 0.9) and patients previously treated with: any ADHD medication (n=74; –10.9 [–16.50, –5.30]; 0.9), methylphenidate (n=40; –9.9 [–17.44, –2.45]; 0.9), amphetamine (n=38; –13.8 [–20.86, –6.75]; 1.3) and atomoxetine (n=21; –8.4 [–21.97, +5.26]; 0.6).

**Conclusions:** In these *post hoc* analyses, the response to LDX was similar in the overall study population and subgroups of patients categorized by ADHD medication history. These data support the use of LDX in adult patients with ADHD, irrespective of their medication history.

### Literature references:

1. Adler *et al.* *J Clin Psychiatry* 2013;74:694–702

Study funded by Shire Development LL

## INTEGRATIVE PROGRAM MODEL [IPM]: DIALECTICAL BEHAVIOR AND PSYCHODYNAMICALLY INFORMED GROUP PSYCHOTHERAPY.

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### Educational Objectives:

This oral communication will offer an account of an outpatient program developed for over the course of fifteen years in an urban setting for patients with dual pathology, “difficult to treat”, relapse prone, with poor compliance and with borderline personality disorder and/or other disorders of dysregulation. Participants will gain a sense of the program’s structure and the treatment itself, which is centrally group based. The integration of empirically based therapies such as dialectical behaviour approach (DBT), Mindfulness with psychodynamic and analytic group therapy elements among others will be explored and its rationale explained. Upon the end of this presentation participants will gain knowledge and consultation on an innovative cost effective program, Integrative Program Model [IPM] or First Step Model (FSM) which may be replicated. One of the advantages that this model offers is comprehensive care in a non-intensive or traditional day treatment program, which enables patients to connect to additional external resources and move towards independence and building a life worth living. Utilizing DBT for substance misuse has shown decreased drop out, substance use and increased retention and global and social functioning for this population. The application and integration of elements from empirically based therapies and models has shown to work synergistically to improve patients’ health and overall wellbeing.

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## ANXIETY IN ADDICTIONS

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Anxiety is an unpleasant emotion that it's assimilated to fears in varying degrees. It can be present in an individual exposed for example to a public speech. It's characterized by unpleasant sensations, worry, fear, insecurity, that leads to negative thoughts and feelings. That situation, with the somatic nervous system of the individual, achieves disorganization in the person.

Anxiety, depends on situational factors and personal factors. When they interact, they are called "specific factors". Its traits appear when a subject evaluates situations experienced as a threat to himself, and he doesn't perceive to be able to face the situation that presents himself.

While anxiety is an emotional state that expresses fears to the unknown, and addictions are a very important part to lower anxiety, I am also convinced that in all addictions, anxiety is installed as a disorder and may also be a significant signal of depression, lack of interest and meaning, that presents the person with low self esteem about his life, frustrations, failures. An addict is a slave of himself when he loses freedom, he maintains decontrol and he adopts destructive behaviors.

In anxiety disorders is common that other disorders such as foodstuffs disorders, substance abuse and mood disorder appear.

All addicted reduces his anxiety when his addictive state gets full, with substance consumption, as with another type of consumption without substance. They are behavioral addictions.

The person loses control of his activities and loses the ability to decide to do something or not.

The addicted presents different types of behavioral changes in a state of anxiety. Behavioral addictions seem to reducing anxiety and substance use.

Withdrawal syndrome can drive an addict to commit serious crimes, to get that what makes to feel pleasure himself and then it transforms in displeasure.

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Sabemos que la ansiedad, es una emoción poco grata y se asimila a los miedos y que todos la tenemos en mayor o menor grado, y que estas se pueden presentar en un individuo exponiéndose por ejemplo ante un discurso público, es característico que aparezcan sensaciones desagradables como preocupación, temor, inseguridad y estás van llevados de pensamientos y sentimientos negativos y también conlleva unido al sistema nervioso la parte somática del individuo, logrando que este se desorganice

Sabemos también que la ansiedad, depende de factores situacionales y factores personales, y cuando estos dos factores interactúan, son usualmente llamados rasgos específicos.

¿Cuándo aparece la ansiedad?

Aparece cuando un sujeto valora situaciones vivenciadas como amenaza para el mismo, y no está percibiendo que sea capaz de enfrentar la situación que se le presenta.

Si bien la ansiedad es un estado emocional que expresa temores a todo lo desconocido, y las adicciones son parte importante para bajar esa ansiedad, también estoy convencido que en todas las adicciones, la ansiedad está instada como un trastorno y también puede ser una señal significativa de la depresión, por falta de interés y sentido, que presenta el individuo de la vida. también sabemos que detrás de la ansiedad esta la baja autoestima, por frustraciones y fracasos. Un adicto es esclavo de sí mismo, cuando este pierde la libertad, y se somete a los descontroles, adoptando conductas destructivas.

Debemos tener en cuenta que hay rasgos que están asociados a la ansiedad y forman parte de los reflejos internos y de la actividad externa, y estos aparecen por lo que el cuerpo atraviesa de lo que este va percibiendo, como por ejemplo, lo potencialmente amenazante.

Los trastornos de ansiedad cuando se presentan, es común observar que aparecen con otros tipos de trastornos como los de alimentación, abuso de sustancias, y como también trastorno del estado de ánimo.

Todo adicto reduce su ansiedad, cuando pone a pleno su estado adictivo, tanto por consumo de sustancias, como otro tipo de consumo, pero sin sustancia, me estoy refiriendo a las adicciones conductuales, (ludopatía, trabajo, tecnología, y sexo)

Los trastornos de ansiedad en los últimos 10 años son los que más han sufrido cambios de criterios diagnósticos, por los avances del conocimiento de la biología

Los profesionales, al evaluar sabemos que debemos diferenciar una ansiedad normal de una patológica, y entendemos que la ansiedad patológica se diferencia de la normal, por la evolución que va haciendo, de ella el paciente, los familiares y amigos, ¿qué se entiende por esto? que es la información que trae el paciente, por sus estados emocionales, y con las ansiedades patológicas es donde el paciente, se debe exponer a exámenes neuropsiquiátricos, complementado con un tratamiento, y con un seguimiento personalizado.

En mi experiencia de trabajar con adictos, he entendido que todos traen a sesión el mismo discurso.

Que tocaron fondo

Que tienen miedos

Que nadie los entiende

Que están aburridos

Que se sienten perseguidos

Que se relacionan mal con la familia

Que temen perder el trabajo

Que tienen miedo de hacerse exámenes de rutina por miedo a padecer alguna enfermedad por ejemplo H.I.V.

Que se sienten observados

Que cuando dicen una verdad, sienten que no les creen, y sienten discriminados

Que hacen el tratamiento, para no escuchar reproches de los familiares

Que no quieren internarse por miedo a lo desconocido

Estos mismos discursos acentúan la ansiedad en estos individuos, llevándolos, a activar mas sus adicciones

Cuando se habla de adicción, se nos viene a la mente palabras como drogas, sustancias, consumo, porque es lo más usual que se viene presentando desde tiempo atrás, pero sabemos que hay otras adicciones que preocupan día a día a la sociedad; Las adicciones conductuales. Estas adicciones se manifiestan cuando una persona va perdiendo el control de sus actividades y va perdiendo la capacidad de decidir hacer algo o no. De esta manera se está convirtiendo en un adicto. Las conductas adictivas se identifican cuando una persona tiene la necesidad y el deseo irresistible de realizar una actividad acompañada de una incapacidad de controlarla. Lo cual provoca una necesidad de negación, que la va causando la misma persona, no deteniendo dicha actividad.

