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SCHIZOPHRENIA AND SUBSTANCE ABUSE

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SCHIZOPHRENIA SEVERITY AND SUBSTANCE USE DISORDERS IN A PSYCHOSOCIAL REHABILITATION PROGRAM

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WILLIAMS SYNDROME AND ACUTE PSYCHOSIS: A CASE REPORT

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RELATIONSHIP BETWEEN CANNABIS USE AND SUICIDE BEHAVIOUR IN FIRST EPISODE OF PSYCHOSIS

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PSYCHOSIS EARLY INTERVENTION SERVICES: PREDICTIVE FACTORS OF EVOLUTION IN FIRST-EPISODE PSYCHOSIS DUE TO SUBSTANCE USE. A THREE YEARS FOLLOW-UP STUDY

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DUAL PATHOLOGY/SEVERE MENTAL DISORDER. REPORT OF TWENTY-TWO YEARS FOLLOW UP CASE

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ISOLATED PSICOTIC SYMPTOMS IN COCAINE CHRONIC ABUSERS. CASE REPORT

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THERAPEUTIC ADHERENCE IN PARANOID SCHIZOPHRENIA: THE IMPACT OF PERSONALITY TRAITS AND SUBSTANCE ABUSE

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PERSONALITY TRAITS IN PATIENTS DIAGNOSED WITH PARANOID SCHIZOPHRENIA: THE IMPACT ON SUBSTANCE ABUSE AND CLINICAL COURSE

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INSIGHT AND SUBSTANCE USE DISORDERS IN A PSYCHOSOCIAL REHABILITATION PROGRAM

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TO DAWN

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CANNABIS AND FIRST PSYCHOTIC EPISODE

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USE OF LONG-ACTING INJECTABLE ANTIPSYCHOTIC DRUGS IN PATIENTS WITH DUAL DIAGNOSIS: A CASE REPORT

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INTER-ICTAL PSYCHOSIS IN A PATIENT WITH TEMPORAL LOBE EPILEPSY. A CASE STUDY

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PSYCHOTIC DISORDER AND SUBSTANCE ABUSE DISORDER: A CASE REPORT

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THE ROLE OF COMMUNICATION SKILLS IN TREATMENT ADHERENCE IN PSYCHOSIS

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PREVALENCIA DE ALUCINACIONES CENESTÉSICAS EN PACIENTES DEPENDIENTES DE COCAÍNA VS OTRAS SUSTANCIAS Y SU ADAPTACIÓN SOCIAL

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PSYCHIATRIC MORBIDITY AMONG CHILDREN AND YOUNG PERSONS APPEARING IN THE LAGOS JUVENILE COURT, NIGERIA

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PERSISTENT PSYCHOTIC SYMPTOMS AFTER LONG-TERM HEAVY USE OF MEPHEDRONE: A TWO CASE SERIES

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CASE REPORT: DRUG USE AND NEW RELAPSES IN PARANOID SCHIZOPHRENIA

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PSICOSIS, ALCOHOL, CANNABIS... MUCHO MÁS QUE PATOLOGÍA DUAL

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SUBSTANCE-INDUCED PSYCHOSIS

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SYNTHETIC CANNABIMIMETICS AND EARLY PSYCHOSIS: FOCUS GROUP WITH YOUNG PATIENTS OF A COMMUNITY MENTAL HEALTH CENTRE

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TRASTORNO PSICÓTICO EN PACIENTE CONSUMIDORA DE CANNABIS Y COCAÍNA

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TREATMENT DIFFERENCES BETWEEN PATIENTS WITH DUAL DIAGNOSIS AND PATIENTS WITH SCHIZOPHRENIA DIAGNOSIS ALONE

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INDUCED DELUSIONAL DISORDER OR FOLIE A DEUX IN PATIENT WITH DUAL DIAGNOSIS

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DISSOCIATIVE FUGUE SYMPTOMS IN A MALE MOROCCAN MEDICAL STUDENT: A CASE REPORT

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ABDOMINAL EPILEPSY: A RARE CONDITION REVEALED BY MAJOR DEPRESSION

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ANXIETY, DEPRESSION AND QUALITY OF LIFE IN CHRONIC OBSTRUCTIVE PULMONARY DISEASE

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DEPRESSION AND ANXIETY IN "CROCODILE" USERS BEFORE AND DURING OPIOID SUBSTITUTION TREATMENT

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TOBACCO SMOKING AND OTHER ADDICTIVE DISORDERS IN BIPOLAR OUTPATIENTS

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ADHD WITH BIPOLAR DISORDER IN DUAL PATHOLOGY: COMPLEX RELATIONS

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REDUCTION OF COCAINE CRAVING IN PATIENTS WITH BIPOLAR DISORDER AND COCAINE USE DISORDER. TREATMENT WITH ARIPIRAZOLE, CLINICAL SERIES

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BIPOLAR DISORDER, SUBSTANCE MISUSE AND COMMUNITY TREATMENT ORDER: A CASE REPORT

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AN ASSOCIATION BETWEEN AFFECTIVE LABILITY, ALCOHOL AND SUBSTANCE MISUSE IN BIPOLAR DISORDER

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TIRED OF BEING SICK

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COGNITIVE IMPAIRMENT AS A PREDICTOR OF WORSENING DISEASE COURSE IN DUAL DISORDERS: CASE REPORT

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ADDICTIVE BEHAVIORS AND THEIR IMPACT ON BIPOLAR DISORDER

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ME DIJO QUE SE ACABO EL AMOR

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ANXIETY IN A SAMPLE OF PATIENTS TREATED IN A UNIT OF ADDICTIVE BEHAVIORS. SPECIFIC INTERVENTION IS REQUIRED?

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ASPERGER SYNDROME AND SUBSTANCE USE DISORDER: DIAGNOSIS AND TREATMENT

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DUAL DISORDERS: GENERALIZED ANXIETY DISORDER AND ALCOHOL USE DISORDER; EXPERIENCE OF A CASE

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IS THERE A POSSIBLE ASSOCIATION BETWEEN ARTERIAL STIFFNESS INDICES AND ANXIETY AND DEPRESSION IN PATIENTS WITH RESISTANT HYPERTENSION? A PILOT STUDY

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THE USE OF AGOMELATINA IN DRUG ADDICTED PATIENTS WITH PSYCHIATRIC DISORDERS

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ANXIETY AND CANNABIS

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PSYCHOTHERAPY ANXIETY AND PHOBIC DISORDERS

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ANXIETY SYMPTOMS IN A PERSON WITH NEUROSIS

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OBSESSIVE COMPULSIVE DISORDER AND ALCOHOL DEPENDENCE: A HARSH REALITY

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ANXIETY DISORDERS: PSYCHIATRIC COMORBIDITIES

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DEPRESSION AND ANXIETY SYMPTOMS ASSOCIATED WITH VIDEO GAME ADDICTION IN ADOLESCENTS

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CLUSTER A PERSONALITY DISORDERS AND SUBSTANCE USE DISORDERS

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NEO-PI-R PERSONALITY FACTOR STRUCTURE IN COLLEGE STUDENTS

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PERSONALITY TRAITS AND DUAL DISORDERS

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COCAINE DEPENDENCE: ANALYSIS OF A CLINICAL SAMPLE

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EFFECTIVENESS OF ARIPIRAZOLE IN REMISSION FROM BORDERLINE PERSONALITY DISORDER ASSOCIATED WITH MULTIPLE DRUG USE - CASE REPORT

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THE SOULLESS PSYCHOPATH

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PARANOID PERSONALITY AND ASSOCIATIONS: A CASE REPORT

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COULD “DIAZEPAM LOADING” BE A VALID STRATEGY FOR PREVENTING BENZODIAZEPINE WITHDRAWAL SYMPTOMS?: A CASE REPORT

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PSYCHOGENIC NON-EPILEPTIC SEIZURES, PERSONALITY DISORDER AND DUAL DIAGNOSIS. A CASE REPORT

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GENDER DIFFERENCES IN COMORBID SUBSTANCE USE DISORDERS IN PATIENTS WITH BORDERLINE PERSONALITY DISORDER

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WHEN A SOLUTION BECOMES A PROBLEM

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CONSUMPTION OF COCAINE ONCE - TRIGGER OF PSYCHOSIS IN A CONSUMER HASHISH – CLINICAL CASE

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PSYCHIATRIC DIAGNOSIS CLINIC INTERVIEW WITH MINI

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DUAL DISORDERS: BORDERLINE PERSONALITY DISORDER AND SUBSTANCE USE DISORDER: A REPORT OF A CASE

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AN INTEGRATED PSYCHOTHERAPEUTIC PROGRAM FOR SEVERE PERSONALITY DISORDER CAN BE EFFECTIVELY APPLIED AS WELL AS THOSE WITH COMORBID SUBSTANCE USE DISORDER?

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DID PATIENTS ADMITTED TO A SPECIALIZED PSYCHOTHERAPEUTIC PROGRAM FOR SEVERE PERSONALITY DISORDER DIFFER FROM THOSE WITHOUT SUBSTANCE USE DISORDER?

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IS THE METHYLYXANTHINE'S CONSUMPTION INCREASED IN ADHD ADULT POPULATION? SYSTEMATIC REVIEW OF THE LITERATURE AND ANALYSIS IN A LARGE SAMPLE

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ATTENTION DEFICIT HYPERACTIVITY DISORDER AND SUBSTANCE ABUSE

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EMOTIONAL LABILITY IS ASSOCIATED WITH A HIGHER SUBSTANCE USE DISORDER IN ADULTS WITH ADHD

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TRASTORNO DE DÉFICIT DE ATENCIÓN E HIPERACTIVIDAD Y TRASTORNO POR USO DE SUSTANCIAS EN UNA UNIDAD INFANTO-JUVENIL

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GRADO DE DEPENDENCIA Y RECAÍDAS EN PACIENTES CON TRASTORNO POR USO DE SUSTANCIAS Y TRASTORNO POR DÉFICIT DE ATENCIÓN E HIPERACTIVIDAD

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NON-DRUG HEALTHCARE RESOURCE USE IN ADULT PATIENTS WITH ATTENTION-DEFICIT/HYPERACTIVITY DISORDER

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COST-EFFECTIVENESS ANALYSIS OF LISDEXAMFETAMINE DIMESYLATE IN THE TREATMENT OF ADULTS WITH ATTENTION-DEFICIT/HYPERACTIVITY DISORDER IN THE UNITED KINGDOM

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ABOUT A CLINICAL CASE: DIAGNOSIS CHALLENGE IN DUAL PATHOLOGY (ADHD vs. CANNABIS WITHDRAWAL)

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ADDICTIONS, ADHD IN ADULTS AND DIMENSIONS OF THE IMPULSIVITY

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PARADOXICAL EFFECTS OF COCAINE USE IN PATIENTS WITH COMORBID ADHD

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DIFFERENCES IN DRUG-TAKING PROFILE AND THERAPEUTIC ADHERENCE OF ADOLESCENTS BY SUBSTANCE ABUSE DISORDERS (SUD) WITH AND WITHOUT ADHD

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USE OF PALIPERIDONE IN HIV-POSITIVE PATIENT: A CASE REPORT

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AGGRESIVE BEHAVIOR IN PSYCHOSIS AND DRUGS ABUSE

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CHILDHOOD ADVERSITIES AND SUBSTANCE ABUSE DISORDERS

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CHANGES IN POSTTRAUMATIC STRESS DISORDER SYMPTOMS DURING AND AFTER THERAPEUTIC COMMUNITY DRUG AND ALCOHOL TREATMENT

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NARRATIVE THERAPY AND DUAL DIAGNOSIS: A CASE REPORT

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EATING DISORDERS AND COMORBID ALCOHOL USE DISORDER. REVIEW

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CLASSIFYING ARTICLES RELATED TO COMORBID EATING AND SUBSTANCE USE DISORDERS PUBLISHED IN THE LAST FIVE YEARS

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ALCOHOL USE DISORDER AS A MAINTENANCE FACTOR IN ANOREXIA NERVOSA. A CASE REPORT

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COCAINE INDUCED PSYCHOSIS AND BULIMIA NERVOSA. A CASE REPORT

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DESCONTROL FOOD ADDICTION AND ALCOHOL: A CLINICAL CASE REPORT

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SUBSTANCE ABUSE AMONG WOMEN WITH EATING DISORDERS

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IMPULSIVE BEHAVIOURS IN WOMEN WITH ANOREXIA NERVOSA, BULIMIA NERVOSA AND BINGE EATING DISORDER

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LEGAL HIGH USE AND ONSET OF PSYCHOSIS IN TEENAGERS

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YOUNG PSYCHOSIS AND CANNABIS USE. A CASE REPORT

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AUTOLESIÓN NO SUICIDA Y TRASTORNO POR USO DE SUSTENCIAS EN UNA UNIDAD INFANTO-JUVENIL

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“DANGEROUS FRIENDSHIPS”: ASSOCIATION BETWEEN SUBSTANCE MISUSE AND NON-SUICIDAL SELF-INJURY AMONG ADOLESCENTS

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DUAL PATHOLOGY IN AN EARLY AGE. A CASE REPORT

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MENTAL HEALTH AND DEVELOPMENTAL DISORDERS RELATED TO MATERNAL CANNABIS ABUSE

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GABA-ERGIC MEDICATIONS IN ADHD COMPLEX CORRECTION IN CHILDREN

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FAMILY HISTORY OF SUBSTANCE MISUSE: A POTENCIAL RISK FACTOR FOR INTERNALIZING PSYCHOPATHOLOGY AND SELF-INJURIOUS THOUGHTS AND BEHAVIORS AMONG ADOLESCENTS

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NEW DRUGS DUE TO IMMIGRATION. A CASE REPORT

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GENDER DIFFERENCES IN SUBCLINICAL PSYCHOTIC SYMPTOMS IN A NON-CLINICAL SAMPLE OF CANNABIS USERS

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ALCOHOL USE DISORDER AMONG PATIENTS ADMITTED TO A PSYCHOSOCIAL REHABILITATION UNIT

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SOCIAL ANXIETY DISORDER AND USE OF CANNABIS AND COCAINE IN SUBJECTS WITH GENDER DYSPHORIA

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GENDER AND DUAL DIAGNOSIS AT BRIEF PSYCHIATRIC INPATIENT UNIT

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DUAL DISORDERS AND GENDER

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FEMALE ALCOHOLISM IN THE WORK ENVIRONMENT AND ADHERENCE TO TREATMENT PROGRAMS: A CASE STUDY IN PUBLIC ORGANIZATIONS IN SÃO PAULO STATE-BRAZIL

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VIOLENCE AND SUBSTANCE ABUSE AMONG WOMEN IDU

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WOMEN IN METHADONE MAINTENANCE TREATMENT

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NOR BLOWS THAT HURT NOR HURTFUL WORDS

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THE PREVALENCE OF DUAL DIAGNOSIS IN WOMEN INCLUDED ON A BUPRENORPHINE/NALOXONE TREATMENT IN CIUDAD REAL UCA

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NEUROPSYCHOLOGICAL CASE REPORT: FROM BENZODIAZEPINES TO QUETIAPINE DEPENDENCE

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SELF-MEDICATION WITH PSYCHOSTIMULANTS IN SCHIZOPHRENIA

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NALTREXONE/BUPRENORPHINE AS A PHARMACOLOGICAL OPTION IN PATIENTS WITH ANALGESIC DRUG ABUSE AND PERSONALITY DISORDER COMORBILITY

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A CASE REPORT OF AUTO-MEDICATION

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CLINICAL SEVERITY AS A PREDICTOR OF DROP OUT IN PATIENTS WITH BORDERLINE PERSONALITY DISORDER AND SUBSTANCE USE DISORDER (DUAL PATHOLOGY)

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MARIJUANA CRAVING QUESTIONNAIRE: A PILOT APPROACH OF A SPANISH VERSION

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DEVELOPING CLINICAL GUIDELINES FOR PSYCHIATRISTS AND PHYSICIANS IN THE MANAGEMENT OF ALCOHOL AND ILLICIT SUBSTANCE INTOXICATION IN THE ACUTE SETTING