La persona adicta presenta tipos de cambios de conducta ante un estado de ansiedad, no ve el grado de gravedad, no tiene conciencia de enfermedad, se enfada, estando siempre a la defensiva, se irrita, tiene mal humor, y termina alejándose de las conductas positivas.

estas adicciones que voy a mencionar, las conductuales se caracterizan despues de la de consumo de drogas, las que mas provocan ansiedad, pero en situaciones donde el enfermo se tiene que exponer necesariamente ante los otros.

Las adicciones conductuales, parecieran funcionar aplacando la ansiedad, como dosis de consumo de sustancia, por eso sería importante y me gustaría hacer una breve descripción de cada una de estas adicciones, comenzado por la ludopatía, considerada como un trastorno de la personalidad, dado que dificulta el control de los impulsos considerado como tal en el D-S-M- IV-R, llamándolo al individuo jugador compulsivo, porque este se caracteriza por las reiterada participación en las salas de juegos y apuestas, llegando a comprometer su estado socio- económico, justificándose con mentiras para conseguir dinero de cualquier forma, y hasta sentirse acorralados, llegando a tener conductas suicidas.

Adicción al sexo, esta adicción que es la más negada en nuestra cultura y considerada como un trastorno más en la salud mental contando en el D-S-M-IV como desorden hipersexual, y relacionada mayormente con el sexo masculino. Esta aparece en el individuo como un deseo de mantener sexo



desenfrenado, persistente y recurrente, estas personas padecen problemas más emocionales que en otras adicciones, y su ansiedad descontrolada, las pone en evidencia, ante los otros, y si no consigue lo sexual, consumen material pornográfico. Estas personas en su trastorno tienen por característico el pasaje fácil a la depresión, también el deseo sexual, controla todos los aspectos de su vida.

Adicción a la tecnología, estos individuos dependen exclusivamente de la tecnología, esta adicción se manifiesta desde un impulso irracional para conseguir todo aquello último con respecto a la tecnológico, pareciera que es como una forma de cubrir sus espacios vacíos llegando a una posible obsesión. Esta adicción se presenta cada vez más en edades tempranas, con el riesgo que esto conlleva, por lo general estos individuos son introvertidos, suelen ser agresivos, carecen de empatía, y son sumamente reticentes a las terapias.

La tecnófila como también se la denomina, es como una adicción sin drogas, en la que predomina internet.

Considero que internet como vía de información es excelente, pero la persona que termina haciendo abuso de la información puede llegar a padecer una fuerte adicción, buscando estar ellos, la computadora y la tecnología

Y como última de estas adicciones damos lugar a una, que se está dando mucho en la actividad laboral que es el adicto al TRABAJO esta se presenta como un desorden de la personalidad, obsesiva compulsiva con la que el individuo se relaciona con el trabajo como un refugio, llevándolo a su casa excluyéndose de su vida social, estas personas por lo general padecen ansiedades y depresión, son irritables hasta llegar al cansancio, tienen stress, insomnio, e hipertensión arterial. Esta adicción se presenta más en los hombres, alrededor de los 40 años de edad, y las personas que más lo padecen son profesionales como abogados, contadores, arquitectos etc.

Podemos concluir que las adicciones conductuales son adicciones sin drogas, llamadas también adicciones no convencionales, son conductas que cuando comienzan son placenteras y que terminan convirtiéndose adictivas la dependencia se va convirtiendo psicológicamente en adicción, debemos considerar que dentro de las adicciones se encuentran algunas que cuando se instalan en la vida del individuo se comprometen también a destruir familias, trabajos, amigos etc. Y hasta el que la padece puede llegar a conductas suicidas.

## ¿Cómo se clasifican los trastornos de la ansiedad?

Trastorno de la ansiedad generalizado; (aprensión y preocupación excesiva y no justificada)

La crisis de angustia; (ataques de pánico o crisis de angustia)

La agorafobia; (encontrarse en lugares o situaciones en las que ‘escapar’ puede resultar complicado)

Fobia específica; (aparece exclusivamente en presencia (o como anticipación) de un objeto o situación)

La fobia social; (actuaciones en público en las que el sujeto se ve ‘expuesto’ a personas no pertenecientes al ámbito familiar)

El trastorno obsesivo compulsivo; (la presencia frecuente, intensa y recurrente de ideas intrusivas e indeseadas (obsesiones) y de conductas repetitivas (compulsiones))

El trastorno por stress traumático; (se caracteriza por sufrir, con intensidad, una serie de síntomas, tras haber experimentado en primera persona o haber sido testigo de una experiencia considerada como traumática)

Trastorno por ansiedad por sustancias; (aparecen durante los períodos de intoxicación o abstinencia tras la administración de determinadas sustancias)

Si tomamos como profesionales entendidos en la materia de las adicciones, cada trastorno de estos mencionados, y tomamos cada uno de los síntomas, observaremos que nuestros pacientes, padecen gran parte de estos trastornos.

Detrás de la ansiedad está la baja autoestima, la frustración, el sentimiento de fracaso y una visión negativa de la existencia.

El enfermo no puede prescindir de la droga porque ya ha adquirido la tolerancia o acostumbramiento, que le exige aumentar la dosis para obtener el mismo resultado.

El depresivo adicto es dependiente y al igual que todos los vínculos que el mismo crea, también tiene una relación simbiótica con esa adicción que padece.

El síndrome de abstinencia, puede impulsar a un adicto a cometer delitos graves, para obtener lo que le hace sentir placer logrando seguidamente el displacer, por la angustia que se crea al finalizar su cometido, porque su condición a nivel neuronal, le impide razonar.

Las adicciones no se curan por ahora, por lo tanto no se puede hablar de curación si no de recuperación; pero las nuevas terapias genéticas abren un nuevo camino y ofrecen una esperanza de curación

La terapia cognitiva, específica que es para modificar hábitos, y controlada con un tratamiento psiquiátrico puede ayudar a los adictos a cambiar su condicionamiento, y de esa forma pueda controlar la ansiedad, logrando proyectar en su vida

lo importante es trabajar con otro enfoque en psicoterapia para lograr cambio, y tratar que los pacientes alcancen desde los estadios iniciales, el control del síntoma, lo que en la actualidad denominamos recuperación a largo plazo.

Entre las ideas novedosas y clínicamente significativas que aporta este enfoque sumamente inusual de la terapia centrada en la solución y en el cambio, figura la afirmación de que las emociones son parte de todo problema y de toda solución.

A mi modo de ver, la terapia implica intentos deliberados de producir un cambio de punto de vista y/o de acción, que lleve a la solución.

Los adictos sienten que el miedo se apodera de su persona, comienzan a sudar frío, a temblar, le suben las pulsaciones y experimentan malestar físico, sienten que no pueden respirar y la cabeza no para de tener pensamientos, negativos, fatalistas.