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LIVING STANDARD AS A RESULTS INDICATOR IN A NALMEFENO TREATMENT STUDY

IN ALCOHOL ADDICTION

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COMUNIDADE DE INSCRIÇÃO NOVO OLHAR. UM NOVO OLHAR SOBRE A DOENÇA MENTAL

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ANXIETY, DEPRESSION AND ALEXITHYMIA IN PATIENTS WITH CHRONIC RHEUMATOLOGICAL PAIN

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ANXIETY, DEPRESSION AND QUALITY OF LIFE IN PATIENTS WITH SPONDYLOARTHROPATHY : COMPARATIVE STUDY CASE –CONTROL

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DIFFERENCES IN METHADONE AND BUPRENORPHINE WITHDRAWAL SYNDROME – PATIENTS' NARRATIVE PERSPECTIVE

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MILD COGNITIVE IMPAIRMENT IN PATIENTS WITH CHRONIC PULMONARY DISEASE

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DUAL PATHOLOGY IN PSYCHIATRIC EMERGENCY

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DENIAL OF URINALYSIS-CONFIRMED OPIOID USE IN PRESCRIPTION OPIOID DEPENDENCE

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K-OPIOID RECEPTOR AS A KEY REGULATOR OF APPETITIVE 50-KHZ ULTRASONIC VOCALIZATIONS DURING SOCIAL INTERACTIONS

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THE INTERSECTION BETWEEN CHRONIC PAIN AND OPIOID ABUSE: FACTORS ASSOCIATED WITH QUALITY OF LIFE

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DUAL PATHOLOGY IN PATIENTS IN HARM REDUCTION AND SUPERVISED DRUG CONSUMPTION ROOM. THE CHALLENGE OF HARM REDUCTION PROGRAMS

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THE OPIOID SYSTEM AND ADDICTION — BRIEF REVIEW AND CLINICAL CASES

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THE EFFECT OF OPIOID AGONISTS ON THE QTc INTERVAL IN DUAL PATHOLOGY PATIENTS: A PILOT STUDY

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METHADONE AND PSYCHOTIC DISORDERS: A LITERATURE REVIEW

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NALMEFENE EFFICACY PREVENTING ADMISSIONS DUE TO ALCOHOL MISUSE AND PSYCHOTIC RELAPSE

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OPIOID USE DISORDER AND PSYCHOSIS IN A DUAL DIAGNOSIS UNIT

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GOOD COP, BAD COP: ROLE OF THE OPIOID SYSTEM IN THE PATHOGENESIS AND IN THE TREATMENT OF ALCOHOL ADDICTION

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INJECTABLE VERSUS ORAL ANTIPSYCHOTICS IN THE PATIENTS WITH SCHIZOPHRENIA SPECTRUM DISORDERS AND OPIOID DEPENDENCE

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CONSUME YOU BENZODIAZEPINES? RESPONSE OF PATIENTS ON METHADONE MAINTENANCE PROGRAM

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NURSING CARE PLAN FOR PATIENTS WITH DUAL DIAGNOSIS INCLUDED IN METHADONE MAINTENANCE PROGRAM

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"I HAVE LOST MY MEMORY". WORKING MEMORY AND METHADONE MAINTENANCE TREATMENT

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

Barcelona, 17-20 de abril de 2015

Poster sesión 1

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

Barcelona, April 17-20, 2015

Poster session 1



SCHIZOPHRENIA AND SUBSTANCE ABUSE

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Educational Objectives: At the conclusion of this presentation, the participants should be able to have a broad view of the treatment of patient with schizophrenia and substance abuse.

Purpose: To make a theoretical review about the treatment of patients with Schizophrenia and substance abuse.

Methods: Literature research in major databases: PubMed, Cochrane, Uptodate, using the keywords: Schizophrenia, substance abuse, treatment.

Results:

We present a case of a 35 year-old male patient that was bring to the Emergency Room because of behavioural disturbances. He was seeing people naked at the street, and that somebody was raping them. In the past history, he has the diagnosis of Paranoid Schizophrenia. He also has a history of drug abuse (cocaine and cannabis). A couple of days previous to the incident he was consuming cocaine and cannabis. He went to see his aunt, to ask her help, because he was thinking that these people were after him. She called his regular doctor, who said that the patient didn't go to the follow up, and told her to take him to the hospital.

He was in the hospital for 3 weeks, after reintroducing his regular psychotropic drugs, he recognizes partially that the event he suffered was not real, he also has chronic delusions about his family, he thinks that his father abused him, when he was a child, he said he want to forget this events, and he could speak with his family. His family didn't go to visit him during his hospitalization, they said they were afraid of him.

After this time, he could be discharged.

Conclusions:

The treatment of the patient with Schizophrenia and drug abuse is more difficult than the treatment of these entities separately.

The treatment of this kind of patient must be individualized, attending their specific needs.

Treatment programs must assure the regular follow up of these patients.

SCHIZOPHRENIA SEVERITY AND SUBSTANCE USE DISORDERS IN A PSYCHOSOCIAL REHABILITATION PROGRAM

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INTRODUCTION:

The dual disorder in schizophrenia can have serious effects on the clinical course of the illness, on the quality of life, and on psychosocial functioning. The importance of studying the comorbidity between schizophrenia and substance use disorders lies in the high prevalence rates of comorbidity and in all these negative effects. The Psychosocial Rehabilitation Program (PRP) of Parc de Salut Mar (PSM) aims to approach the patient from a dual view.

OBJECTIVE:

The objective of this study is to describe differences between schizophrenia severity at admission and at discharge, both in patients with and without substance abuse.

METHODS:

The sample consisted of 82 patients included in the PRP of PSM, of which 65 patients (78,3%) had schizophrenia, and 35,4% of them had comorbid substance abuse. We used PANSS scale at the admission and at discharge. A database was used to perform a descriptive analysis of this sample using the SPSS software.

RESULTS:

In patients with substance abuse, the average score in PANSS scale at admission was 76,36 while in non substance abusers the score was 86,1 (significant difference).

In patients with dual diagnosis, the average PANSS score at discharge was 48,94 while in non substance abusers with schizophrenia was 61,83.

CONCLUSIONS:

In our PRP, schizophrenia severity was lower in dual disorder than in schizophrenia without substance use disorder at the beginning of the program. In all cases, there was a significant improvement in symptoms at discharge, but there were no differences in the degree of improvement between both groups. This is inconsistent with the results of previous studies but can be explained by the initial severity of the patients from a psychosocial rehabilitation program.

FAHR'S SYNDROME REVEALED BY NEUROPSYCHIATRIC DISORDERS: ABOUT 2 CASES

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Fahr's syndrome is a rare entity characterized by calcification Striatonigral pallidolusian jagged, and its clinical polymorphism. the etiologies are dominated by dysparathyroidies.

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Observations: We report two cases of Fahr syndrome, revealed by a psychotic disorders and other by epilepsy. In both cases, brain imaging and laboratory tests led to the diagnosis of Fahr's syndrome.

Results: Fahr's syndrome family history is present in the first case. The clinical manifestations included epilepsy, cerebellar syndrome, without cognitive impairment, with extrapyramidal symptoms and tetany. The calcium and phosphate levels was disrupted. The calci D-vitamin therapy associated with symptomatic treatment allowed a favorable evolution in both cases.

Discussion: SF corresponds to mineral deposits in the walls of NGC vessels. The causes are dominated primarily by hypoparathyroidism. Both observations illustrate the variability of clinical presentations of Fahr's syndrome.

Conclusion: This study emphasizes the importance of research of mineral metabolism disorders in the presence of neuropsychiatric events associated with calcifications of the basal ganglia, to detect a Fahr syndrome and thus adopt the most appropriate therapeutic measures.

WILLIAMS SYNDROME AND ACUTE PSYCHOSIS: A CASE REPORT

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Psychiatric comorbidities including anxiety disorders are common in Williams syndrome. However, the psychotic symptoms are rare in these patients. We report a case of acute psychosis in a patient with Williams syndrome.

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Case presentation:

This is a young patient of 19 years followed for Williams syndrome was admitted to the Emergency Admission Service with psychomotor agitation and persecutory delusions, auditory and verbal hallucinations. These symptoms were still present for 2 months. No evidence of any disease or taking psychoactive substances found. There was no evidence of previous psychiatric symptoms or family history of neuropsychiatric disorders. She was treated with antipsychotics and symptoms have been resolved.

Conclusion: We report a rare case of a patient with Williams syndrome, which was a non-organic psychotic episode. The literature on this subject is scarce and, therefore, this case report intends to add more data on this comorbidity.

RELATIONSHIP BETWEEN CANNABIS USE AND SUICIDE BEHAVIOUR IN FIRST EPISODE OF PSYCHOSIS

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Suicide has been shown to represent the major single cause of premature death among patients with schizophrenia spectrum disorders. The prevalence of substance abuse in patients with schizophrenia is high. The relationship between substance abuse and suicide attempts hasn't been studied enough.

Our study investigated the relationship between cannabis use and suicide attempts in patients with a first episode of psychosis (FEP)

Participants included 65 patients hospitalized as a first psychosis episode. We analyzed the suicide attempts after one year and the frequency of cannabis use.

Bivariate analysis showed significant relationship between suicide attempts after one year and higher cannabis use ($P < 0,5$). The Mann-Whitney test showed significant differences between both groups.

There are research that investigated the relationship between substance use and suicide. Traditionally the substance use has been associated with a higher number of hospitalizations, hopelessness, suicide and symptoms exacerbation. This study shows the relationship between a higher frequency of cannabis use and suicide attempts after one year of the first hospitalization and how cannabis use makes significant differences both groups.

PSYCHOSIS EARLY INTERVENTION SERVICES: PREDICTIVE FACTORS OF EVOLUTION IN FIRST-EPISODE PSYCHOSIS DUE TO SUBSTANCE USE. A THREE YEARS FOLLOW-UP STUDY

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PURPOSE:

The aim of this study is to evaluate the influence, as possible predictors of evolution in psychosis onset substance-induced, of four clinical factors: substance type, abstinence, level of insight and treatment adherence. An understanding of predictive factors of evolution could help in developing specific prevention programs in the Early Psychosis Prevention and Intervention Centers (EPPIC)

MATERIAL AND METHODS:

The data were collected from the EPPIC of Zaidín Mental Health Service in Granada, Spain. A prospective, longitudinal, 3-year follow-up study (2010-2013) of 35 patients (age 18-35 years) with first-episode due to substance abuse. 63 patients with no history of consumption were excluded. We studied the relationship between these four factors and favorable outcomes, considering as favorable outcomes the lack of new outbreaks after admission to EPPIC

RESULT:

All variables were statistically associated with favorable outcomes ($p < 0,000$), except type of toxic, which were not related with the evolution of the episodes.

CONCLUSIONS:

We found that drug abstinence, high level of insight and good treatment adherence, is correlated with favorable outcomes. Thus, we believe is essential to consider those factors in the development of intervention and prevention programs in EPPIC. Further studies are needed to clarify the role of substance type in this condition.

LITERATURE REFERENCE:

SAS. Detención e intervención temprana en las psicosis. Documentos e instrumentos de evaluación. 2010.

EDUCATIONAL OBJETIVES:

To know predictors factors of favorable outcome in first-episode psychosis due to substance use, in order to develop proper intervention programs in psychosis Early Psychosis Prevention and Intervention Centers

DUAL PATHOLOGY/SEVERE MENTAL DISORDER. REPORT OF TWENTY-TWO YEARS FOLLOW UP CASE

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Substance abuse, especially cannabis and psychostimulants, and its relationship with psychosis is well documented in the scientific literature. As well psychiatric comorbidity has been associated with anxiety and affective disorders, behavioral, motivational syndrome personality disorders and ADHD. In clinical practice there is a trend to treat each diagnostic category according to classic psychiatry without giving plenty of importance to the main fact of the substance main responsibility for the development and worsening of comorbid pathology.

We report a representative clinical case of this situation where the patient presented at age of 43 several psychotic episodes after a 22 years follow up dealing to cannabis, cocaine and heroin, which abuse began at age of 15 in progressive escalation. Concurrently with the beginning of abuse he also initiated affective symptoms culminated in a recurrent major depressive disorder and anxiety neurotic features with scratch marks and trichotillomania, on the basis of a dependent and avoidant personality. The common denominator in all these symptoms is improvement during periods of abstinence and worsening and presentation of psychotic episodes after the substance abuse, despite of multiple treatments as therapeutic community income, psychotherapeutic approaches, antipsychotics, antidepressants, and opioid agonist-antagonists.

The polymorphic presentation of mental disorders and its overlap involves a difficulty in the management and treatment in patients with substance abuse and dependence. Therapeutic non-compliance and non-adherence are of particular relevance to interfere significantly in therapeutic strategies. More over substance abuse relapses are associated with comorbid entities clinical worsening. All this fits into the concept of highly impairment severe mental disorder with an uncertain prognosis. The aim of the intervention should target symptom remission, relapse prevention, reconstruction of life goals and quality of life, into integrated treatment protocol of both mental disorders (dual pathology).

References:

- 1.- Hasin DS et al. Effects of major depression on remission and relapse of substance dependence. Arch. Gen. Psychiatry (2002), 59: 375-380, 2002
- 2.- Grupo de Trabajo de la Guía de Práctica Clínica de Intervenciones Psicosociales en el Trastorno Mental Grave. Guía de Práctica Clínica de Intervenciones Psicosociales en el Trastorno Mental Grave. Plan de Calidad para el Sistema Nacional de Salud del Ministerio de Sanidad y Política Social. Instituto Aragonés de Ciencias de la Salud I+CS; 2009. Guías de Práctica Clínica en el SNS: I+CS N° 2007/05.

ISOLATED PSICOTIC SYMPTOMS IN COCAINE CHRONIC ABUSERS. CASE REPORT

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We developed a literature review from a cocaine chronic abuser case. Specifically, this study is focused on the most common isolated psychotic symptoms in clinical practice observed in patients who keep prolonged abstinence after substance chronic abuse and never fulfilled not-induced psychotic disorder criteria. Likewise we try to show the differences between patients whose symptoms appeared during the abuse period, the particularities between drugs and the psychotic symptoms derived.

THERAPEUTIC ADHERENCE IN PARANOID SCHIZOPHRENIA: THE IMPACT OF PERSONALITY TRAITS AND SUBSTANCE ABUSE

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Background: Therapeutic adherence in patients diagnosed with paranoid schizophrenia remains a major concern for the management of the disease in routine clinical practice. Full adherence is uncommon in schizophrenia as is the case with most illnesses. Some studies report that at least 50% of patients are not fully adherent with their medication at some time during their illness. Failure to adhere to antipsychotic regimens is associated with exacerbation of psychotic symptoms, increased aggression against self and others, worse prognosis, increased use of inpatient and acute outpatient services and increased costs.

Non-adherence to antipsychotic regimens is considered to be one of the main reasons for hospital readmission, that's why a comprehensive understanding and integration of patient, illness, treatment, environment and therapeutic alliance are essential to manage noncompliance. If we focus on patient-specific factors and disease, some studies suggest that adherence behaviour can be related to personality traits, especially characteristics as extraversion, sensation seeking and low frustration tolerance are reported to interfere with medication compliance. These features are not specific but are related to Cluster B personality, although associated with more predisposition of substance abuse.

Objective: The main purpose of this study is to determine the impact of personality traits and substance abuse in patients diagnosed with paranoid schizophrenia on therapeutic adherence.

Method

- Participants: A total of 48 patients diagnosed with paranoid schizophrenia in ages between 18 and 50 years with maladaptative personality traits were recruited.
- Design: Retrospective observational study. Patients diagnosed with paranoid schizophrenia were divided into three groups according to their character traits using the criteria of DSM-IV-R: Cluster A (n = 16), B (n = 17) and C (n = 15).
- Method: Clinical information was extracted from the hospital records. The variables studied were sociodemographic (age, gender, education and occupational activity), history of substance abuse (cannabis, alcohol, cocaine) and therapeutic adherence (discontinuation of treatment, dropout rate in outpatient services, number of missing appointments without notifying the clinic staff and injectable depot/long acting antipsychotic at present or in the past).