Según los expertos, la ansiedad consiste en una variedad de miedos que tiene la gente, de los cuales, uno o dos son más prominentes.

## **El adicto transgresor**

La transgresión, es un accionar y efecto que el adicto utiliza para invadir las normas o reglas que están impuestas en un tratamiento, que este, realiza con respecto a su enfermedad. Este efecto que provoca, se puede considerar por distintas situaciones. La libertad del adicto se va convirtiendo en actitudes irrespetuosas, mal hablado, obrando mal ante los otros, y en oportunidades su comportamiento es desenfrenado, llegando a convertirse la libertad en libertinaje. El adicto no acepta que le impongan algo que tiene que cumplir, porque cree que el va a manejar su accionar como piensa su mente enferma.

Este accionar es el que debemos tener en cuenta en las terapias con estos individuos. No es fácil trabajar con estas personas en la línea conductista pero si es necesario al principio del tratamiento, porque estos se encuentran en un estado, de desorganización, y confusión, por lo tanto debemos estar atentos fundamentalmente, en controlar la ansiedad, porque sera imposible comenzar un tratamiento.

Un adicto ansioso, ES ADICTO TRANSGRESOR

## RISK FACTORS ASSOCIATED WITH OPATE AGE AT ONSET AND TRANSITION TO DEPENDENCE

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**Educational Objectives:** Recognise high risk opiate users before they came dependent.

**Purpose:** Thus, our aim was to study the factors associated to Age At Onset (AAO) of heroin use and the speed of Transition To Regular use (TTR) in a sample of remitted opiate-dependent patients undergoing methadone maintenance treatment.

**Methods:** We recruited 213 outpatients in methadone maintenance treatment at stable doses between 2009 and 2013. We collected socio-demographic, substances and psychiatric data using the relevant parts of the SCID (Structured Clinical Interview for the DSM), the MINI (Mini International Neuropsychiatric Interview) and the DIGS (Diagnostic Interview for Genetic Studies). Then, we performed GLM (General Linear Model) analysis to look after factors associated with variables of interest and AAO, TTR, and both.

**Results:** Early AAO is associated with lifetime anxiety disorders and early onset of cannabis use. Rapid TTR is associated with lifetime anxiety disorder, never been married, younger age at first deliberate self harm and early onset of cannabis. The multivariate model (studying the interaction of TTR and AAO) revealed that lifetime cannabis use and age at onset, lifetime heroin overdose, imprisonment, marital status and anxiety disorders interacted significantly with both early onset and rapid transition to dependence, with a gender effect.

**Conclusions:** This study confirms the clinical opinion that all substances are related meaning that early cannabis onset could predict an earlier opiate onset.

The interesting point is about the anxiety.

It could be interesting to make a prospective study among teenager cannabis users to confirm the patterns we've seen in this study.

## ASSESSMENT OF DEPRESSION AND ANXIETY IN PATIENTS WITH TREATED AND UNTREATED RESISTANT HYPERTENSION: A PILOT STUDY

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**Purpose:** Resistant hypertension is a common clinical problem faced by both primary care clinicians and specialists. Even though novel treatments are tested still remains a challenging modality. Anxiety and depression have been previously associated with essential hypertension; however the impact of psychological disorders on hypertension generation and progression remains controversial. The aim of the present pilot study was to assess any difference in the prevalence of depression and anxiety in resistant hypertensive patients who underwent renal denervation compared with those who did not.

**Materials and methods:** The study included 34 patients with resistant hypertension, 20 of who underwent renal denervation and 14 who were treated with medical therapy only. None of the patients had any known mental health disorder. The evaluation of anxiety disorder was performed with the use of the Hospital Anxiety Depression Scale (HADS), while for the evaluation of depression the Beck Depression Inventory (BDI) was used. The scores were further categorized as HADS < or ≥11 and BDI < or ≥17.

**Results:** The two scores were highly correlated both in the whole group and in the two separate groups of patients  $R=0.785$ ,  $p<0.0001$ . No significant correlations were found between BDI and HADS scores with age, levels of BP and BMI. No significant differences were noticed in the two groups for BDI score ( $9.4\pm9.4$  vs  $8.2\pm8.2$ ,  $p=NS$ ) and for HADS score ( $9.6\pm9.6$  vs  $10.7\pm10.7$   $p=NS$ ). Finally, when categorizing the two scores (HAD < or ≥11 and BDI < or ≥17) there was no significant difference between intervention and control group ( $p=NS$ ).

**Conclusion:** In this pilot small study there is a strong correlation between depression and anxiety scoring system in patients with resistant hypertension treated with intervention as well as medical management, whereas intervention seems to not have any additional impact on those scores.

## PERSONALITY CHARACTERS AND TENDENCY TO ADDICTION: A COMPARATIVE STUDY BETWEEN ADDICTED AND NONADDICTED PEOPLE

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**Educational Objectives:** Addiction is defined as a chronic, relapsing brain disease that is characterized by compulsive drug seeking and use, despite harmful consequences. The DSM uses the term "substance use disorders" to characterize illnesses associated with drug use. It is considered personality characters play important role in addiction. The personality problems can be long lasting and can lead to many harmful, often self-destructive, behaviors.

**Purpose:** The aim of this research is to test these questions that are there specific personality characters that lead to addiction?

**Method:** Method research is causative-comparative (Ex post facto). 153 addicted people and 153 nonaddicted people were randomly selected and MoKioly's Characterlogy Inventory (MCI) was administered on them. The inventory assesses personality based on eight characters: sanguine, indifferent, nervous, indolent, indignant, passionate, sentimentee, amorphous.

**Results:** Findings showed addicted people are much more indifferent, sanguine and passionate than nonaddicted people.

**Conclusion:** In regard to people with these characters are much more at risk; they should be trained with special plans and be cared so that tendency to addiction in them decrease or control.

## ANXIETY AND ALCOHOL CONSUMPTION

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### Abstract

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#### Background

Anxiety disorders are prevalent mental disorders that are a significant burden on the community. It is generally agreed that problems related to alcohol use and anxiety tend to occur within the same individual; people with anxiety disorders face an increased risk of developing alcohol abuse.

#### Objective

This study sought to determine the prevalence of alcohol abuse or dependence among patients with generalized anxiety disorder, panic disorder and social phobia hospitalized in the Psychiatry Department of Arad between 2010-2013.

#### Methods

Our research is based on the study of 93 subjects (65 females and 28 men); the average age was 34.3 years. The protocol assessed such variables as age, sex, marital status, length of illness and socio-economic status, alcohol and drug histories, medical emergency room presentations and attempt to self-medication.

#### Results

Our study revealed a risk of either alcohol abuse or dependence for 24% of the patients with anxiety disorders, the group of men having a higher risk (rates amongst women may have been underestimated). Self-medication of anxiety symptoms with alcohol was associated with an increased risk of alcohol dependence and a great impact on their relationships, and their socio-economic status.