Results: Patients diagnosed with paranoid schizophrenia and Cluster A personality traits showed a statistically significant worse adherence: a greater number of abandoned treatment (p = 0.002), a higher rates of dropout outpatient's therapy (p = 0.009) and an increased number of missing appointments (p = 0.001). Patients with Cluster C personality traits had the better therapeutic adherence. The dual diagnosis of schizophrenia with current or past substance abuse only had an indirect marker of poor treatment adherence; these patients had increased use of injectable depot/long acting antipsychotic compared with non-substance abusers (p = 0.015).

Conclusions: The character structure of patients diagnosed with paranoid schizophrenia may have more impact on medication adherence than the substance abuse factor. In the therapeutic approach for these patients, assessment and intervention on personality traits may be useful to promote adherence and improve the course and outcome of the disease.

Bibliography

Lysaker, P.H., et al. Personality and psychopathology in schizophrenia: the association between personality traits and symptoms. *Psychiatry Research*. 1999; 62, 36-48.

Ruscher SM., et al. Psychiatric patients' attitudes and Factors Affecting medication noncompliance. *Psychiatr Serv*. 1997; 48: 82-5.

PERSONALITY TRAITS IN PATIENTS DIAGNOSED WITH PARANOID SCHIZOPHRENIA: THE IMPACT ON SUBSTANCE ABUSE AND CLINICAL COURSE

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Background: Patients with schizophrenia also frequently have SUDs (substance use disorder) which make more difficult the psychotherapeutic and pharmacologic approach and affects negatively to the clinical course and prognosis of the illness. Several models have been proposed to explain the high rates of comorbid substance use disorder in patients with schizophrenia including the self-medication and reward dysfunction hypotheses, but none of them can clarify the reasons for which some patients have a comorbid substance abuse and others not. Furthermore, patients diagnosed with paranoid schizophrenia have a higher prevalence of maladaptive personality traits that interfere significantly in the course and outcome of the disease. There are few studies in the literature reviewing the impact of personality traits of patients diagnosed with schizophrenia on substance abuse and clinical course.

Objective: The main purpose of this study is to determine the impact of personality traits in patients diagnosed with paranoid schizophrenia on substance abuse and clinical course.

Method:

- Participants: A total of 48 patients diagnosed with paranoid schizophrenia in ages between 18 and 50 years with maladaptive personality traits were recruited.
- Design: Retrospective observational study. Patients diagnosed with paranoid schizophrenia were divided into three groups according to their character traits using the criteria of DSM-IV-R : Cluster A (n = 16), B (n = 17) and C (n = 15).
- Method: Clinical information was extracted from the hospital records. The variables studied were sociodemographic (age, gender, education and occupational activity), clinical (duration of illness, prior hospitalizations, suicide attempts) and history of substance abuse (cannabis, alcohol, cocaine).

Results: Patients diagnosed with paranoid schizophrenia and Cluster B personality traits showed a higher SUDs (p = 0.000) in alcohol (p = 0.000), cannabis (p = 0.000) and cocaine consumption (p = 0.000), superior in relation to the other personality traits groups.

Patients diagnosed with paranoid schizophrenia and Cluster B personality traits had worse clinical course in relation to the other personality traits groups: an increase in the frequency of visits to hospital emergencies departments (p = 0.011), higher number of hospitalizations (p = 0.000), longer duration of hospitalization (p = 0.005) and higher number of suicide attempts (p = 0.000).

Patients with dual diagnosis, schizophrenia and substance abuse, had worse clinical course in relation with those with no history of substance abuse. They present an increase in the frequency of visits to hospital emergencies departments (p = 0.021), higher number of hospitalizations (p = 0.001), longer duration of hospitalization (p = 0.001) and higher number of suicide attempts (p = 0.000).

Conclusions: Personality is considered to be an important aspect of schizophrenia, primarily because it may influence patient's symptoms and social functioning. Specific personality traits may have a significant impact on substance abuse and clinical course. In the therapeutic approach for these patients, assessment and intervention on personality traits may be useful in controlling the addictive behavior and improving the course of the disease.

BIBLIOGRAPHY

- Lysaker, P.H., et al. Personality and psychopathology in schizophrenia: the association between personality traits and symptoms. *Psychiatry Research*.1999; 62, 36-48.
- Smith, T. E., et al. Studies of schizophrenia: personality traits in schizophrenia. *Psychiatry*.1995; 58, 99-112.

A PILOT GROUP OF COMBINED PSYCHOEDUCATION AND MINDFULNESS-BASED THERAPY FOR PATIENTS WITH COMORBID ADDICTIVE AND BIPOLAR DISORDERS

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Educational Objectives: at the conclusion of this presentation, participants should be able to acknowledge the necessity and feasibility of intensive and integrated therapy for patients with comorbid addiction and bipolar disorder, as well as to use key features of our group's design and assessments in order to initiate other similar pilot groups.

Purpose: we aimed to demonstrate the feasibility of combined integrated group therapy for patients with comorbid addiction and bipolar disorder.

Methods: we developed a fully original group therapy delivering six sessions of Weiss' integrated group therapy (IGT) (Weiss et al., 2007) followed by eight sessions of mindfulness-based cognitive therapy adapted from existing manuals of relapse prevention in both SUD and in BD, resulting in 14 weekly sessions of 2 hours ½. Patients diagnosed with DSM-IV BD were drawn from our Fondamental Advanced Center of Expertise – Bipolar Disorder (FACE-BD) outpatient setting. They were eligible if both the clinician in charge and the patient acknowledged recent interactions between BD and gambling or substance use. Patients were assessed weekly with self and clinician-rated questionnaires regarding substance use, mood state and ability to practice mindfulness.

Results: six patients attended the whole group, out of twelve originally eligible. Overall depression and substance use scores decreased, and satisfaction assessed by self report was high.

Conclusions: here we support the use of intensive and integrated group therapy in patients with comorbid BD and addictive disorders. Such intensive care, including the practice of mindfulness, seemed feasible with these severe patients, who are usually excluded from clinical trials. Attrition was fairly high, as expected, suggesting the need for approaching at least twice the number of patients as necessary for conducting the group. Clinical implications are potentially very large given preoccupying unmet needs in this area (Salloum and Thase, 2000).

Literature Reference

- Salloum, I.M., Thase, M.E., 2000. Impact of substance abuse on the course and treatment of bipolar disorder. *Bipolar disorders* 2, 269–280.
- Weiss, R.D., Griffin, M.L., Kolodziej, M.E., Greenfield, S.F., Najavits, L.M., Daley, D.C., Doreau, H.R., Hennen, J.A., 2007. A randomized trial of integrated group therapy versus group drug counseling for patients with bipolar disorder and substance dependence. *The American journal of psychiatry* 164, 100–107.

INSIGHT AND SUBSTANCE USE DISORDERS IN A PSYCHOSOCIAL REHABILITATION PROGRAM

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INTRODUCTION: Substance use disorders have a comorbidity rate with other psychiatric disorders, being higher than in general population. Previous literature suggests that these patients have a lower awareness of disease, implying a worse prognosis and a deteriorating quality of life and psychosocial functioning.

OBJECTIVE: The aim of this study is to measure insight in psychotic patients using the SUMD scale at admission and at the moment of discharge, both in patients with and without substance use disorder.

METHODS: The sample consisted of 82 patients included in a Psychosocial Rehabilitation Unit, of which 23 (28%) were female and 59 (72%) male patients, and 31 (37,8%) had a comorbidity with substance use disorder. The average age was 35.5 years. A database was compiled during a 2-year period and a descriptive analysis using SPSS software was performed.

RESULTS: In patients suffering from substance use disorder, the average score in SUMD scale at admission was 9.52 points v/s 4.33 points at the moment of discharge; and in patients not suffering from substance abuse, the average score in SUMD scale at admission was 10.77 points v/s 5.65 points at the moment of discharge, being both differences statistically significant.

CONCLUSIONS: This allows us to infer that after a psychosocial treatment insight in psychiatric patients, both with and without comorbid substance use disorder, improved, being this difference similar in both groups. Nevertheless, more studies are needed to confirm these results.

NEUROPSYCHOLOGICAL IMPAIRMENT IN FIRST-EPISODE OF SCHIZOPHRENIA WITH CANNABIS ABUSE. A THREE CASE STUDY

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Objective: Schizophrenia involves a serious upset at getting in touch with reality, meaning symptoms like delusions, hallucinations and neuropsychological disorders among others. Several studies show that although cannabis consumers presents more severe symptoms at the beginning of the illness than abstinent patients, their evolution is more favourable. Lack of attention, learning capacity, memory and executive functions difficulties have been described as much in consumers and abstinent patients, significative differences have not been found between them. These alterations has been considered like a predictive factors of social and community activities. The first episode of schizophrenia with cannabis abuse can appear 2,7 years before than in case of abstinence.

Three first episodes of schizophrenia with cannabis abuse cases are presented with the aim to assess their neuropsychological functioning and determine if the results are consistent with the studies on this matter.

Method: The neuropsychological functioning of three hospitalised patients aged 18, 22 and 22 years old, diagnosed with First episode of schizophrenia with cannabis abuse, is assessed using the Weschler Adult Intelligence Scale (WAIS-III), The Rey's Verbal Auditory Learning Test (RAVLT) and Word Fluency (FAS test).

Results: The three cases present on the neurocognitive assessment very low uniformity of their intellectual functioning, with a higher estimated premorbid intelligence than the currently assessed, a deterioration of the executive functions (abstraction, planification and a diminished word fluency). No difficulties have been found related to the memory processes (learning, working memory).

Conclusions: Differences of initial severity of symptoms are found between patients with first episode of schizophrenia with cannabis abuse and abstinent patients, but no differences are found in the neuropsychological profile, in evidence with the few studies on this matter.

DUAL PSYCHOSIS AND COMORBID HEPATITIS C VIRUS (HCV)

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Objectives:

To evaluate the sociodemographic and clinical characteristics of inpatients with psychosis and comorbid substance use disorder according to having or not HCV.

Material and Methods:

Data on demographic, family, and clinical factors were gathered among subjects admitted a dual diagnosis unit between September 2007 and May 2013. Psychiatric diagnosis were obtained according to DSM-IV-R criteria.

Results:

The overall sample included 445 subjects (100 HCV-Positive group and 345 HCV-negative group). Comparing sociodemographic data, HCV-Positive group versus HCV-Negative group, were older (41.51 ± 7.1 vs 36.8 ± 10 years; $p < 0.001$), women were more often (38% vs 22.6%; $p = 0.003$), were more frequent married (49% vs 31%; $p = 0.001$), homeless (26% vs 17.1%; $p = 0.06$), occupationally inactive (99% vs 85.5%; $p < 0.001$) and had more primary education (75% vs 47.8%; $p < 0.001$).

There was more prevalence in the HCV-Positive group of comorbid personality disorder (16% vs 8.7%; $p = 0.041$). The mean age of onset of psychosis and first psychiatric admission was earlier in the HCV-Negative group (23.4 ± 8.6 vs 26.74 ± 8.5 years; $p = 0.004$) and (26.2 ± 9.1 vs 29.16 ± 8.6 years; $p = 0.013$), respectively.

HCV-Positive group had higher prevalence of opioid use disorder (46% vs 11%; $p < 0.001$) and sedative use disorder (28% vs 8.4%; $p < 0.001$) and higher rates of heavy polysubstance use (3 or more substance) (39% vs 15.7%; $p < 0.001$). In addition, we also observed differences in substance consumption way, HCV-Positive group used more often injected via in heroine (77.9% vs 20.4%; $p < 0.001$) and cocaine (44.8% vs 3.9%; $p < 0.001$).

Higher prevalence of comorbid HIV (51% vs 9%; $p < 0.001$) and HBV core antibody (51% vs 5.5%; $p < 0.001$) were observed in HCV-Positive group.

Conclusion:

Those patients with dual psychosis and comorbid HCV have greater social and organic impairment, and higher rates of substance use as opioids and sedatives.

References:

1. Mary E. Mackesy-Amiti, Geri R. Donenberg, Lawrence J. Ouellet. *Prevalence of psychiatric disorders among young injection drug users*. Drug and Alcohol Dependence 2012; 124(1-2): 70-78.

INCREASED RISK TO DEVELOP PSYCHOSIS IN PATIENTS WITH ADHD AND PSYCHOSTIMULANT ABUSE: A CASE REPORT

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Educational Objectives: Deepening the relationship between ADHD, psychostimulants use disorders and psychosis.

Purpose: Adult ADHD is characteristically associated to psychiatric comorbidity. The psychostimulants abuse can induce transient psychosis episodes. Some studies have reported an increased rate of adult ADHD cases in patients with cocaine-induced psychosis. We present a case-report of a patient with ADHD who developed an addiction to psychostimulant complicated with psychosis.

Methods: The psychiatric interview was completed by a clinical assessment using the CAADID interview for adult ADHD diagnosis, the MINI interview for other co-occurring psychiatric conditions, a selection of modified items of SAPS-CIP scale to assess the psychostimulant-induced psychotic symptoms and SCIP test to explore cognitive deficits.

Results: This patient begins to have symptoms of ADHD from 8 years-old but was not at the time diagnosed nor treated as such. An psychostimulant addiction was developed at 18 years-old. He has presented several episodes of psychostimulant-induced psychotic symptoms. The last episodes was triggering with a lower use of substances. At the present time, the patient has a chronic psychosis in the absence of psychostimulants use, in addition to the typical symptoms of adult ADHD.

Conclusions: This case would support the hypothesis of the effect summation of the presence of ADHD adult and the psychostimulants abuse as risk factors for psychosis.

Literature Reference

- Roncero C, Daigre C, Grau-López L, Barral C, Pérez-Pazos J, Martínez-Luna N, Casas M. An international perspective and review of cocaine-induced psychosis: a call to action. *Substance Abuse* 2014; 35(3): 321-7.
- Tang Y-L, Kranzler HR, Gelernter J, Farrer LA, Cubells JF. Comorbid psychiatric diagnosis and their association with cocaine-induced psychosis in cocaine-dependent subjects. *The American Journal on Addictions* 2007; 16: 343-351.

CHANGES IN ANGUISHES AND PROCESSES OF DECOMPENSATION/COMPENSATION IN THE PSYCHOSIS: THE IMPACTS OF THE PRISON MILIEU

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The management of first intention after a psychotic episode in schizophrenic background remains until now of psychiatric orientation. Based on the patient's medicalization, this orientation seems to be essential for both health professionals and those of justice, especially when the decompensation led to acting-out endangering a danger the physical and moral integrity or the public order. However a Clinic meeting will have led us to revalue this thesis and to try out (by constraint) a patient psychiatric care essentially based on psychotherapies and management of the environment. This method has enabled us to meet the factors generating anguish as well as the effect of the variations of these anguishes on the evolution of the symptoms essentially on the syndrome of parcelling out and the integrity of ego of the patient.

The Clinical situation of Mrs. Y imprisoned shortly after his an hetero- aggressive act led us to think that the rise of anguish could induce a psychotic decompensation.

Purpose: to have a beter understanding of anguishes on the psychosis and the effect of the emprisonment on schizophrenia.

Methode: psychoanalytical observation and

Conclusion: after having initiated a non-drug therapy and identified on satisfactory of results, we have come to the conclusion that : relieving patient anxiety, we arrive to solve clinical problems and potentially more violent psychotic syndromes without any necessity of pharmacotherapy.

DUAL DISORDER AND SUBACUTE PSYCHIATRIC HOSPITALIZATION UNIT

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PURPOSE

1st June in 2014, Institut de Neuropsiquiatria i Addiccions (INAD) created a Subacute Psychiatric Hospitalization Unit. This Unit attends to patients from Sant Martí sector (Barcelona). It is a medium-term hospitalization program.

The aim of this study is to describe the profile of inpatients admitted to the subacute unit since its inauguration.

METHODS

This is a transversal study. All patients admitted for a medium-term psychiatric treatment since 01/06/2014 to November 2014 were included. Data about sociodemographical status, drug misuse and clinical situation were obtained and compiled in a database. Descriptive statistics were performed using SPSS Software.

RESULTS

38 patients were admitted to a medium-term hospitalization unit (58% Male; 42% Female). More than a quarter of the sample reported ever having used drugs (39.5%). Nowadays, 11 inpatients had a comorbid substance use disorder and reported current drugs problems. Cannabis (81.8%), Alcohol (45.5%), Cocaine (36.4%) and Amphetamines (18.2%) were the drugs misused. Over half of the sample reported two different drug misuses. In the 36.8% of the cases Schizophrenia was the diagnose motivating the admission. 86.8% came from Acute Brief Hospitalization and just 8% from Dual Disorder Unit.

CONCLUSIONS

It has been estimated that over half of all adults suffering from mental illnesses are also affected by substance use disorders. These persons often have difficulty obtaining appropriate services for their dual disorders due to barriers in both the mental health and substance abuse fields. In light of these issues, there is a growing demand for integrated treatment for this population.

Revista de Patología Dual



BRAIN-DERIVED NEUROTROPHIC FACTOR AND COCAINE-INDUCED PSYCHOSIS. REPORT OF TWO CASES

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Brain-derived neurotrophic factor (BDNF) is a neurotrophin that has numerous functions in the central nervous system (CNS). BDNF alterations have been related with mental and addictive disorders. The relationship between BDNF, psychosis and cocaine dependence has received special attention in the last years, especially in cocaine-induced psychosis (CIP) as a biological factors/marker.

Objectives: To describe the relationship between BDNF levels and CIP through 2 cases of CIP.

Methods: Description of two cases. The patients were hospitalized as part of a clinical trial, they were excluded of that trial because they presented psychotic symptoms during the stay at hospital. As part of the initial trial the BDNF were measured.

Results:

Table 1. Characteristics and clinical datas of the two patients

Cases	Clinical History	Toxicological History	Clinical manifestations	Initial BDNF serum (ng/mL)	Final BDNF serum (ng/mL)
Male, 25 years old	One Major depressive disorder episode diagnostica- ted 6 years before.	<u>Present:</u> Cocaine and nicotine dependence <u>Past:</u> - Alcohol and Benzodiazepine dependence - Sporadic use of cannabis	Auditive hallucinations (voices) and some uncomplexes visuals hallucinations. Additionally some simple delusions with important behavioural repercussion. Those symptoms was presented five days after the unit income	70938.60	49046.10
				Decrease percentage: 69.13%	
Male, 52 years old	- Cluster A personality disorder no especifica- ted	<u>Present:</u> Cocaine and nicotine dependence <u>Past:</u> - Opioid, alcohol, cannabis and nicotine dependence	A short time and spatial disorientation was presented at the beginning of this episode. After attention and consciousness state was normal. Suspiciousness, some simple delusions of reference, disorganized behaviour. These symptoms began 2 days after income to unit.	52816.40	29934.70
				Decrease percentage: 56.67%	

Conclusions: The correlation between BDNF and many aspects of psychotic episodes (duration, diagnosis, prognosis, and many others) could be useful as a biological marker. This is the first description of BDNF changes associated to CIP in cocaine-dependent patients; our cases suggest the correlation between BDNF decrease and psychotic episodes, this could point that BDNF decrease is a marker in the process of development of psychotic symptoms. Our findings is based on case report, this findings should be studied in a specifical trial.

Literature Reference:

1. Corominas-Roso, M., Roncero, C., Eiroa-Orosa, F.J., Ribasés, M., Barral, C., Daigre, C., Martinez-Luna, N., Sanchez-Mora, C., Ramos-Quiroga, J.A., Casas, M., 2013. Serum brain-derived neurthrophic factor levels and cocaine induced transient psychotic symptoms. Neuropsychobiology. 68 (3), 146-55. Doi: 10.1159/000353259.
2. Nurjono, M., Lee, J., Chong, S.A., 2012. A review of Brain-derived neurotrophic factor as a candidate biomarker in schizophrenia. Clin Psychopharmacol Neurosci. 10 (2), 61-70. Doi: 10.9758/cpn.2012.10.2.61.

TO DAWN

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Summary: Twenty- five years-old man. No previous illness. He lived with his grandmother like an homeless. Since he was twelve years-old he started smoking cannabis daily and just sometimes drinking alcohol. For the last three months he is been drinking every day at least 6-7 beers per day.

Because of behavior problems in the street the patient was brought to the emergency by the police. Fifteen days after living in a local as an “occupy”, he started seeing some spots on the floor and he thought that “people died there” or he was “intoxicated”

He was conscious and oriented. Approachable, irritable, with psychomotor restlessness. No data of substance intoxication or withdrawal. Apparently normal mood with emotional detachment, very anxious. Low affective resonance. Spontaneous, fluid and consistent speech with incongruent and somatic delusions. Delusional interpretations with possible perceptions. Kinesthetic sensory perception disorders. No autolytic ideation. No mental illness concious. Sleep and appetite preserved. He thoung that he been better because he did him bloodletting. Because after a week he began to feel the effects the intoxication.

Diagnostic: CIE-10: F23.3 Other acute predominantly delusional psychotic disorders; F10.1 Mental and behavioural disorders due to use of alcohol. Harmful use; F12.1 Mental and behavioural disorders due to use of cannabinoids. Harmful use.

Discussion: In the evaluation of a patient with psychosis, we should consider that the term psychosis means that symptoms start and finish in a short period of time. There is no just one way to diagnose psychosis, because the psychosis has differents ways to appear. Although the clinical presentation may be similar, the evolution and prognosis could be very different and therefore it is important to the development and monitoring of these patients. Psychotic disorder due to a general illness and substance-induced psychotic disorder should be distinguished from delirium, dementia, schizophrenia and psychotic mood disorders.

References:

- 1.- Ey H, Bernard P. Brisset Ch. Tratado de psiquiatría. 8ªEd. Barcelona. 1996
- 2.- Sadock BJ, Sadock VA. Kaplan & Sadock. Sinopsis de psiquiatría. Ciencias de la conducta/Psiquiatría clínica. 10ª Ed. Baltimore. 2009
- 3.- Pedros A, Marti J, Gutierrez G, Tenias JM, Ruescas S. Estabilidad diagnóstica y pronóstico a 2 años de episodios psicóticos agudos. Actas Esp Psiquiatr 2009; 37(5): 245-251.

THE ALCOHOLISM IN A COMPLICATED GRIEF – CLINICAL CASE

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Introduction: Grief is a process that involves a number of emotional, physical, behavioral and social reactions in response to a loss - real or imaginative. This is associated with psychiatric disorders, suicidal ideation, functional disorders, lower quality of life and increased risk of alcoholism. The alcoholic mourner suffers psychologically from a chronic state of need, which is never fulfilled.

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Case: 38 year old woman, married, with a history of psychiatric care for chronic alcoholism since 2005. Admitted for depressive symptoms associated with alcoholic abuse. During hospitalization, after psychiatric and psychological evaluation, the alcoholism is found to be secondary to a family member loss - pathological mourning of a brother, who had died 9 years ago. His death was unexpected - accidental death (choking with vomit). The patient feels guilty because she could not help him at the time. Since then she has been experiencing feelings of helplessness, anguish, disbelief and despair. The patient was treated with oxazepam 75mg / d; tiapride 300mg / d; paroxetine 20mg / d; cyamemazine 50mg / d and a multivitamin. After two weeks in the absence of privation symptomatology, and regularized sleep, she was discharged to a therapeutic community to proceed with the treatment of addiction in parallel with focused psychiatric and psychological support in the resolution of complicated grief.

Conclusion: Treatment of chronic alcoholism in mourning involves a multidisciplinary approach oriented to the etiology of addiction. The pathological mourning may be seen as a severe risk factor for alcoholism, for the prevention of the adverse consequences and the association of these two conditions.

CONSUMPTION OF COCAINE ONCE - TRIGGER OF PSYCHOSIS IN A CONSUMER HASHISH – CLINICAL CASE

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Introduction: The consumption of cannabinoids has increased exponentially in the young. The cannabis-induced psychotic disorder is a rare condition, with transient paranoid ideation being the most common manifestation. Symptoms of anxiety are the most common adverse reaction associated with the moderate use of smoked cannabis. Cocaine use, in turn, is related to the appearance of delusions and hallucinations in up to 50% of its customers, depending on the dosage, duration and personal sensitivity to the substance.

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Clinical Case: 23 years old single male, jobless, without relevant personal history, who presented in for a psychiatry consultation because of auditory, visual, tactile, somatic and kinesthetic hallucinations, as well as delusional paranoid ideation, influence and self-referencing. Regular consumer of hashish since 15 years and with previous single cocaine use at 21 years old. After the treatment with Risperidone (2mg id); Aripiprazole (15 mg id) e Lorazepam (2,5 mg id in SOS), almost complete regression of hallucinatory symptoms and raving. However, the patient continued with regular use of cannabis as a form of social integration, without stopping the psychotropic medication.

Conclusions: Regular hashish use can induce long-term psychotic states. However, the question that arises is whether the single cocaine may have had a synergistic effect and / or "triggering" of psychosis in a patient already hash consumer, since there is reference to the start of hallucinatory symptoms and delusional after consumption of that. However, in this context, it is also difficult to excluded of paranoid schizophrenia since the patient as not completely abandoned the use of hash.

THEORY OF SELF-MEDICATION, MYTH OR REALITY

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Objectives:

The coexistence between mental illness and addiction and was described long ago: in particular had been speculated two fundamental ideas: 1) there could be a shared vulnerability to suffer a mental disorder and to become addicted to a substance and 2) of that drug abuse could be a substitute symptom symptoms of psychosis, put another way: certain addictions could be considered equivalent psychotic.

Material and Methods:

Conduct a thorough literature review to confirm or not this theory

Conclusion:

Nowadays, with everything published so far, we can conclude that there is insufficient or inconclusive scientific evidence to support the theory of self-medication, and yes extensive literature that explains the relationship between substance use and schizophrenia due to multiple factors as genetics, environmental and social among others.

CANNABIS AND FIRST PSYCHOTIC EPISODE

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Objetives:

Numerous series of cases suggesting the induction of acute psychosis in connection with the consumption of cannabinoids and, thus, cannabis-induced psychosis are accepted in the current frame nosologies. On the one hand, have been described called toxic psychoses, confusional presence of symptoms and hallucinations, regarding consumption of high doses of cannabis or powerful cannabis preparations. On the other hand, cannabis produces acute psychoses indistinguishable from an episode of functional psychosis, occurring in a small percentage of regular users of cannabis

Material and Methods

Exemplified by a number of cases the relationship between cannabis use and earlier episodes.

Results:

In our hospital we have described the presence of psychotic symptoms, with and without confusional symptoms. Recently it has been suggested that these psychotic episodes induced by cannabis use may be a history of schizophrenia.

Conclusion:

The characteristics that help differentiate more related psychosis schizophrenia consumption is family history of drug dependence or previous clinical features more than personality. Therefore, at present we have no evidence to support the existence of a cannabis psychosis with a distinctive clinical features.

USE OF LONG-ACTING INJECTABLE ANTIPSYCHOTIC DRUGS IN PATIENTS WITH DUAL DIAGNOSIS: A CASE REPORT

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OBJECTIVES AND BACKGROUND: Schizophrenia (and other psychotic disorders) and addiction are both chronic conditions which are associated with poor adherence to treatment and poorer outcomes when presenting together. The latest studies suggest that long-acting injectable antipsychotic drugs should be strongly considered for these patients who are not adherent to other kinds of treatment and that these drugs could have positive outcomes on the coexisting substance use disorder. We present a case of our daily practice followed by a review of the latest literature on this topic.

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CASE: We present the case of a 47 year-old man diagnosed with psychotic disorder NOS (DSM IV classification) and cocaine and alcohol abuse. During the follow-up and due to low therapeutical adherence we decided to change his usual treatment, Olanzapine 20mg per day orally, into Flufenaphine 25 mg intramuscular every 15 days.

DISCUSSION: Our patient showed an important improvement in his psychotic symptoms after we changed his treatment to a long-acting injectable antipsychotic drug. He remained abstinent after this change. Theurapeutical adherence was also improved.

These results are in coincidence with the literature we reviewed that showed that Depot formulations of antipsychotic drugs should be considered for patients with and a co-occurring substance use disorder who are non-adherent to antipsychotics.

INTER-ICTAL PSYCHOSIS IN A PATIENT WITH TEMPORAL LOBE EPILEPSY. A CASE STUDY

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Objective

Neuropsychiatric disorders are very common in patients with temporal lobe epilepsy. Psychiatric co-morbidity has serious impact on the quality of patient with epilepsy and managing such case is a big challenge, considering the fact that antipsychotics are known to lower the seizure threshold. In this case we attempt to describe a patient with schizoaffective disorder depressed type in temporal lobe epilepsy.

Methodology

Single case report

Result

A 35 year old Malay male had a history of uncontrolled right temporal lobe epilepsy since the age of ten. The patient had multiple admissions in past for violent and aggressive behavior at home. The patient was admitted to the hospital after being violent and aggressive towards his mother.

The patient was violent and aggressive every day in the ward initially; the main trigger for violence being hearing of voices against ALLAH and voices questioning the gender of ALLAH. The patient also complained that family members were not visiting him and possibly had abandoned him. He used to beat his chest and bang his head on the wall and slam the door and cry loudly. He was also violent and aggressive towards the nursing staff and other patients as well.

The patient was started on *Quetiapine 600mg* and other antiepileptics which reduced the violent and aggressive behavior to once a week. However, the patient showed decided improvement with addition of *Escitalopram*.

After the patient was started on *SSRI*, he didn't show any act of violence and aggression in the ward. The patient showed further improvement after family members started visiting him upon his stabilization.

Conclusion

Epilepsy and psychosis are very tough to manage together considering psychotropics are known to lower the seizure threshold but with right combination of medications and good family support it is quite manageable as demonstrated in the above mentioned case study.

PSYCHOTIC DISORDER AND SUBSTANCE ABUSE DISORDER: A CASE REPORT

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INTRODUCTION: The Substance Induced Psychotic Disorder is characterized by the presence of hallucinations and/or delusions that appear as a direct result of neurotoxicity caused by these substances. Psychotic symptoms can appear during intoxication or during withdrawal.

OBJECTIVE: To analyze the case of a man who develops a Psychotic Episode acute in the context of cannabis on a daily along eight years after abandonment of toxic habit such symptoms persist.

MATERIAL AND METHOD: This is a 28 year old, single and childless. Recognizes consumption of about 10 joints a day from the age of 20 years. No previous psychiatric history up to the current episode. Two months ago begins to hear voices that insulted and threatened and self-referential thinking comments coming from your neighbors upstairs. It has come to move to another home to avoid this situation but the same thing happens there. Also believed to have the computer seized by the police and they control everything you do.

RESULTS: At the insults of "drug addict" by their neighbors and by the fact that they feel secure, decides to leave the remaining abstinent cannabis in a month and a half. However not experience any improvement and even exacerbate their symptoms significantly. It is for this reason that finally paid voluntarily in Acute Psychiatric Unit, where attends brought by his family. During admission possible organic etiology of the process is discarded.

CONCLUSIONS: Relatively frequently diagnostic confusion may exist between these patients and those with psychotic illnesses primary and comorbid substance abuse, which is considered particularly important to conduct a proper differential diagnosis between both entities.

REFERENCES:

- Hales RE, Yudofsky SC, Talbott JA. Tratado de Psiquiatría. Barcelona. Ed. Ancora S.A. 1996.
- Vallejo Ruiloba, J. Introducción a la Psicopatología y la Psiquiatría. Barcelona. Ed. Masson. 1998.

THE ROLE OF COMMUNICATION SKILLS IN TREATMENT ADHERENCE IN PSYCHOSIS

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Introduction: Good doctor-patient communication has been shown to have a positive impact on a number of health outcomes in previous studies.