#### Conclusions

Generalized anxiety disorder and social phobia were associated with an increased risk of alcohol dependence. These patients often use alcohol to modify anxiety in particular situations that otherwise lead to specific phobic avoidance. The results suggest the need for a more accurate screening for substance use problems in patients with anxiety.



## BORDERLINE PERSONALITY DISORDER AND SUBSTANCE USE DISORDER: ARE THEY A REAL COUPLE?

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**Educational Objectives:** At the conclusion of this presentation, the participants should be able to recognize the importance of access the presence of borderline personality traits when leading with addictive behaviours and be aware of the additional importance of treating these patients taking into account their characteristics. 105

**Purpose:** Analyze the nature of the relationship between substance use disorders and Borderline Personality Disorder.

**Methods:** Non systematic literature review in PubMed about substance use disorders and Borderline Personality Disorder (BPD). Only original articles in English were included with no time limits.

**Results:** The probability of occurrence of drug dependence and alcohol dependence or a substance-related disorder in general is increased among BPD patients compared with that in the general population. Substance use is caused by multiple factors. BPD patients often use dependence-producing substances in an attempt to mitigate emotions perceived as overwhelmingly negative or to replace these by a pleasant state. Substances are frequently taken with the intention to produce a state similar to dissociation. Thus, the frequency of use can be episodic or even a dependent pattern of use. Apart from that, the use of addictive substances can also be triggered by factors related to the social environment, such as peer pressure.

**Conclusions:** The authors concluded that BPD patients with substance dependency are more impulsive and clinically less stable than BPD patients without substance dependency. The prognoses is more unfavorable in patients diagnosed with both BPD and dependence disorder. So, the main goals were achieved once a better knowledge about the theme was gained. Probably the most important one may be that it is essential that patients with borderline personality disorder and comorbid addiction be treated as early as possible for both conditions in a thematically hierarchical manner due to their characteristics and behavioral patterns.

### Literature Reference

Thorsten Kienast, Jutta Stoffers, Felix Birmphohl, Klaus Lieb, Borderline Personality Disorder and Comorbid Addiction - Epidemiology and Treatment, *Dtsch Arztebl Int* 2014; 111(16): 280–6

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## PROFESSIONALS WORKING WITH PATIENTS WITH ATTACHMENT DISORDER AND DUAL DIAGNOSIS- HOW TO NAVIGATE IN PROJECTIVE IDENTIFICATIONS

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**Educational Objectives:** at the conclusion of this presentation, the participants have learned from a management perspective, how to recognize projective identifications in the daily work and how to intervene with the personnel group to maintain a professional approach to the patients and the treatment.

**Purpose:** the purpose of this project was to test which methods and interventions can be active mechanisms when wanting to create a room for development, learning and unlearning to secure optimal treatment for this target group. Also understanding the nature of projective identifications, how projective identifications influence the treatment of patients with attachment disorder and addictive disorder and how to make it manageable for the employees to navigate in projective identifications.

**Methods:** group interventions in relation to professionals in a 24 hour psychiatric care centre working with patients with attachment disorder and addictive disorder. A qualitative strategy was used to create an in-depth understanding of the context in which we tested this intervention.

Clear structured case discussion and external supervision were used in an effort to create knowledge and learning management in a continuous process by operating in parallel spaces to create a protected space and thereby secure the possibility of reflectivity (Scharmer2001).

**Results:** As it is an ongoing project there are not yet any long term results available. On short term basis, we can see a clear improvement in treatment and improved skills amongst the employees in relation to handling the tasks within the treatment of the patients with attachment disorder and addictive disorder.

### Literature Reference:

Scharmer, C.O: (2001): Self-transcending knowledge: Organizing around Emerging Realities.

I: I.Nonaka & D. Teece (ed.). *Managing Industrial Knowledge, Creation, Transfer and Utilization*.

London: Sage Publications Ltd.

## **POLY-DRUG USE AND MENTAL DISTRESS COMORBIDITY: A 10-YEAR PROSPECTIVE STUDY OF PATIENTS FROM SUBSTANCE ABUSE TREATMENT IN NORWAY**

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**Educational Objectives:** Longitudinal research investigating psychiatric trajectories among patients with poly-drug use patterns remains relatively scant, even though this specific population is at elevated risk for multiple negative outcomes.

**Purpose:** The present study examined temporal associations between poly-drug use (i.e. heroin, cannabis, tranquilizers, and amphetamines) and mental distress over a 10-year period.

**Methods:** A clinical cohort of 481 patients was recruited from substance use treatment facilities in Norway, and prospectively interviewed 1, 2, 7 and 10 years after the initial data collection at treatment admission. At each assessment participants completed a questionnaire addressing their substance use and mental health. Longitudinal growth models were used to examine whether, and if so, how, levels of drug use were associated with the level and rate of change in mental distress over time.

**Results:** Results from the longitudinal growth models demonstrated a co-occurrence between active poly-drug use and mental distress, such that there was a dose-response effect where mental distress increased both in magnitude and over time with the number of drugs used. Reduction in mental distress during the 10-year study period was observed solely among those participants who remained abstinent from the four studied drugs. Use of multiple drugs and mental distress appear strongly co-related over time.

**Conclusions:** Pre-treatment assessment should identify individuals manifesting poly-drug use and mental disorders. Treatment and follow-up services should be tailored to their specific needs.

## TOBACCO USE AND BIPOLAR DISORDER. THE BRIEF INTERVENTION AT COMMUNITY MENTAL HEALTH

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**Introduction:** Smoking is a serious health problem for people with mental illness and especially for bipolar disorder patients. It is necessary to explore the possibilities of brief intervention in the context of community care that may act on the level of motivation for change.

**Objectives:** Assess the effectiveness of the 3 A's intervention (Ask, Advise and Assess) in a sample of euthymic bipolar patients.

**Methods:** 240 patients diagnosed with bipolar disorder (according DSM-5 criteria) that were in the euthymic phase (defined as less than 7 points in YMRS and 10 points in HDRS) and attended the Community care centers of three provinces of Andalusia (Spain) that have been evaluated for their history of smoking habits (including nicotine dependence by Fagerström Nicotine Dependence Test) and current use.

Patients who consumed in the last month qualified for the level of motivation for change (measured by URICA scale); before and after conducting a brief intervention of no more than 30 minutes in total, divided in three contacts during a month, two face to face and one phone contact.

**Results:** The 47% of the evaluated patients showed an actual use of cigarettes with an average of 18 years of consumption, with a mean consumption in the last month of 21 cigarettes per day and a level of dependency of 5.92 (SD 3.20) according to the Fagerström Nicotine Dependence Test. The 62% of patients were in the Contemplation stage of change, after the intervention 18% progressed to the stage of motivation and 14% ended up in the Stage of Ready for Change.

**Conclusions:** Brief intervention, with significant support from the literature in general population, has not been studied in the bipolar patient. The results seem to confirm its effectiveness, although it should be considered the possibility of carrying out specific tools of brief intervention for this sort of patients.

## BIPOLAR DISORDER AND SUBSTANCE USE DISORDER COMORBIDITY: CYCLOTHYMIC ENDOPHENOTYPE

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**Educational Objectives:** Testing the relationships with dominant phenomenological features and comorbid conditions would clarify the reliability and validity of temperamental descriptions.

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**Purpose:** The aim of present study was to investigate the relationship of affective temperaments in substance use disorders and bipolar disorder.

**Methods:** A hundred patients with bipolar I or bipolar II disorder were recruited from consecutive admission and evaluated when euthymic. Temperaments were evaluated with Turkish version of TEMPS-A. Information about characteristics of each patient's illness was obtained by interview with patient through SCID-I and interview with at least one close relative patients records. We compared the clinical features between patients who have at least one comorbid lifetime substance use disorder and have not.

**Results:** 36 % patients with bipolar disorder also met DSM-IV criteria for at least one comorbid lifetime substance use disorders. Both lifetime and current comorbidity were associated with cyclothymic temperament ( $p<0.001$  and  $p=0.037$ ), earlier age at onset of affective symptoms and syndromal bipolar disorder ( $p=0.045$  and  $p=0.042$ ), switch ( $p=0.028$  and  $p=0.035$ ), suicide attempt ( $p=0.045$  and  $p=0.05$ ). Total numbers of episodes and duration of manic episodes were higher ( $p=0.027$  and  $p=0.034$ ) and longer ( $p=0.035$  and  $p=0.042$ ) in comorbid group than others. Cyclothymic temperament was associated with positive family history both bipolar disorder and substance use disorder but there were no differences in family history between bipolar patient with or without substance use disorder.

**Conclusion:** Bipolar spectrum disorders and addiction often occur and constitute reciprocal risk factors that considered under a unitary perspective. These findings suggest that beyond the genetic basis and predisposing role in bipolar disorder, affective temperaments have significantly clinical implications and importance.

### Literature Reference

P. Chiaroni, E.G. Hantouche, J. Gouvenet, J.M. Azorin, H.S. Akiskal. The cyclothymic temperament in healthy controls and familiarly at risk individuals for mood disorder: endophenotype for genetic studies? *J. Affect. Disord.*, 85 (2005), pp. 135–145.

Maremmanni I, Perugi G, Pacini M, Akiskal HS. Toward a unitary perspective on the BP spectrum and substance abuse: opiate addiction as a paradigm. *J Affect Disord* 2006; 93: 1-12.

## DISPARITIES IN ACCESS AND EFFECTIVENESS FOR EVIDENCE-BASED SUPPORTED EMPLOYMENT FOR PERSONS WITH CO-OCCURRING SERIOUS MENTAL ILLNESS (SMI) AND SUBSTANCE USE DISORDER (SUD): EVIDENCE FROM A STATE-WIDE POLICY INTERVENTION

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**Educational Objectives:** Following this presentation, participants should understand the use of administrative data on persons with co-occurring SMI and SUD to measure disparities in access to, and effectiveness of, vocational interventions.

**Purpose:** Analyze administrative data on persons with co-occurring SMI (psychoses or serious affective disorders) and SUD in the public mental health system (PMHS) of one U.S. state to test for disparities regarding use and effectiveness of individual placement and support (IPS) supported employment (SE) services.

**Methods:** Data on diagnoses, receipt of services, and post-treatment employment outcomes were extracted from three state-wide administrative data sets (Medicaid claims, PMHS claims, and PMHS semi-annual outcomes-measurement system (OMS) assessments) from the State of Maryland. Data were identified on 8,121 subjects with SMI (in the period 7/1/2001 through 6/30/2004) across four study groups (based on PMHS claims data for 7/1/2003-6/30/2006): those with and without diagnosed SUD services, stratified by use vs. non-use of IPS-SE services. The four groups were compared in terms of post-2006 average employment rates based on OMS assessments.

**Results:** Comparison of dual-disorder SMI subjects (n=2,187) with non-dual-disorder SMI subjects (n=5,934) showed that dual-disorder subjects were significantly less likely to have accessed IPS-SE services (4.8% vs. 8.1%,  $p<0.0005$ ). Follow-up (7/1/2006 to 6/30/2010) average employment rates from OMS data for persons who received SE services (prior to 7/1/2006), revealed that dual-disorder SMI subjects (n=105) reported significantly lower employment rates than non-dual-disorder SMI subjects (n=479) (18.0% vs. 29.7%,  $p=0.0032$ ).

**Conclusion:** Evidence from a large state-wide administrative database confirms earlier research (Biegel et al., 2009; Frounfelker et al., 2011) that persons with co-occurring SMI and SUD report less access to evidence-based IPS-SE services relative to similar persons with no SUD. Contrary to this earlier research, we also find poorer employment outcomes for dual-disorder subjects who received supported-employment services.

### References:

Biegel DE et al.

Predictors of referral to supported employment among consumers with co-occurring mental and substance use disorders. *Community Ment Health J* (2009) 45:427–438

Frounfelker RL. Enrollment in supported employment services for clients with a co-occurring disorder. *Psychiatric Services* (May 2011)



## EFFECT OF TOBACCO ABSTINENCE AND BUPROPION AUGMENTATION ON COGNITIVE FUNCTION IN SCHIZOPHRENIC PATIENTS: A DOUBLE-BLIND PLACEBO AND CONTROLLED STUDY

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**Educational Objectives:** Smoking is one of the most common habits of schizophrenic patient. Nicotine can suppress the negative signs and cognitive disorders of schizophrenia. Achieving a good method for smoking cessation without worsening of cognitive function would be helpful to reduce the interaction with antipsychotic drugs and mortality rate due to smoking.

**Purpose:** Comparison of cognitive function in schizophrenic patients treated with bupropion in on smoking cessation with placebo

**Methods:** this study is a double blind case - control study .Sixty seven schizophrenic patients (based on DSM -IV criteria) were randomly allocated in two groups (37 cases and 30 control group) and smoking at least 10 cigarettes per day. They get antipsychotic Risperidone 2 mg during smoking cessation they get 100 mg bupropion in second week 200 mg per day, and control group placebo. Positive And Negative Syndrom Scale (PANSS), Brife psychiatric rating scale (BPRS) were taken in beginning of study, 14th and 28th day of study. Cognitive tests (Stroop, Digit Span, and Wechsler, Wisconsin) were taken in begging of study, 2nd, 7th, 14th, 28th of study. All data were collected from both groups and were analyzed by SPSS Ver. 13 with analytic and descriptive tests.

**Results:** Mean age of patients was  $37.29 \pm 9.91$ , and 95.5% of patients were male. Mean duration of disorder was  $10.93 \pm 7.3$  years. Between case and control groups, the mean scores of Wechsler, Digit span, BPRS, Wisconsin, Positive PANSS, Total PANSS were not significantly different ( $P > 0.05$ ). Between case and control groups, the mean score of Negative PANSS was significantly different after 2nd week ( $P = 0.02$ ).

**Conclusions:** Augmentation of bupropion to routine treatment of schizophrenic patients improve cognitive functions in first 2 weeks after abstinence of tobacco, regardless of signs and symptoms of schizophrenia. But this effect was not seen in last 2 weeks in negative PANSS between initial of study and final of study.