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Objectives: to assess the communications skills used by mental health professionals (MHP).

Aims: This study explores the impact of clinical factors related MHP (communications skills) may have on treatment adherence of patients with mental health disorders (MHD).

Methods: In this cross sectional study we use a convenience sample of patients with MHD attending in the mental health departments of three general hospitals in Lisbon great area. Data is being collected through individual interviews. We have applied clinical and socio-demographic questionnaire and additional measures to assess symptom severity, treatment adherence and attitudes towards medication. For MHP we used a optimism scale (ETOS) and Medication Alliance Beliefs Questionnaire (MABQ).

Results: Two convenience samples were composed by 121 patients (mean age = 39.8; SD ± 9.3) with MHD and 60 MHP (mean age 37.0; sd 8.4) working in a variety of settings is being collected. 69.4% (84) of patients said that MHP did not spoke about the way to deal with the possible side effects of medications and only 20% (12) of MHP, said that have a specific training in communication skills.

Conclusion: Communication skills should be improved and physicians should take a more active role in improving patient treatment adherence. Do not just prescribe medication, it is necessary to adapt the treatment to the profile and characteristics of each patient, assessing risk factors and facilitate the clarification of doubts. Successful collaboration requires tailoring strategies to individual patients rather than basing communication on general assumptions.

PREVALENCIA DE ALUCINACIONES CENESTÉSICAS EN PACIENTES DEPENDIENTES DE COCAÍNA VS OTRAS SUSTANCIAS Y SU ADAPTACIÓN SOCIAL

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Introducción: Las sustancias de abuso pueden producir síntomas psicóticos, en pacientes no esquizofrénicos (Smith, 2009). En los pacientes dependientes de cocaína, la prevalencia de dichos síntomas puede llegar al 86% (Vorspan, 2012). Se estima que el 13-32% de los pacientes dependientes de cocaína tienen alucinaciones cenestésicas (Siegel, 1978; Mahoney, 2008; Roncero, 2012).

Objetivos: Comparar la prevalencia de sintomatología psicótica inducida por sustancias, específicamente las alucinaciones cenestésicas y comparar el uso de recursos asistenciales/sociales y su adaptación social, entre pacientes dependientes de cocaína (DC) y de otras sustancias (DOtras).

Material y Método: Se realizó un estudio descriptivo de una muestra de 151 pacientes de la Unidad de Drogodependencias de la Vall d'Hebron. Se evaluó a los pacientes mediante cuestionario diseñado ad hoc para la recogida de datos sociodemográficos y de sintomatología psicótica asociada al consumo, un registro de los recursos asistenciales/sociales utilizados por el paciente y la escala de adaptación social SASS. Se realizó un análisis descriptivo y bivalente de los datos.

Resultados: La sustancia principal de tratamiento fue: 38.3% dependientes de cocaína (DC) vs 61.7% dependiente de otras sustancias (DOtras) (63.8% alcohol, 30.9% cannabis, 10.6% opiáceos y 10.6% benzodiacepinas).

El 71.9% de los dependientes de cocaína presentaba sintomatología psicótica vs el 34% del resto de la muestra. El 65.9% DC vs 38.6% DOtras de síntomas autoreferenciales; 38.6% DC vs 21.4% DOtras delirios de persecución; 68.2% DC vs 68.2% DOtras alucinaciones (auditivas (48.6% DC vs 15.2% DOtras); visuales (43.2% DC vs 10.9% DOtras); y cenestésicas (11.1% DC vs 10.9% DOtras).

Los dependientes de cocaína utilizan significativamente más recursos asistenciales de salud en referencia a enfermedades infecciosas (31.6% vs 8.5%; p: .000) y utilizan menos recursos de salud mental (26.3% vs 55.3%; p: .001).

En relación a la adaptación social, se encuentra que los pacientes con dependencia a cocaína tienen una adaptación social disfuncional. Encontramos una mayor desadaptación social (18.2% DC vs 8.3% DOtras) y una mayor superadaptación social (9.1% DC vs 0% DOtras). Las alucinaciones cenestésicas, no parecen estar relacionadas con un mayor uso de recursos o peor adaptación social. Los resultados se deben replicar con una muestra más amplia.

Agradecimientos: Instituto Carlos III: FIS PI13 / 1911 "Alucinaciones cenestésicas: el factor pronóstico en Dependientes de cocaína"

Vorspan F, Brousse G, Bloch V, Bellais L, Romo L, et al. (2012) Cocaine-induced psychotic symptoms in French cocaine addicts. *Psychiatry Res* 200: 1074–1076 doi:10.1016/j.psychres.2012.04.008.

Roncero C, Ros-Cucurull E, Daigre C, Casas M (2012) Prevalencia y factores de riesgo de síntomas psicóticos en pacientes dependientes de la cocaína. *Actas Esp Psiquiatr* 40: 187-197.

PSYCHIATRIC MORBIDITY AMONG CHILDREN AND YOUNG PERSONS APPEARING IN THE LAGOS JUVENILE COURT, NIGERIA

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Objectives: To estimate the prevalence and pattern of psychiatric disorders among children and young persons appearing in the Lagos juvenile court, Nigeria.

Design: A point prevalence survey.

Setting: The Lagos Juvenile Court, Nigeria.

Subjects: Ninety (sixty-four males and twenty-six females) children and young persons aged 8 to 18 years classified as criminal offenders, group I (60), and those for protection and discipline, group II (30), were selected.

Method: A socio-demographic questionnaire, reporting questionnaire for children (RQC), follow-up interview for children (FIC), present state examination (PSE) and clinical interview were administered to the subjects. International Classification of Diseases, 10th Edition (ICD-10) diagnostic criteria were used.

Results: The crude psychiatric morbidity (CPM) rate was 44.4%. ICD-10 documented psychiatric disorders detected in those with CPM were conduct disorders 45%, mixed disorders of conduct and emotion 20%, emotional disorders with onset specific to childhood 20%, mood disorders 12.5% and hyperkinetic disorders 2.5%.

Conclusion: This study has shown a high presence of psychiatric morbidity in children and young persons appearing in the Lagos Juvenile Court. These juveniles need and would benefit from mental treatment as recommended in section 18 of Cap 141 of the laws of Nigeria; The Children's and Young Persons Act.

Key Words: psychiatric, prevalence, disorder, morbidity, act

PERSISTENT PSYCHOTIC SYMPTOMS AFTER LONG-TERM HEAVY USE OF MEPHEDRONE: A TWO CASE SERIES

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Educational Objectives: To recognize the use and consequences of long-term use of mephedrone, and to acquire some preliminary knowledge about its treatment.

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Purpose: To describe 2 cases of long-term heavy use of mephedrone and its psychopathological consequences.

Methods: Narrative description of the two cases seen in a Therapeutic Community.

Results: Both cases shared a lack of previous psychiatry history and the appearance of psychotic symptoms after long-term heavy use of mephedrone (both delusions and hallucinations). One patient abused other substances before, the other had no other drug consumption records. Also shared was the good insight displayed regarding these symptoms and the lack of deterioration seen in other psychotic illnesses. Both patients were treated with antipsychotics at different dosages, with good tolerance and progressive improvement of the symptoms.

Conclusions: Mephedrone, a synthetic stimulant drug of the amphetamine and cathinone classes, may result in persistent psychotic symptoms after long-term heavy use. It seems like treatment with atypical antipsychotics might be a reasonable option to treat these symptoms, hand in hand with the necessary resources to achieve and maintain abstinence. Given the increasing rate of mephedrone consumption in Europe, this preliminary knowledge might serve as starting point for future research.

Literature Reference:

"Europol-EMCDDA Joint Report on a new psychoactive substance: 4-methylmethcathinone (mephedrone)". European Monitoring Centre for Drugs and Drug Addiction. 27 May 2010. Retrieved 011-01-29.

CASE REPORT: DRUG USE AND NEW RELAPSES IN PARANOID SCHIZOPHRENIA

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29 year-old male patient. He first attended psychiatric consultation at 12 years referring school failure and hyperactivity. ADHD was rejected. He started using drugs at the age of 8 (alcohol, tobacco; and later cocaine, cannabis, ketamine...). At 18 years old, a first psychiatric hospitalization was required because of a psychotic episode. After some more hospitalizations, not only because of new psychotic episodes but also for drug detoxification, he was diagnosed of Schizoaffective Disorder and Borderline Personality Disorder, at the age of 19. At this time, the patient was granted permanent incapacity. He was able to stay abstinent from drugs for a few months, and started attending an organization that provides activities for mental patients, having a good yield. Soon he restarted using drugs, developing a new decompensation with ornate symptoms such as visual hallucinations (more typical of substance abuse than schizophrenia), first-rank Schneider symptoms: thought withdrawal, thought broadcasting, delusional perception with paranoid ideas, suspicious attitude. Aggressive behavior was also frequent in the patient. Hospitalization was needed once again. At this time he was diagnosed of Paranoid Schizophrenia. From this point on, it was observed that the patient underwent a new severe relapse on his Schizophrenia when he used drugs. As long as he stayed abstinent, he kept a good functional level, with no important positive or negative symptoms, and no hospitalization was needed. After a few years of constant drug use-relapse episodes, the patient definitely lowered his drug consumption to just sporadic alcohol and cannabis use. This happened as soon as he developed disease awareness, understanding the strong relation between drug use and psychotic decompensations. He even started living independently and alone with no difficulties. Although he sometimes suffers an intensification of his symptoms because of this sporadic consumptions, he hasn't developed a new severe episode for almost two years.

PREVALENCIA DE CONSUMO DE TABACO Y MARIHUANA ENTRE MÉDICOS DE UN CENTRO HOSPITALARIO Y CONCEPTO QUE GUARDAN DEL MISMO

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Introducción-

En Uruguay se legalizó recientemente el consumo de TCH, fundamentalmente como estrategia de combate al narcotráfico.

Esto genera la necesidad de elaborar nuevas estrategias de abordaje y concientización del problema de consumo de TCH entre el personal médico, y de su transmisión a estudiantes de medicina y pacientes en general.

En nuestro país la prevalencia del consumo de tabaco entre los médicos ha disminuído de 27% a 8% luego de la implementación de las medidas de restricción del consumo en lugares públicos y de un intenso abordaje educativo mediante cursos específicos acerca de esta adicción y de tratamiento de cese de consumo.

Objetivos-

Evaluar la prevalencia de consumo de tabaco y THC entre la población médica de un centro hospitalario de Uruguay y si recibieron educación en estrategias de abordaje de los mismos.

Materiales y Métodos-

Se encuestaron médicos trabajadores de un hospital público, se tomó una muestra al azar de médicos que asistían en policlínicas, durante un período de una semana.

Se aplicó un cuestionario anónimo previo consentimiento informado del estudio.

Se realizó un estudio descriptivo, analítico. Las variables utilizadas fueron edad, sexo, consumo de tabaco, consumo de marihuana, tipo de vínculo con la droga, trastornos en la esfera síquica si consumen THC, instrucción en el abordaje de consumo tabaco y THC, si consideran nocivo su consumo.

Resultados- La población médica presentó una historia de consumo de THC comparable a la población general de Uruguay y no ha recibido educación específica en cuanto al abordaje de este consumo. La prevalencia de consumo de tabaco fue menor al consumo de la población general y los médicos jóvenes han recibido educación en el abordaje de esta adicción.

Conclusión-

Es necesario implementar cursos específicos sobre consumo de THC para médicos y estudiantes de grado. En los mismos se deberá poner especial énfasis en la prevención y estrategias de tratamiento para consumidores de dicha sustancia, así como fortalecer el conocimiento en los casos de patología dual.

PSICOSIS, ALCOHOL, CANNABIS... MUCHO MÁS QUE PATOLOGÍA DUAL

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Objetivos: Enfatizar la promoción de la salud y disminución de factores de riesgo cardiovascular en pacientes con patología dual.

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Material y método: Varón de 42 años, diagnosticado de Esquizofrenia Paranoide, que requirió varios ingresos hospitalarios y acudir a hospital de día. Antecedentes de abuso de alcohol y cannabis, y consumo ocasional de cocaína, que motivó asistencia en UCA. Frecuentador de Urgencias por intoxicaciones etílicas y consumo de cannabis. Fumador de 2 paquetes/día. Dos episodios de pancreatitis aguda. Hiperuricemia, dislipemia mixta y HTA. Actualmente en tratamiento con Olanzapina 20 mg, Pregabalina 75 mg, Lorazepam 2 mg, Clotiapina 40 mg y Nebivolol 5 mg, más tratamiento higiénico-dietético para dislipemia. IMC de 28.05 (sobrepeso, 96 kg peso y 1.85 m altura) al inicio del ingreso en hospital de día, con aumento de peso durante su estancia, fue remitido a dietista, quien aconsejó dieta de 1700 kcal y expresaba motivación para realización de actividad física (caminar). Diez meses después, IMC 31.5 (obesidad tipo I, 108 kg). Última toma tensional: 124/91 mmHg. 98 lpm. Falleció en su domicilio un día después de estas tomas, a causa de un IAM.

Conclusiones: Necesidad de fomentar vida sana y elección de tratamiento farmacológico adecuado en la medida de lo posible para prevención de efectos adversos en Patología Dual.

SUBSTANCE-INDUCED PSYCHOSIS

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Objectives: For several years, the consumption of drugs of abuse has been increasing in our country, giving rise to new pathologies derived both from the different forms of consumption, either intravenous, nasal, pulmonary, etc; and on the characteristics of the substances farmacotoxicológicas involved which have evolved with the passage of time.

This situation has generated a greater number of hospital emergencies associated with its use, with frequent neurologic manifestations, psychiatric or multiorganic, and that can sometimes be accompanied by a significant risk to life or sequelae. Brief introduction indicating the purpose of the study.

Material and Mehods: Systematic review of the histories of all patients diagnosed during her admission ,of psychotic disorder induced by substance abuse in our Unit from 1/01/2013 until 31/12/2013 showing age, sex,related substance, and average length of stay.

Results: We have included a total of 34 patients, with an average age of 23 years, a percentage of women in the 36% vs. 64% male. Drug use was admitted to the 61% of cases, while in 83.4 % of the toxicological analytical was found some substance of abuse.With regard to the average stay of days admitted were ten days.

Conclusion: Up to 39 % omitted information and does not recognize the consumption of toxic substances on arrival in the emergency ward, cannabis being the substance of abuse more used, not being considered as a drug of abuse by the majority of the patients analyzed.

SYNTHETIC CANNABIMIMETICS AND EARLY PSYCHOSIS: FOCUS GROUP WITH YOUNG PATIENTS OF A COMMUNITY MENTAL HEALTH CENTRE

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Educational Objectives: Since 2004 Synthetic Cannabimimetics (SC) have spread largely in western countries, mainly among adolescents and young adults. A raising concern has developed for the progressive increase in the number of case reports about psychotic disturbances after SC use.

Purpose: To investigate what early onset psychosis patients know about SC ; and to disseminate helpful informations about SC use.

Methods: 4 young early-onset psychotic patients are recruited for a focus group delivered in a 120 minute session. Participants are homogeneous for sex, age and sociocultural background. A moderator facilitates the discussion using a flexible schedule of topics. Audiotaped discussion has been transcribed and then analysed.

Results: Participants show a partial knowledge of what SC are, mainly as indirect data (ie friends, media). They know SC are sold in head shops in city but are not aware of the online market. They know SC are synthetic products, not as natural as they are advertised; however they tend to mistake SC for other novel psychoactive substances. Participants are generally aware of physical and psychopathological risks of SC, in a relatively unspecific way. They consider SC as harmful as heroin, cocaine, ecstasy and LSD, and much more than marijuana. They claim for preventive informations for adolescents and peers.

Conclusions: Disclosure about SC should be particularly addressed to young people and it should be aimed to clarify some of the misleading beliefs still present about origin, composition, diffusion and dangers of SC. In particular it is essential to prevent young people with severe mental disorders from new or repeated use of SC, since it could worsen the psychopathological manifestations. This would be achieved through individual or group psycho-educational interventions, since they permit debate between peer and discussion of harm reduction strategies.

Literature Reference

Papanti, D., Schifano, F., Botteon, G., Bertossi, F., Mannix, J., Vidoni, D., Impagnatiello, M., Pascolo-Fabrizi, E. & Bonavigo, T. (2013). "Spiceophrenia": a systematic overview of "Spice"-related psychopathological issues and a case report. *Hum. Psychopharmacol Clin Exp* 2013; 28: 379–389

FACTORS ASSOCIATED WITH HOSPITAL STAY OF PATIENTS WITH SCHIZOPHRENIA

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Educational Objectives:

Several factors involved in the course of schizophrenia, particularly relapses and hospitalizations.

Purpose:

To analyse clinical profile of patients with schizophrenia during hospitalisation and identify factors associated with hospital stay.

Methods:

A prospective study including 50 patients with schizophrenia hospitalised in a psychiatry department at Hedi Chaker hospital, Sfax, Tunisia, during the period from 01st September to 31 December 2014. Data collection was performed using a form comprising clinical characteristics, the "Scale for the Assessment of Positive Symptoms" and the "Scale for the Assessment of Negative Symptoms".

Results:

The average age was 38.36 years.

Addictive behavior was reported in 88% of patients: tobacco 86%; alcohol 30%; cannabis 8%; other psychoactive substances (Trihexyphenidyl; Lorazepam ...) 8%

16% of our patients had a pathological personality (75% schizoid type).

The mean duration of disease evolution was 14.39 years. The average hospital stay number was 6.48.

80% of our patients have a bad therapeutic adherence and irregular follow-up. 82% had stopped treatment before hospitalisation.

Clinical evaluation of the patients at the admission was as follows: an average score of negative signs 38.06 points and positive signs 36.54 points.

Conventionnel neuroleptics were prescribed for 46% of patients, and atypical antipsychotic in 18% of cases. 42% of patients need a combination of a benzodiazepine. The use of physical restraint was noted in 18% of patients.

The average length of hospital stay was 34.18 days (min 9, max 94). It is significantly correlated with the SANS score ($p = 0.002$); the use of physical restraint ($p < 0.001$) and the duration of the last hospitalization ($p = 0.005$) which is positively related to the number of readmission ($p < 0.001$).

Conclusion:

This study shows the need for the development of more adequate discharge standards for schizophrenia patients in order to prevent relapse and readmission.

SEVERE PSYCHOSIS IN A PATIENT WITH MEPHEDRONE LONG TERM ABUSE AND BIPOLAR DISORDER

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Educational Objectives: Mephedrone, a synthetic cathinone derivate, is a stimulant drug of abuse that causes significant hazardous effects on mental and physical health. At the conclusion of this presentation, the participants should be able to recognize synthetic cathinones abuse as a differential diagnosis for psychosis with a clinically severe and atypical presentation.

Purpose: To educate mental health providers about the effects of a new recreational drug of abuse, including its potential to cause persistent psychosis in individuals with risk factors, such as mood disorders and other substance abuse.

Methods: The authors report a case of a 36 year-old male patient with a past history of substance dependence (alcohol, cannabis, cocaine and heroin) and for the last 3 years mephedrone long term abuse and a co-occurring mood disorder who presented with pervasive psychotic symptoms - grandiose delusions, religious delusions, auditory, visual, olfactory and haptic hallucinations, gustative illusions, thought broadcasting, abnormal bizarre movements, dysphoric mood.

A literature review was performed to summarize the documented effects of mephedrone.

Results: The presented case illustrates a severe psychosis related to mephedrone long term abuse, in a patient with a mood disorder and previous substance dependence comorbidities. During inpatient hospitalization he had poor response to antipsychotic and mood stabilizer medication and never developed insight.

The literature review explains the sympathomimetic reaction to mephedrone and the potential for psychotic symptoms.

Conclusions: It is important for mental health providers to be aware of synthetic cathinones, understand the physical and psychiatric effects of these new recreational drugs. Lastly, new recreational drug abuse should be in the differential diagnosis where psychosis is of new onset or has an atypical clinical presentation.

Literature Reference:

1. Capriola M. Synthetic cathinone abuse. *Clinical Pharmacology: Advances and Applications*. 2013; 109-15.
2. Schifano F, Albanese A, Fergus S, Stair JL, et al. Mephedrone (4-methylmethcathinone; 'meow meow'): chemical, pharmacological and clinical issues. *Psychopharmacology*. 2011; 214:593-602.

TRASTORNO PSICÓTICO EN PACIENTE CONSUMIDORA DE CANNABIS Y COCAÍNA

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Objetivo

Establecer una relación entre el consumo de tóxicos, cannabis y cocaína, con el trastorno psicótico que padece la paciente, a través de la presentación de un caso clínico.

Material y métodos

Se trata de una paciente, mujer de 24 años con antecedentes de varios episodios psicóticos, concretamente tres, relacionados con consumo de sustancias tóxicas, principalmente cannabis de manera diaria asociando consumos esporádicos de cocaína.

La paciente ingresa en unidad de hospitalización psiquiátrica presentando sintomatología psicótica consistente en ideación delirante de perjuicio y alteraciones conductuales tales como amenazar con cuchillos a sus compañeros de piso donde reside así como amenazas de precipitarse por el balcón. Nula capacidad de insight. Se procede a contención mecánica y farmacológica y se realiza ingreso involuntario.

Resultados

Durante el ingreso hospitalario se realiza ajuste farmacológico. La paciente presentaba una irregular adherencia terapéutica habiendo abandonado tratamiento con olanzapina y el seguimiento en su centro de salud mental. Tras el reajuste se comienza tratamiento oral con medicación antipsicótica (paliperidona y quetiapina vía oral) y ansiolítica (clonazepam).

Se aprecia una evidente mejoría al cabo de una semana de ingreso y se opta por cambiar tratamiento a paliperidona IM debido a la escasa adherencia terapéutica que presenta así como los problemas de adicción a cannabis.

Conclusiones

La paciente presenta predisposición a realizar episodios psicóticos, cuenta además con antecedentes familiares esquizofrenia. Todo ello, asociado a la escasa conciencia de enfermedad que presenta y al consumo de cannabis diario, de larga evolución, hace que el caso de la paciente sea especialmente complicado de abordar.

En definitiva se trata de un claro caso de patología dual en el que además de establecer un adecuado tratamiento psicofarmacológico es necesario trabajar en el tema del consumo de tóxicos para tratar de lograr la estabilidad clínica de la paciente.

TREATMENT DIFFERENCES BETWEEN PATIENTS WITH DUAL DIAGNOSIS AND PATIENTS WITH SCHIZOPHRENIA DIAGNOSIS ALONE

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INTRODUCTION/OBJECTIVES

Patients with schizophrenia have four times more risk of suffering from a Substance Use Disorder than the general population. Atypical antipsychotics are the preferred treatment in these patients, although only clozapine have shown to improve some addiction craving. The aim of this study was to assess the differences in the treatment between two groups of patients with schizophrenia, one of them with comorbid Substance Use Disorder except tobacco abuse.

METHODS

Cross-sectional assessment of differences in socio-demographic variables was carried out in the two groups. In addition, the profile of treatment was also analyzed. The sample consisted of a group with Dual Diagnosis (DD; N=64) and another one with Schizophrenia diagnosis alone (SA; N=93).

RESULTS

A higher prevalence of males and singles was found in the DD group. In both groups were more used atypical antipsychotics. While in SA group, 3.8% of the patients were treated with typical antipsychotics, in the DD group didn't show such treatment ($p=0,03$). About clozapine used, both groups were treated with this antipsychotic in similar proportion. Antidepressants drugs were used in 30,3% of SA patients (VS 35,3 % of DD group; $p=0,25$). In DD group, 51,4 % of patients had prescribed benzodiazepines (VS 48,6% in SA patients; $p=0,56$).

CONCLUSIONS

In both groups were more used atypical antipsychotics and in DD group no patients were treated with typical antipsychotics, which have been related to aggravation of addictive disorder. Clozapine were used in similar percentage in both of them, although it is one of the few antipsychotics which have shown to improve craving. Antidepressants and benzodiazepines were used in both groups in similar proportion.

BIBLIOGRAPHY

1-Hapangama A, Kuruppuarachchi KA, Pathmeswaran A. Ceylon Med J. Substance use disorders among mentally ill patients in a General Hospital in Sri Lanka: prevalence and correlates. 2013 Sep;58:5-111.

A CASE OF EKBOM SYNDROME IN PATIENT WITH DUAL DIAGNOSIS

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Introduction

Since the middle of the 19th century reports have appeared in the scientific literature of patients who claimed to be infested with parasites without medical evidence to prove it. It was first described by Thibierge in 1894, calling it “Acarophobia”, and then by Ekbom in 1938, in his work *Der praesenile dermatozoenwahn*. Ekbom syndrome is a mental disorder in which the patient has the monothematic delusion of being infected by parasites. It is an uncommon condition that was initially studied by dermatologists. The exactly etiology is unknown to date, though several causes have been proposed, including metabolic diseases (among other physical causes), psychiatric disorders, drugs, etc.

Case report

To analyse the behavioral changes in a 42 year-old patient, with the diagnosis of dual disorder (affective diseases+drug dependence) who had a delusion of infestation. The clinical and psychological characteristics are reflected.

Conclusions

The Ekbom syndrome is a rare subtype of delusional disorder that has a significant impact on the life of the sufferer, but which, as we shall see in this case, usually responds to antipsychotic drugs effectively.

References

1. Diagnostic and Statistical Manual of Mental Disorders, 4th Edition, Text Revision (DSM-IV-TR). Washington, American Psychiatric Association, 2000.
2. Ekbom KA. *Der praesenile Dermatozoeenwahn*. Acta Psychiatr Scand. 1938; 13:227-59.
3. Diagnostic and Statistical Manual of Mental Disorders, 5th Edition, (DSM-V). Washington, American Psychiatric Association, 2013.

INDUCED DELUSIONAL DISORDER OR FOLIE A DEUX IN PATIENT WITH DUAL DIAGNOSIS

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Introduction

Shared paranoia disorder, also known as Induced delusional disorder or *folie a deux*, is a fairly uncommon disorder characterized by the presence of similar psychotic symptoms in two or more individuals. Most often the symptoms are delusional. Generally, only one person has a genuine psychotic disorder, usually with marked delusions, who is thought to induce similar symptoms in the other involved. This person is often referred to as the “primary” case.

I describe a case of *folie a deux* involving a father and his daughter, in which the older partner affected the younger partner. The older partner is affected by a dual disorder (psychosis and drug dependence). The clinical and psychological characteristics are reflected. In the discussion of the case, I describe the type of *folie a deux* (Lasegue / Gralnick).

References

- 1.- Diagnostic and Statistical Manual of Mental Disorders, 4th Edition, Text Revision (DSM-IV-TR). Washington, American Psychiatric Association, 2000.
- 2.- Lasegue C, Falret J. *La folie a deux*. Ann Med Psychol, 1877; 18: 321-56.
- 3.-Diagnostic and Statistical Manual of Mental Disorders, 5th Edition, (DSM-V). Washington, American Psychiatric Association, 2013.

DISSOCIATIVE FUGUE SYMPTOMS IN A MALE MOROCCAN MEDICAL STUDENT: A CASE REPORT

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Introduction: Dissociative fugue is a psychiatric disorder characterized by amnesia coupled with sudden unexpected travel away from the individual's usual surroundings and denial of all memory of his or her whereabouts during the period of wandering. Dissociative fugue is a rare disorder that is infrequently reported.

Before now, no case of it had been reported in a medical student.

Case presentation: This article focuses on the report of a case of dissociative fugue symptoms in a 28-year-old male Moroccan medical student.

Conclusion: The observation in this case report brings to the fore that dissociative fugue is often related to stressful life events and can comorbid with a depressive disorder.

ABDOMINAL EPILEPSY: A RARE CONDITION REVEALED BY MAJOR DEPRESSION

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Educational Objectives: at the conclusion of this presentation, the participants should be able to recognize, diagnose and treat abdominal epilepsy.

Purpose: the specific purpose of the project is to report a rare case of epilepsy revealed by depression.

Methods: we report a case of abdominal epilepsy which is an uncommon syndrome in which gastrointestinal complaints, most commonly abdominal pain results from seizure activity. It is characterized by otherwise unexplained, paroxysmal gastrointestinal complaints, symptoms of a central nervous system disturbance, an abnormal electroencephalogram with findings specific for a seizure disorder.

The case: A 23-year-old man, presented with a 14-years history of recurrent episodic, sudden, severe, colicky peri umbilical abdominal pain. , constantly accompanied by neurovegetative phenomena such as : pallor, Dizziness, headache, sudden profuse sweating, These episodes of abdominal pain occurred up to 15 times per day, were variable in duration, and always followed by an extreme exhaustion and sleep.

In addition to the pain, our patient exhibited behavior disturbances and depressive mood. He consulted several gastroenterologists and the investigations were all negative.

Where organic etiology has been ruled out, the characteristics of the pain led us to suspect either abdominal epilepsy. The electroencephalogram performed showed epileptic discharges on the left frontotemporal region and the brain Magnetic resonance imaging did not show any abnormalities. Treatment was started with carbamazepine 200mg two times a day. There was a spectacular cessation of abdominal cramps within two days and marked improvement.

Pain as an ictal symptom is a rare epileptic feature, Abdominal pain is mainly associated with epileptic discharges of the temporal lobe in particular and the response to a therapeutic trial of diphenylhydantoin sodium is usually dramatic.

Conclusions:

The syndrome of abdominal epilepsy has been recognized for a number of years, but is rarely diagnosed. The disorder is apparently benign and usually responds well to therapy with diphenylhydantoin sodium.

ENVIRONMENTAL AND HEREDITARY FACTORS IN THE FORMATION OF DEPRESSIVE DISORDERS IN CHILDREN AND ADOLESCENTS

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There is considerable evidence that both environmental (sociodemographic, psychological, and family) and hereditary factors play a significant role in the formation of depressive disorders (DD). The main objective of the present investigation was to study the role of environmental factors and heredity in the formation of depressive disorders in children and adolescents.

Patients and methods. Genealogical analysis has been carried out in 100 children and adolescents with depressive disorders, aged 11 to 17 years.

Statistical treatment: Excel, SPSS Statistics 17.0.

Results. A hereditary load regarding mental disorders has been registered in 66% of families, 56% of which are DD. The highest frequency of DD has been revealed in mothers as compared with fathers, in inbred sisters compared with full brothers, and in grandmothers compared with grandfathers. Unhealthy conditions of work have been observed among the negative factors of the environment in 19% of the expectant mothers before their pregnancy with probands. Pathological course of pregnancy has been established in 54% and of delivery in 34% of mothers. 62% of mothers of our patients with depression experienced a severe emotional stress during pregnancy. 29% of probands were brought up in one-parent families. 79% of the examined children and adolescents experienced a severe emotional stress in the family and at school.

Conclusion. Hence, the data obtained testify to the presence of the negative environmental and hereditary risk factors in the genealogy of children with depressive disorders.

ANXIETY, DEPRESSION AND QUALITY OF LIFE IN CHRONIC OBSTRUCTIVE PULMONARY DISEASE

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Introduction : Chronic obstructive pulmonary disease (COPD) constitutes a penalty in physical activities of patients. Its mental repercussions are important and expressed by anxiety, depression and a significant impairment of quality of life.

Aim of the study: The aim of our study was to evaluate the prevalence of anxiety and depression in patients with chronic obstructive pulmonary disease, to determine factors predicting and assess the impact of this disease on their quality of life.

Methods : We conducted a cross-sectional study focused on 50 patients with COPD hospitalized and monitored in the department of respiratory diseases in Hedi Chaker university hospital of Sfax in Tunisia. We used the Short Form of Health Survey (SF36) to study the quality of life and the Hospital Anxiety Depression (HAD) for the exploration of anxiety and depression

Results: The average age of the patients was 66.6 years (40-84 years). They were married in 93.3% of cases, with a primary school level in 73.3% of cases. They were retired in 60% of cases.