## PSYCHOSIS AFTER OPIOID WITHDRAWAL – ARE OPIOID DRUGS ANTIPSYCHOTICS?

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**Educational Objectives:** At the conclusion of this presentation, the participants should be able to pay more attention to opioid drug users psychopathology, in particular psychosis, and researchers must address more accurately the eventual and powerful effect of opioid drugs in psychopathology.

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**Purpose:** Highlight the potential antipsychotic effect of opioid drugs.

**Methods:** The authors have conducted an online search on PubMed focusing on antipsychotic effect of opioid drugs. The authors have also reported and discussed one clinical case based on the data found.

### Results:

Psychosis could emerge after substance abuse, often making the clinical picture indistinguishable from that of a primary psychosis. Psychosis induced by substances of abuse is most commonly developed by cannabinoids, stimulants, hallucinogens, alcohol and polyabuse. Among substance abusers, it has not yet been ascertained whether opioids exert a psychotic effect. However, some authors have supported the view that opioids have antidepressant, antipanic and antipsychotic effects. Interestingly, studies about the epidemiology of dual diagnosis have shown a low frequency of psychotic spectrum disorders in heroin-dependent patients, and in those in methadone treatment programmes. Moreover, the gradual elimination of methadone in subjects affected by previous psychotic episodes was followed by psychotic relapses. In addition, there have been reports of psychotic episodes related to opiate withdrawal, as well as no studies have published on psychosis due to opiate intoxication.

### Conclusions:

Despite of the insufficient, and a few inconsistent, data, psychiatrists and researchers must be aware of the effects of opioid drugs in psychopathology, in particular in what concerns to the potential effect of opioid drugs in the inhibition of psychotic processes. Addressing this question, the scientific community can, not only, be able to optimize the clinical approach to this individuals, but also, it can be useful to the understanding of the neurobiology of psychosis, and therefore, to develop more antipsychotic drugs.

## NEUROBEHAVIORAL ASPECTS OF OMEGA-3 FATTY ACIDS: POSSIBLE MECHANISM AND THERAPEUTIC VALUE IN DUAL DIAGNOSIS

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**Educational Objectives:** To understand the effects of nutrition on mental health and to consider omega-3 polyunsaturated fatty acids (n-3 PUFA) dietary supplementation as possible new adjunct in the treatment of dual diagnosis.

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**Purpose:** To review the possible role of omega-3 PUFA in the genesis, maintenance, exacerbation, and treatment of comorbid presence of substance-use disorders and other mental disorders

**Methods:** We conducted an exhaustive review of the literature on the effects of omega-3 PUFA on various mental disorders as well as on neurophysiological and behavioural mechanisms involved in stress regulation, reward-pathways and dependence development. Also, a Medline and PubMed search was performed to identify published papers with links among the following search terms: "omega-3 fatty acids", "n-3 PUFA", "eicosapentaenoic acid (EPA)", "docosahexaenoic acid (DHA)", "depression", "bipolar", "anxiety", "schizophrenia", "ADHD", "addiction", "drug abuse", "cocaine", "alcohol", "opiates", "smoking".

**Results:** Impressive evidence demonstrates the role of PUFA in protecting neuronal cells from oxidative damage, controlling inflammation, regulating neurogenesis, and preserving neuronal function. PUFA deficits are associated with the onset and progression of neuropsychiatric illnesses such as schizophrenia, depression, and posttraumatic-stress disorder. Imbalanced PUFA status was also found in several drug-using samples. This may result in hypofunctioning of mesocortical systems associated with mood dysregulation, reward and dependence and thus increase drug craving and hamper cessation efforts.

Recent randomized clinical trials and meta-analyses suggested that PUFA supplementation could reduce depressive, psychotic, and suicidal symptoms, as well as aggression and anxiety, underscoring that EPA-weighted preparations are more beneficial. Several pioneering studies also showed that PUFA may change response to alcohol, cigarette craving and consumption and cocaine relapse vulnerability.

**Conclusion:** Deficits in omega-3 PUFA may make an etiological contribution to the comorbidity of substance-use disorders and other neuropsychiatric disorders. Supplementation with omega-3 fatty acids may provide a therapeutic strategy which requires to be tested in randomized placebo-controlled trials.

## NEUROCOGNITIVE CHARACTERISTICS OF PSYCHOTIC SYMPTOMS IN YOUNG ADULTS WITH HIGH FUNCTIONING AUTISM

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**Educational Objectives:** At the conclusion of this presentation, the participants should be able to understand how symptoms and neurocognitive profiles are associated in mental disorders and how neurocognitive investigations can deepen the understanding of dual diagnosis.

**Purpose:** The purpose of this project is to understand how particular symptoms of schizophrenia spectrum disorders (SSD) could lead to neuropsychological and neurocognitive specificities in a population of young adults with high functioning autism (HFA).

**Methods:** We compared a group of 9 young adults (age:  $17.88 \pm 1.27$ , IQ:  $86.88 \pm 6.69$ ) diagnosed with HFA and a group of 8 young adults (age:  $17.37 \pm 1.77$ , IQ:  $81.5 \pm 7.62$ ) initially diagnosed with HFA who later developed psychotic first rank symptoms (dual diagnosis/DD group). The DD group participants were all taking at least one second generation neuroleptic and had at least one past history of mental hospitalisation. All participants had been diagnosed according to the DSM-4 criteria by their handling psychiatrist or neuropsychiatrist (during childhood for HFA and late adolescence for psychotic symptoms). There was no difference between those groups in terms of age, gender, age of diagnostic or IQ. Participants were assessed with a neurocognitive battery including inhibition (Stroop and Go no-Go) and verbal fluency tasks. Those tasks had been chosen because of their theoretical preservation in HFA while many studies report impairments for it in schizophrenia. By doing so, we focused both on analysing the neurocognitive characteristics of psychotic symptoms in HFA subjects and trying to know whether psychotic negative symptoms could have been mistaken for autistic traits during childhood. If it is the case, we expect to see impairments for the DD group participants for all the neurocognitive measures.

**Results:** Results show that interference management and phonemic and action verbal fluency are the most likely variables to discriminate simple diagnosis versus dual diagnosis participants. Besides, these results are not significantly correlated with the IQ or the neuroleptic dose (converted into Chlorpromazine equivalents). On the contrary, despite the concerns we had on a hypothetical misdiagnosis during childhood, our DD group participants were unimpaired for half of the neurocognitive measures, yet known to be altered in schizophrenia: semantic fluency, which is known to assess semantic retrieval more than executive functioning (unlike phonemic and action fluencies) and simple motor inhibition.

**Conclusions:** Executive processes impairments - and inhibition processes in particular - seem likely to characterise the dual diagnosis status of HFA young adults who later develop psychotic first rank symptoms. Despite the limited nature of our sample, these data could emphasise the specific significance of inhibition and interference management impairments in schizophrenia.

## POLITICS AND ECONOMICS OF METHADONE IN RURAL CANADA

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Opioid Dependence is a serious public health problem in Rural Canada. Methadone has been proven to help with Opioid Dependence. The structure and practices of Opioid maintenance Clinics in New Brunswick, Canada are closely examined. The reasons behind long wait times are discussed. Competing viewpoints are taken into account.

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### Results

The state sponsored clinics have long waiting lists. They generally cost the exchequer about three to four times more than the private clinics. We estimate the social and monetary cost of untreated opioid dependent individual.

### Conclusion

We find that the unsubstantiated theories about opioid dependence are detrimental to the individual and the society.

## AGE RELATED EFFECTS ON COGNITIVE FUNCTIONING IN PATIENTS WITH SCHIZOPHRENIA AND COCAINE DEPENDENCE

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**Introduction:** Although studies focused on neurocognition in patients with Dual Diagnosis (DD) have shown mixed findings, some variables such as age of patients could explain, at least in part, the heterogeneous results across studies<sup>1</sup>. In this line, some authors have proposed that cognitive deficit could be more obvious in those patients of an older age given the expression of long-term neurotoxic effects of substance of abuse. We aim to assess the influence of age of patients on cognitive functioning in patients with Schizophrenia and cocaine dependence (SZ+, n=30) and compare them to subjects with Schizophrenia without substance use dependence (SZ, n=30) and another one with cocaine dependence without any other psychiatric disorder (COC, n=30). All patients were abstinent for minimum 4 months.

**Material and Method:** A neuropsychological battery focused on premorbid intelligence quotient, attention, memory, and processing speed was applied to all participants. A global cognitive component was calculated through Z scores. Differences across groups were explored by Multiple Analysis of Variance (MANOVA). All the analyses were performed with transformed Z scores. In order to explore the effect of age of patients on neurocognition, lineal regression analysis was performed.

**Results:** SZ+ did not differ from their SZ- counterparts in neuropsychological functioning. Both SZ groups performed significantly worse than the COC group ( $F \geq 5.28$ ;  $p \leq 0.01$ ). A negative impact of age on cognitive performance was found only in the SZ+ group ( $F=5.20$ ;  $p=0.01$ ).

**Conclusions:** Our results are in agreement with the idea of an additional cognitive deficit in older SZ+ patients due to the long-term neurotoxic brain damage of substance intake while the cognitive performance of SZ- does not seem related to age. Our results have clinical implications in prevention and treatment of cognitive deficits in patients suffering from comorbidity.

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## CLINICAL FEATURES OF SCHIZOPHRENIA IN PERSONS USING NARCOTIC SUBSTANCES OF THE OPIUM ROW

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**Educational Objectives:** Knowledge of these clinical features allows developing individualized approaches to treatment of persons with dual pathology.

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**Purpose:** To study clinical features of schizophrenia in opiate addicted persons.

**Methods:** 2 groups with schizophrenia (F 20.0, F 20.6 according to ICD-10) have been studied. Basic group included 98 schizophrenic patients using opiates. Length of disease was  $4,6 \pm 0,43$  years; duration of narcotization was  $2,9 \pm 1,27$  years. 27,6% used homemade opiates, 48,0% heroin, 24,5% cannabinoids and opiates.

Group of comparison included 50 schizophrenic patients (mean age  $29,5 \pm 2,02$  years), length of disease  $5,8 \pm 1,38$  years without co-occurring pathology.

**Results:** Pre-illness stage in drug users was characterized by predominance of emotionally labile (12,0%) and excitable (8,0%) personality disorders. Initial period was characterized by earlier onset  $17,7 \pm 0,15$ , (group of comparison -  $21,8 \pm 0,67$ ), predominance of psychopath-like disorders (65,3%, and 34,0% of cases, respectively). In basic group 49,3 % of cases showed acute manifestation of schizophrenia, group of comparison – typically gradual development of psychotic symptoms (56,0%). The stage of psychotic manifestation in drug addicts began earlier  $19,5 \pm 0,36$ , (control group  $22,0 \pm 0,57$ ), and included in structure true visual and olfactory hallucinations, episodes of consciousness disturbance of delirious-oneiric type. Narcotization with opiates strengthened formation of negative disorders ( $r=0.648$ ,  $r=0.732$  ( $p<0.05$ )).

In basic group 50,7% of cases showed slowed-down formation of signs of drug addiction, atypical short-term psychotic episodes in abstinence (2,7%) and in state of intoxication (16,3%) were observed. Lower level of education, professional activity, family functioning was observed, disadaptation occurred quickly, patients committed socially dangerous acts more frequently.

**Conclusions:** Specific features of course of schizophrenic process in opiate users manifest themselves at all stages of disease by accelerated formation of disorders typical for schizophrenia, slowed-down formation of drug addiction syndromes, severe phenomena of social disadaptation. Knowledge of these clinical features allows developing individualized approaches to treatment of persons with dual pathology.

## TOXIC PSYCHOSIS VS DUAL PATHOLOGY: LONGITUDINAL EVALUATION OF PATIENTS ADMITED TO THE PSYCHIATRY DEPARTMENT OF HOSPITAL GARCIA DE ORTA

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**Educational Objectives:** The differential diagnosis between Toxic Psychosis (TP) and Primary Psychosis (PP) with concomitant substance abuse is quite common. Transition from one diagnosis to another is frequent during the early years of follow-up. At the conclusion of this presentation, participants should be aware of the complexity and implications of this diagnostic dilemma.

**Purpose:** This investigation aims to describe and get objectively acquainted with our population's reality in order to provide a more tailored follow-up, including psychoeducation for optimization of therapy adherence, prevention of drug use relapse and most of all, prevention of psychotic outbreaks.

**Methods:** Consultation of discharge reports from September 2011 to September 2012 in order to identify patients discharged with the diagnosis of TP. Review of each patient's clinical records (including outpatient clinic and admissions to the emergency department), since discharge to present time, in order to retrieve information regarding follow-up, drug use, presence of psychotic symptoms, therapy adherence and current diagnosis. Statistical data analyses: Microsoft Excel:mac®

### Results:

Thirty (30) patients were identified with the diagnosis of TP. After a 3 year follow-up, one third had changed diagnosis to schizophrenia (50%) and Bipolar Disorder type 1 (50%). Doubt remained in 14% cases. One third didn't adhere to psychiatric monitoring, although adherence was best for PP patients. All patients used cannabinoids although TP patients had more multiple substance abuse, while PP patients consumed mostly cannabinoids. 50% of all patients were currently using drugs.

### Conclusions:

- Most doctors had doubts regarding their patients diagnosis throughout the follow-up period.
- In most situations only time will allow for a clear clinical picture to present and come to a correct diagnosis.
- In many cases it is virtually impossible to reach a definite conclusion.
- Efforts should be made in order to optimise adherence to therapeutic program
- There were limitations to the study since data was not systematically collected and registered by all doctors
- A longer follow-up period is needed in order to draw more robust body of conclusions

## ZIPRASIDONE VS. CLOZAPINE IN THE TREATMENT OF DUALLY DIAGNOSED (DD) PATIENTS WITH SCHIZOPHRENIA AND CANNABIS USE DISORDERS: A RANDOMIZED STUDY

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**Educational Objectives:** After this presentation, the participants should have good knowledge about state of the art antipsychotic drug treatment for dually diagnosed patients with schizophrenia and substance use disorders (DD patients).

**Purpose:** Clozapine is considered to be particularly effective in the treatment of DD patients. However, its use is restricted by potentially severe side effects. The aim of the present pilot study was to compare clozapine with another second generation antipsychotic in DD-patients.