They were smoking in 40% of cases with an average number of packets / year of 54.38 and an average age of early consummation of 17.38 years. The mean duration of disease was 11,8 years and the number of hospitalization was 2.33.

The prevalence of anxiety was 13.3% that of depression was 20%. The study of the quality of life showed an alteration of both physical and mental component with scores of 29.34 and 45.98.

Depression was correlated with disease severity ($p=0,029$). The alteration of the physical component to the quality of life scale was significantly correlated with a longer duration of disease ($p= 0,02$) and the presence of depression ($p= 0,04$)

Conclusion: Anxiety and depressive disorders occur at any time in the life of a patient suffering from COPD. Health professionals should not neglect the signs, thinking them inevitable, attributing them to the personality of the patient, the natural evolution of the illness, or ageing therapeutic solutions exist.

References:

Gunnar G, Thorarinn G, Christer J and al. Depression, anxiety and health status after hospitalisation for COPD: A multicentre study in the Nordic countries. Respiratory Medicine (2006) 100, 87–93.

DEPRESSION AND ANXIETY IN "CROCODILE" USERS BEFORE AND DURING OPIOID SUBSTITUTION TREATMENT

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Educational Objectives: For last several years "Crocodile" has been the main injective opioid in Georgia. This homemade narcotic containing desomorphine is highly addictive, toxic drug which leads to severe mental, neurological, somatic disorders and enhances significantly the risk of HIV transmission in comparison with typical opioids. At the conclusion of this presentation the participants should be able to recognize the mental consequences of "crocodile" use, such as depression and anxiety as well as effectiveness of MMT in reduction of those symptoms.

Purpose: The aim of the study was evaluation of methadone maintenance treatment (MMT) effectiveness in reduction of depression and anxiety in "crocodile" users.

Methods: 32 randomly selected "crocodile" injective user men undergoing MMT have been studied in 2012-2013. Mean age was 36. Level of depression (Beck Depression Inventory) and anxiety (Spielberger Anxiety Inventory) and other data were measured before starting MMT and after 3 and 9 months of the treatment. The illegal use of psychotropic-narcotics was checked through random urine-testing 2 times per patient per month.

Results: The study showed significant improvement of patients' status. The remarkable decrease of depression and anxiety was observed (dynamic of average scores of depression - 16, 10, 7 and anxiety - 49, 40, 40). The positive answers on psychotropic-narcotics was 12% on average. Level of drop out from treatment was 26% during the first year.

Conclusions: The analyses of data shows that MMT is effective method for treatment of "crocodile" (desomorphine) use and related consequences. The retention in programs is high. Treatment dramatically decreases use of illegal psychotropic-narcotic drugs and diminishes the risk of HIV and hepatitis C,B transmission among injecting population. MMT significantly improves mental status of the patients, reduces scores for depression and anxiety and improves quality of life of MMT beneficiaries.

TOBACCO SMOKING AND OTHER ADDICTIVE DISORDERS IN BIPOLAR OUTPATIENTS

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Educational Objectives: participants will learn about correlates of tobacco smoking among bipolar patients and how associated factors can help clinicians to detect at-risk profiles for addictive disorders.

Purpose: the aim of our study was to describe differences in the correlates and risk factors of lifetime tobacco smoking in bipolar outpatients.

Methods: we used data collected from a large clinical sample of 616 bipolar outpatients enrolled in the FondaMental Advanced Centers of Expertise in Bipolar Disorders (FACE-BD) cohort. Patients underwent standardized comprehensive assessment, and bivariate analyses were conducted to detect differences in sociodemographic and clinical data according to lifetime smoking status (former/current/never smoker). All analyses were stratified by gender and bipolar subtype so as to explore patients' specific comorbidity profiles associated with tobacco smoking.

Results: We found that lifetime tobacco smoking bipolar patients had much higher prevalence of cannabis and alcohol use disorders than those who never smoked, without differences with regards to gender or bipolar subtype (Chi² test, all $p < 0.001$). Former smoking patients were a small subgroup (78 of 379 lifetime smokers) who presented with lower prevalence of lifetime comorbidity and older age than current smokers.

Conclusions: Among bipolar patients with lifetime tobacco smoking, tobacco smoking was a strong risk factor for other addictive disorders, regardless of gender and bipolar subtype. This was unexpected given that male gender and BD subtype I are usually associated with comorbid addiction. Thus it seems highly important for researchers to control for lifetime tobacco smoking when assessing addictive comorbidity in bipolar disorder, but also for clinicians to explore a wide range of addictive disorders in all bipolar patients who are also lifetime smokers.

CANNABIS USE DISORDERS IS ASSOCIATED WITH INDICATIONS OF GREATER ILLNESS SEVERITY IN TOBACCO SMOKING PATIENTS WITH BIPOLAR DISORDER

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Educational objectives: When viewing this presentation, participants will learn about the clinical significance of cannabis use disorders (CUD) bipolar disorder (BD).

Purpose: The purpose of the present study was to investigate if tobacco smoking influences the relationship between CUD and more severe clinical expressions of BD such as earlier onsets, higher frequency of illness episodes, increased prevalence of mixed and psychotic episodes, and suicide attempts.

Methods: A large combined sample of French and Norwegian patients with bipolar I and II disorder, recruited from in- and out treatment units was investigated (N=1067). Diagnoses were based on DSM IV and DIGS, and patients were interviewed for demographic and illness characteristics. Focusing on patients with lifetime daily tobacco use (n=642), the relationship between lifetime CUD and clinical expressions was examined, controlling for potential confounders including earlier onsets and other substance use disorders.

Results: In bivariate analyses, CUD was significantly associated with an earlier age at onset of the BD, a higher frequency of manic episodes (in bipolar I disorder), depressive episodes and hospital stays per illness year, and a higher prevalence of psychotic episodes in the tobacco smoking patients. After controlling for other potential confounders, the relationships with earlier onsets ($B=-5.60$ 95% CI=-7.65 to -3.64), increased risk for a high frequency of hospital stays (OR=2.93, 95% CI: 1.85 to 4.64) and manic episodes in bipolar I disorder (OR=1.93, 95% CI: 1.15 to 3.23) remained statistically significant.

Conclusion: The project achieved its objective, and is the first study to demonstrate that the relationship between CUD and greater illness severity in BD is not fully explained by tobacco smoking or other potential confounders. The implication of this is that cannabis use disorders in bipolar disorder should be prevented and treated.

ADHD WITH BIPOLAR DISORDER IN DUAL PATHOLOGY: COMPLEX RELATIONS

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Educational Objectives: This is a case report showing our experience in an especially difficult patient with dual disorder, and who has treatments since her childhood in a mental health service.

Methods: The patient is a 29th years old woman diagnosed of multiple substance abuse (non opioids). She has also diagnosed a borderline personality disorder, depressive disorder and in the recent time, ADHD combined type.

The objective of our intervention was the abstinence of our patient, with cocaine- alcohol dependence. When the patient got abstinence, hypomaniac first episode was started. The only change in her treatment was a decrease of fluoxetine 60 mg/day to 20 mg/day and the addition of atomoxetine (40 mg/day). After withdrawal of the antidepressant and atomoxetine, it took 4 weeks and stabilizing drugs (valproic acid until 1000 mg/day) to get euthymia.

Now the question is if try again with the ADHD pharmacological treatment, and which one.

Results: In Spain, the only one pharmacological treatment for adults ADHD is atomoxetine. There is low experience with both, bipolar disorder spectrum and ADHD in adults. However, it's well known that ADHD with substance abuse improve when the ADHD is treated, instead we make this with stimulant drugs. (1)

Evidence about atomoxetine and maniac episode is short, there are case reports of hypomaniac and maniac episodes in patients but specific studies are required.

Conclusions: In this case report, we analyze the complex relation between dual disorders common in diary clinical practice when they appear with other comorbidities that make more difficult the diagnosis, and most important, the treatment approach (2). The presented case is not an isolated case, and we have to be prepared to find bipolar spectrum disorders in our patients not detected in the childhood or adolescence, because of the low stability of this diagnosis and the non specific clinical presentation.

Literature Reference

- (1) Functional improvement and correlations with symptomatic improvement in adults with attention deficit hyperactivity disorder receiving long-acting methylphenidate. [Buitelaar JK](#)¹, [Casas M](#), [Philipsen A](#), [Kooij JJ](#), [Ramos-Quiroga JA](#), [Dejonckheere J](#), [van Oene JC](#), [Schäuble B](#). *Psychol Med*. 2012 Jan;42(1):195-204. doi: 10.1017/S0033291711000845. Epub 2011 Jun 1.
- (2) Differential diagnosis, comorbidity, and treatment of attention-deficit/hyperactivity disorder in relation to bipolar disorder or borderline personality disorder in adults. [Asherson P](#)¹, [Young AH](#), [Eich-Höchli D](#), [Moran P](#), [Porsdal V](#), [Deberdt W](#). *Curr Med Res Opin*. 2014 Aug;30(8):1657-72. doi: 10.1185/03007995.2014.915800. Epub 2014 May 7.

REDUCTION OF COCAINE CRAVING IN PATIENTS WITH BIPOLAR DISORDER AND COCAINE USE DISORDER. TREATMENT WITH ARIPIPRAZOLE, CLINICAL SERIES

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Introduction: Substance abuse is extremely common in patients with bipolar disorders. Aripiprazole in patients with cocaine use have not been conclusive. Laboratory study (1) suggests that it wouldn't be useful for the treatment of cocaine dependence; however, in a open trial with dual patients (2), decreased the craving but not decreased consumption. Aripiprazole may be a tool in the management of these patients.

Material and Methods: Follow-up after hospital discharge for 4 months in 4 patients diagnosed with Bipolar Disorder type I and cocaine use disorder (DSM5 criteria) treated with Aripiprazole.

Assessments at baseline and every month of psychiatric symptoms (Hamilton for depression and Young for mania), side effects (UKU and reporting patient), substance use and craving (by visual analogue scale, VAS).

Motivational intervention was performed biweekly interviews.

Results: Three male patients between 29 and 34 years old. They were discharged after hospitalization for manic decompensation (average hospital stay 18 days) and cocaine use disorder. Stabilized on treatment with Aripiprazole (20mg/24h) mood stabilizer (3 with valproic, 1 with Lithium).

Along the monitoring, they remain euthymic. Without significant side effects. It is objective a reduction in cocaine craving from baseline situation (EVA 1 month: 8, 6, 7 and 8) until the fourth month monitoring (EVA 4th month: 6, 4, 4 and 3). Two remain abstinent and one falls in consumption in the second month.

Discussion: These series of cases, deal with the inherent limitations to these type of research, but we consider the results very interesting for the usual lack of controlled studies in this patient population.

According to our work, Aripiprazole is effective in the symptomatic relief of patients with bipolar disorder, and could be a useful tool for handling dual bipolar disorder patients and consumption of cocaine. It is necessary controlled trials in dual patients to confirm these findings.

References

Haney M, Rubin E, Foltin RW. Aripiprazole maintenance increases smoked cocaine self-administration in humans. *Psychopharmacology (Berl)*. 2011 Aug;216(3):379–87.

Brown ES, Jeffress J, Liggin JDM, Garza M, Beard L. Switching outpatients with bipolar or schizoaffective disorders and substance abuse from their current antipsychotic to aripiprazole. *J Clin Psychiatry*. 2005 Jun;66(6):756–60.

PLEASE, RELIEVE ME OF THIS STRESS

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Objetivos: El Trastorno Bipolar es una de las patologías psiquiátricas más frecuentemente asociadas a trastornos por uso de sustancias. Presentamos un caso en el que la presencia de un Trastorno Bipolar asociado a otros trastornos comórbidos plantea dificultades en el abordaje y diagnóstico diferencial.

Material y métodos: Mujer de 36 años remitida desde su Centro de Salud Mental para ingreso en Unidad de Hospitalización Psiquiátrica debido a la coexistencia de crisis comiciales de dudosa filiación, alteraciones conductuales e ideación autolítica asociados a un empeoramiento en su trastorno por uso de alcohol con muy elevado craving, en el contexto de un diagnóstico previo de Trastorno Bipolar.

En Sala describió crisis de tipo comicial, que cursaban con disartria, ataxia, puerilidad, hilaridad y desorientación, asociadas a estereotipias motoras simples durante las cuales refería escuchar una voz que la identificaba con el demonio. Estos episodios parecían estar precipitados por estrés. Además presentó comportamientos bizarros como hablar con el calentador, rezar y bendecir a personas. Evitaba salir a pasear por ansiedad de tipo agorafóbico y que podía deberse a la privación alcohólica, que se asoció a escasos síntomas físicos pero importantes síntomas psíquicos y emocionales.

Resultados: Teniendo en cuenta la personalidad premórbida de la paciente (labilidad emocional, alta sugestionabilidad e impulsividad), se clasifica de Trastorno de Personalidad Cluster B, existiendo evidencia científica de la alta probabilidad de patología psiquiátrica comórbida.

Conclusiones: El Trastorno Bipolar es el diagnóstico primario de la paciente junto con la dependencia de alcohol. Destacan también episodios de tipo disociativo por alteraciones, de aparición súbita y duración breve, que afecta las funciones integradoras de la identidad, memoria o conciencia, vividos con una marcada ansiedad y angustia psíquica, motivo que potencia la ideación autolítica dada la baja frustración de la paciente y reanudando el consumo de alcohol como medida ansiolítica.

BIPOLAR DISORDER, SUBSTANCE MISUSE AND COMMUNITY TREATMENT ORDER: A CASE REPORT

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Educational Objectives and purpose: A community treatment order could be an important tool in dual diagnosis patient management. The main objective is to represent that in a practical case report.

Methods: Case Report

Results: A 37-year-old single male with medical history of Hepatitis-C, HIV-positive and heavy drug misuse was admitted at the psychiatric service of GH of Valencia for a manic episode characterized by hyperactivity, pressured speech, racing thoughts, insomnia, and aggressive behaviour for the last week. The urine test revealed cocaine and alcohol consume. Toxicological history: He was a regular alcohol, cannabis and cocaine user since adolescence and had sporadically LSD use. Psychiatric history: He had a first psychotic episode at 17-years (hallucinations and auto references) in the context of LSD and amphetamines use with rapid symptoms remission after drugs withdrawal and a short time of antipsychotic treatment (haloperidol). At 19-years-old he had a first manic episode after a heavy use of alcohol, cocaine and cannabis. After this episode he had a 4-year-period of clinical stability, followed by the psychiatric service and treated with antipsychotics and mood stabilizers (Risperidone and carbamazepine). Since 23-year-old until present time the patient has been admitted several times for manic episodes, aggressive behaviour and suicidal attempts, most of these episodes where related with drug use, cocaine most of the times. Numerous medical treatments had been tried including lithium. The patient was diagnosed of bipolar disorder. In this current admission the local court in Valencia approved a mandatory ambulatory treatment. The present medical treatment includes a long acting injectable antipsychotic (Risperidone 50 mg/14 days). At present time he has decreased drug use and is clinically stable exhibiting some aggressive and hippomania episodes with alcohol or cocaine use.

Conclusions: Bipolar disorder and drug use association has been largely studied and is consider a bad prognosis factor in dual pathology. Drug use can be either the cause or consequence of clinical decompensation. Integrative treatment includes environmental factors as mandatory treatments and drug treatment.

Literature Reference

- 1 Martín T. y Cobo J. (2006) Patología dual y consumo de tóxicos en pacientes con trastorno bipolar: estado de la cuestión. Revista Española de drogodependencias. 31 (1) 14-27.
- 2 Goikolea J. Torres I. y Vieta E. (2011). Patología dual. Trastorno Bipolar. En Manual de Trastorno adictivos. (2da ed.). Pp. 146-156. Madrid. Enfoque editorial.