**Methods:** 30 patients with schizophrenia and cannabis abuse/dependence (DSM-IV) were randomized to ziprasidone or clozapine and were followed up for 12 months. Drug dosage and concomitant medications were flexible depending on clinical requirements. Patients underwent baseline and follow-up assessments 3, 6, and 12 months after study inclusion. Outcome variables included motivation to reduce cannabis use (SOCRATES questionnaire), use of cannabis (interview with patient and significant others, review of medical records, toxicological screens in urine and hair samples), as well as psychiatric symptoms and level of functioning (PANSS, Montgomery Asberg Depression Scale, Global Assessment of Functioning Scale GAF, UKU Side Effect Rating Scale, Drug Attitude Inventory).

**Results:** Cannabis use was reduced in both groups during follow-up. Clozapine treatment was associated with less positive symptoms of schizophrenia, more side effects and poorer compliance with treatment.

**Conclusions:** Results from this small pilot RCT suggest beneficial effects of both clozapine and ziprasidone in the treatment of cannabis use disorders in psychotic patients. Larger-scale RCTs are needed in order to assess advantages and disadvantages of the different SGAs in dually diagnosed populations.

**Literature Reference:** Schnell T, Koethe D, Krasnianski A, Gairing S, Schnell K, Daumann J, Gouzoulis-Mayfrank E. Ziprasidone versus clozapine in the treatment of dually diagnosed (DD) patients with schizophrenia and cannabis use disorders: a randomized study. Am J Addict. 2014, 23(3): 308-12.

## TREATING PSYCHOTIC PATIENTS WITH AGONIST OPIOID THERAPY AND ATYPICAL ANTIPSYCHOTICS

Maria Chiara Pieri

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The aim of the study is 1. To evaluate the efficacy of olanzapine in patients maintaining methadone;

2. To explore time-course variation of craving and weight at baseline and every 2 months for the first 6 months and then every 6 months until the end of the study (30th months).

3. To compare symptoms severity between patients on methadone and patients on buprenorphine

Patients were enrolled from the East Out-patient Addiction Unit (SER.T) of Bologna, Italy.

All signed a written informed consent.

32 received methadone and 13 buprenorphine.

36 were included into three treatment subgroups

At baseline and follow-up sessions the following rating scales were administered:

The Minnesota Multiphasic Personality Inventory-2 (MMPI-2)

The Structured Clinical Interview for DSM-IV Axis II Disorders (SCID-II)

Bech-Rafaelsen Mania and Melancholia Scales (BRMAS, BRMES; Bechetal. 1988) covering severity of manic and depressive symptoms respectively.

The VAS (Visual Analogic Scale) to quantify craving for drugs Statical result

A significant difference was found among the 3 subgroups in Baseline, Supplementary and Content Scale

The frequency of personality disorders at baseline was 72.2%

At the end of study, significantly reduced BRMES and BRMAS scores were found in all subgroups, particularly in the “olanzapine+methadone” subgroup.

Total and partial at BRMES and BRMAS scores did not significantly change during the follow-up period (6th-30th month), even if the curve displays a downward trend

VAS total scores were significantly lower both at 6th and 30th month

None of the three treatments induced a significant weight gain both after 6 months (at this time session we observed better results.

The association of methadone to olanzapine even in presence of subthreshold psychiatric symptoms improve treatment adherence in substance abusers

## **GENDER DIFFERENCES IN RETENTION IN DUALY DIAGNOSED ADULTS ATTENDING PRIVATE RESIDENTIAL TREATMENT IN THE U.S.**

Siobhan A. Morse

*Director of Research, Foundations Recovery Network, Brentwood, Tennessee*

**Educational Objectives:** Upon completion of this symposium, participants will (1) understand the relevance of treatment retention to treatment outcomes, (2) be able to differentiate between factors impacting treatment retention in men and women, (3) be able to address the disparate programming needs that support treatment retention in both genders.

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**Purpose:** Despite the evidence that retention is an important factor in treatment outcome, keeping dually diagnosed patients engaged in treatment continues to pose significant challenges. Current literature addresses differences by gender in treatment retention and outcomes in the public sector, but significantly less is known about individuals with co-occurring substance abuse and mental health disorders as well as those attending private residential dual diagnosis treatment. The purpose of this study is to examine gender differences on dual diagnosis treatment retention for individuals with co-occurring substance abuse and mental health disorders.

**Methods:** The participants were 1,317 individuals (539 women and 778 men) with co-occurring substance abuse and mental health disorders receiving treatment at three private residential treatment centers in the U.S. Bivariate analyses, life tables, and Cox regression (survival analyses) were utilized to examine gender effects on treatment retention, and identify factors that predict treatment retention for men and women.

**Results:** The findings indicate that length of stay differs by gender and that different factors influence length of stay for each gender.

**Conclusions:** Because treatment retention and engagement are strongly associated with treatment outcome, these findings can be incorporated to develop and initiate program interventions to minimize early attrition and increase overall retention in private residential treatment for individuals with co-occurring substance use and mental health disorders.

## PSYCHOLOGICAL, ENVIRONMENTAL OR PHYSICAL FACTORS, WHICH IS THE FIRST CAUSE OF TENDENCY TO ADDICTION?

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**Educational Objectives:** Addiction is a primary, chronic disease of brain reward, motivation, memory and related circuitry. Dysfunction in these circuits leads to characteristic biological, psychological, social and spiritual manifestations. This is reflected in an individual pathologically pursuing reward and/or relief by substance use and other behaviors.

**Purpose:** The aim of the research is to test this question what is the first cause of addiction? Psychological, Environmental or Physical causes.

**Method:** 80 addicted people were randomly selected and Abuse Drug Assessment Inventory (ADAI) was administered on them. Chi Square formula was used to analyze the results.

**Results:** Findings showed 55 percent of tendency to addiction was psychological. Also more analyzing showed 65 percent of continuing causes of addiction were psychological factors such as fear, anxiety, and sorrow.

**Conclusion:** In regard to results we should put more emphasis on psychological prevention and treatment methods so that both tendency to addiction and continuing causes of addiction decrease and control.

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## DO DRUG-INDUCED PSYCHOSIS REALLY EXIST?

Dr. Luis Alfonso Núñez Domínguez

*Centro Médico, Pamplona, Navarra, España*

### Descripción y justificación del simposio o taller:

The existence of drug-induced psychosis as a different entity is a point of discussion between the authors that support their existence independiente (Núñez Domínguez, 2007, Crebbin et al., 2009) and other ones that denies it and support the hypothesis that these psychosis are just a first episode of a major psychotic disorder in vulnerable people (Arendt et al., 2005, Bramness et al., 2012). In the first presentation we make a wide review of the literature about this debate

Some recent paper have proposed that drug-induced psychosis maybe a first step to the development of major psychosis (schizophrenia, bipolar disorder). In the second presentation, we review these research and discuss about the validity of the results.

In the last presentation we show the results of a follow-up study of a sample of patients with a first diagnosis of drug-induced psychosis, showing the current diagnosis and the influence of different factors cited into the literature as mediator in the outcome of this disease

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