AN ASSOCIATION BETWEEN AFFECTIVE LABILITY, ALCOHOL AND SUBSTANCE MISUSE IN BIPOLAR DISORDER

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Aims: Patients with bipolar disorder (BD) rapport use of alcohol and other substances to dampen chore symptoms of the disorder, primarily depressive but also manic symptoms (Bolton et al., 2009; McDonald and Meyer, 2011). One possible chore symptom in patients with BD is intraepisodic affective lability (Henry et al., 2008, Aminoff et al., 2012). In this study we wanted to investigate whether alcohol and substance misuse is more common in patients BD who experience higher intraepisodic affective lability than in patients with lower degrees of such experiences. We also wanted to explore whether different emotional shiftings was related to different kinds of misuse.

Methods: In this study we combined a French and Norwegian sample to a total of 390 patients with BD. We compared means on the Affective lability scale (18 item version) as well as three subscales for 1) anger, 2) depression – elation and 3) depression- anxiety (Aas et al., 2014), with information about lifetime alcohol or substance misuse.

Results: We found a correlation between lifetime alcohol misuse and total as well as all subscales of affective lability. Lifetime cannabis misuse was associated with the depression-elation subscale only.

Conclusions: High levels of alcohol misuse in patients with BD are associated high affective lability in anger, anxiety-depression and depression- elation. Cannabis misuse is associated with depressive-elation only. Future studies are needed to address the dynamics of this relationship.

TIRED OF BEING SICK

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Objetivos: con frecuencia el Trastorno Bipolar presenta comorbilidad con otras enfermedades, especialmente trastornos por consumo de sustancias, trastornos de ansiedad y trastornos de personalidad. Pacientes con inestabilidad afectiva e impulsividad, es difícil determinar si los síntomas ocurren dentro del contexto de episodios concretos, representan un patrón estable de funcionamiento o son combinación de ambos.

Método: Mujer de 35 años, traída a Urgencias acompañada por familiares tras sobreingesta medicamentosa con intención autolítica y asociada a importante consumo de alcohol. Había sido encontrada en la bañera, con unas tijeras en estado de perplejidad. Diagnosticada de Trastorno Bipolar tipo I. A lo largo de su evolución, se habían identificado; rasgos consistentes en un trastorno límite de personalidad, además estaba en seguimiento en UCA por Trastorno por uso de alcohol y cocaína. Dos ingresos previos en Unidad de Psiquiatría por ingesta medicamentosa con ideación autolítica, y múltiples visitas a Urgencias en el contexto de intoxicación etílica.

En la entrevista, muestra ánimo disfórico, labilidad afectiva y actitud pueril; desde hace meses refiere presentar variaciones bruscas del estado de ánimo, autoagresividad física y conductas más impulsivas de lo habitual.

Resultados: pueden existir dudas sobre la categorización de un trastorno de personalidad y un trastorno afectivo. En estos casos los episodios de exaltación, alegría y tristeza pueden inducir a error.

Conclusiones: en general, los pacientes bipolares presentan ansiedad comórbida en alto porcentaje, otra de las asociaciones más significativas la constituye el consumo de tóxicos. Los tóxicos pueden desencadenar suicidios o tentativas por varios mecanismos, como aumento en niveles de impulsividad o agresividad, desinhibición, desestabilización del curso clínico de la enfermedad o alteración de los patrones del sueño. La comorbilidad con un trastorno de personalidad incrementa el riesgo de suicidio debido a factores como el deficitario control de impulsos, progresiva pérdida de apoyo social, mala adherencia terapéutica e incremento de acontecimientos vitales negativos.

COGNITIVE IMPAIRMENT AS A PREDICTOR OF WORSENING DISEASE COURSE IN DUAL DISORDERS: CASE REPORT

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Purpose: To highlight the role of cognitive impairment on bipolar disorder and substance use disorder patients, on the disease course and maintenance of functional capacities.

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Methods: Systematic review of the literature in English (Medline) and clinical history of the patient. Keywords: “bipolar disorder”, “alcoholism”, “cognitive impairment”.

Text: Several studies correlate alcohol chronic use and anxiolytic drugs dependence with the development of progressive cognitive impairment. Likewise, bipolar patients can develop cognitive disturbances related directly with manic, depressive or mixed episodes.

We present the case of 56-year-old man, with Bipolar Disorder, alcohol chronic use and anxiolytic drugs dependence. He had high academic standing and accurate premorbid adjustment. Presence of paranoid and dependent personality traits. Erratic follow up on mental health services and also on addictions services available. However, he fulfills his mood stabilizers treatment accurately and he has blood level controls occasionally. During all these years, there has been absence of important affective symptoms. History of many alcohol withdrawal episodes with total functional recovery. Along the last 12 months, we have observed functional and self-care decline, in absence of depressive symptoms, alcohol abstinence and normal neuroimaging tests. Among other complications, he had for the first time chronic lithium toxicity, related to abandonment of self-care, so he required hospital treatment. Once the organic symptoms had resolved, we administered him neuropsychological tests, showing evidence of mild cognitive impairment.

Conclusions: It is necessary to insist on multidisciplinary and coordinated management, for a more adjusted treatment of dual pathology. We suggest that cognitive impairment and functional decline in dual pathology patients could be a predictor of worsening disease course. Hence, a closer therapeutic management and blood controls should be done, to avoid complications related to the diseases and to make therapeutic changes as needed.

References:

- (1) Sanamé, C., Martino, D.J. & Strejilevich, S. A. 2014. “Longitudinal course of cognitive deficits in bipolar disorder: a meta-analytic study”. *Journal of Affective Disorders*. 164; 130-138.
- (2) Rosa, A.R., Magalhaes, P.V., Czepielewski, L., Sulzbach, M.V., Goi P.D., Vieta, E., Gama, C.S. & Kapczinski, F. 2014. “Clinical staging in bipolar disorder: focus on cognition and functioning”. *Journal of Clinical Psychiatry*. 75 (5); 450-456.

ADDICTIVE BEHAVIORS AND THEIR IMPACT ON BIPOLAR DISORDER

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Educational Objectives: At the conclusion of this presentation, the participants should be aware of the importance of screening and prevention of addictive behaviors in patients with bipolar disorder.

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Purpose: To assess the impact of addictive behaviors on the development of bipolar disorder.

Methods: This is a comparative descriptive retrospective study conducted in Psychiatry "B man" Hedi Chaker university hospital, on patients hospitalized for bipolar disorder during the period ranging from 1 January 2012 to 31 December 2014 .

Data collection was performed using a preset plug exploring the socio-demographic characteristics, history, habits, clinical and evolutionary data of the disorder.

Our population was divided into 2 groups:

G1: bipolar patients with addictive behavior.

G2: bipolar patients without addictive behavior.

Comparison was based on the consumption of toxic.

Statistical analysis was performed by SPSS in its twentieth release.

Results about 28 patients:

Alcohol and cannabis were the most frequent drug used.

A significant correlation was objectified between the presence of addictive behavior and poor adherence ($p = 0.04$) on the one hand, and the persistence of residual symptoms in the free intervals ($p = 0.048$) on the other. Moreover, we did not find a significant difference between the 2 groups regarding the number, duration and pattern of hospitalizations and the presence of psychotic features

Conclusions: Addictive behaviors pejoratively affect the evolutionary course of bipolar disorder which argues for the importance of screening for these lines and patient information and his entourage on their negative impact.

ME DIJO QUE SE ACABO EL AMOR

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Introduction: The mood disturbances and toxic consumption is a challenge for psychiatrists, encrypt that disease occurs first is not easy, but this association is quite often¹. Definitely a good history can greatly help guide the clinician in managing the situation and possible underlying pathology. In our case the interview with the patient and family was key to the diagnosis.

Man of 40 who attends the UCA for cocaine and alcohol abuse in the context of separation four months ago after seven years of marriage. History of alcohol and cocaine from adolescence without abstinence period. The patient receives antidepressant treatment by adjustment disorder with respect to the separation triggering behavioral disturbances, sleeplessness, euphoria, excessive shopping plans unrealistic. What makes a possible suspect in a TAB to study in patients with substance abuse. Antipsychotic treatment was started and the antidepressant with good evolution was suspended.

Objectives: Demonstrate the importance of the association of substance in patients dual bipolar and as the evolution of the disease influence.

Material and Method:

Literature search in PubMed, Merline, Servier association between bipolar affective disorder, alcohol and cocaine in relation to the case of a patient who is in pursuit of the unity of addictive behaviors of Toledo is performed.

Conclusion: The high prevalence of this association represents a challenge in the diagnosis and treatment of this pathology.

The evolution of the disease varies in relation to the disorder that occurs first ².

Bibliography:

1. Julio Bobes, Miguel Casas, Miguel Gutiérrez Manual de Trastornos Adictivos 2º Edición. 2011. Cap.7 Pág. 146-155.
2. Stephen Rich J, Martin PR. Co- occurring psychiatric disorders and alcoholism.

ANXIETY IN A SAMPLE OF PATIENTS TREATED IN A UNIT OF ADDICTIVE BEHAVIORS. SPECIFIC INTERVENTION IS REQUIRED?

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Educational Objectives: Recognize the importance of anxiety in drug dependent patients and consider if an intervention focus on reducing anxiety symptoms may contribute to reduce consumption.

Purpose: Study the prevalence of anxiety in a sample of 21 patients that are treated for substance dependence and explore if a short intervention on anxiety may be useful to reduce anxiety symptoms.

Methods: A descriptive study has been done; we used the State-Trait Anxiety Inventory (STAI) to evaluate trait and state anxiety in 21 adults patients that are in treatment in the Unit of Addictive Behaviors of Xàtiva. Three of them were included in a one month program that included psychoeducational anxiety, diaphragmatic breathing and progressive muscular relaxation. We also used a questionnaire that explore how useful was the intervention for the patients.

Results: In trait anxiety a 66.67% of the patients obtained scores above the 75th percentile and 4.76% between 50-75 percentile. In state anxiety a 33.33% scored above the 75th percentile and a 9.52% among the 50-75 percentile. The three patients included in the program agreed that the intervention help to control their anxiety symptoms.

Conclusions: It has been verified a high incidence of trait anxiety in the sample studied and in lesser extent the presence of anxiety state. As it has been demonstrated by the scientific literature, anxiety increases consumption, so a psychological intervention on anxiety may contribute on reducing anxiety and thus favors the treatment of addiction.

Literature Reference

Echeburúa, E., Salaberría, K., Fernández-Montalvo, J., Palmero, F., & Fernández-Abascal, E. (1998). Ansiedad y adicciones. FJ Palmero y E. G. Fernández-Abascal (Coords.), Emociones y salud, 67-84.

ASPERGER SYNDROME AND SUBSTANCE USE DISORDER: DIAGNOSIS AND TREATMENT

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Asperger syndrome (AS) is associated with a wide variety of comorbid conditions such as depression, anxiety, obsessive-compulsive disorder, attention-deficit hyperactivity disorder (ADHD), drug abuse, alcoholism, and relationship difficulties (including family/marital problems). Little is known about the comorbidity of AS and substance use disorder (SUD) and it has hardly been reported in the scientific literature or in clinical practice.

Alcohol/drugs is often seen as a way to self-medicate oneself or deal with problems. We describe the diagnosis and specificities of treatment of a 36-years old patient patient with AS, anxiety, opioid and benzodiazepines use disorder.

DUAL DISORDERS: GENERALIZED ANXIETY DISORDER AND ALCOHOL USE DISORDER; EXPERIENCE OF A CASE

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INTRODUCTION: Generalized anxiety disorder is characterized by persistent state of anxiety and excessive nonspecific worry, presents most of the days and more than 6 months duration. The association with alcohol use disorder is well known and complicated the mental and physical health of the patient.

OBJETIVE: analyze the case of a woman diagnosed with GAD who later develops alcohol use disorder.

MATERIAL AND METHOD: This is a 40 years old woman, married, no children, diagnosed at 28 years of GAD. She's stay stable during the follow with standard dose SSRI and timely support of benzodiazepines. After five years, leaving treatment voluntarily. She come back to revisit seven years later with exacerbation of her known pathology associated and alcohol use disorder.

RESULTS: The patient because the suspension of treatment and adverse life events joined (death of mother and layoff) presents an exacerbation of clinical already known, associated with consumption of 12 liters of beer / day; VCM: 125; ALT / GPT 361; AST / GOT 402; TOTAL CHOLESTEROL 350. Owing be entered for alcoholic detoxification and managing your anxiety disorder.

CONCLUSIONS: The treatment of the patients diagnosed with GAD can lead to complications and association with alcohol use disorder. Early diagnosis and close monitoring can prevent hospitalizations and physical and mental deterioration of patients.

Bibliografía:

Pathological circuit function underlying addiction and anxiety disorders. Nat Neurosci. 2014 Dec;17(12):1635-1643. doi: 10.1038/nn.3849. Epub 2014 Nov 17. Lüthi A1, Lüscher C

Genetics and epigenetics of **alcohol** dependence.; Nieratschker V, Batra A, Fallgatter AJ: J Mol Psychiatry. 2013 Jul 11;1(1):11. eCollection 2013.

IS THERE A POSSIBLE ASSOCIATION BETWEEN ARTERIAL STIFFNESS INDICES AND ANXIETY AND DEPRESSION IN PATIENTS WITH RESISTANT HYPERTENSION? A PILOT STUDY

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Purpose: Depressive and anxiety disorders are highly overlapping, heterogeneous conditions that both have been associated with an increased risk of cardiovascular disease. Arterial stiffness has been reported to be an independent predictor of cardiovascular mortality and morbidity in patients with hypertension. The aim of the present study was to assess any association between arterial stiffness indices with anxiety and depression in patients with resistant hypertension.

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 measurement of the cardio-ankle vascular index-CAVI was done by use of the VaseraVS-1500 vascular screening device.

Results: When comparing the two groups CAVIR was significantly higher in the intervention group (9.02 ± 1.0 vs 7.30 ± 2.37 , $p=0.02$) while there was no significant difference for CAVIL (9.06 ± 0.97 vs 8.20 ± 0.67 , $p=NS$). Assessing the overall correlation of CAVIR and CAVIL with the HADS and BDI scores in the whole study population no significance was revealed ($p=NS$). When checking the correlation in each group separately, a negative correlation was identified between HADS score and both CAVIR and CAVIL in the group of patients treated with medical management.

Conclusions: Even though there is evidence of correlation between arterial stiffness indices and anxiety and depression symptoms, in our pilot study we were unable to confirm that finding, in the specific group of patients with resistant hypertension. In the future a higher number of participants might reveal a possible association.

THE USE OF AGOMELATINE IN DRUG ADDICTED PATIENTS WITH PSYCHIATRIC DISORDERS

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Agomelatine is an innovative antidepressant with new mode of action: it's an agonist of melatoninergic receptors MT1 and MT2 and 5HT2c antagonist.

The idea of this study was to assess the use of agomelatine in patients treated in our center for drug addiction in Bologna (SERT), and in particular:

- Patients with heroin abuse treated with full/partial opioid agonists (methadone, buprenorphine, buprenorphine /naloxone)
- Patients treated for alcohol abuse
- Patients who failed to antidepressants and treated with opioid agonist
- Patients treated for benzodiazepines abuse

Objective of the study is to evaluate the improvement of mood, anxiety and sleep disorders in patients treated with agomelatine and affected by drug addiction (heroin, alcohol and benzodiazepine)

The efficacy of agomelatine was assessed by investigator at T0 and at monthly visit up to 6 months using HAM-A, HAM-D21, VAS for craving VAS for the quality of sleep.

- Weight, number of hours slept and quality of life were evaluated
- Blood parameters were assessed at T0 and T6
- Heroin, cocaine and cannabinoid metabolites were evaluated

Conclusion we evaluated the efficacy of agomelatine on top of conventional treatments for drug addiction in 3 different groups (heroin, alcohol and sedatives addiction). In all three groups we've observed the improvement over time in depressive symptoms and anxiety symptoms

We've noticed an important reduction of craving. The quality of sleep and the time of sleeping have markedly improved. The quality of life was increased in all patients treated with agomelatine

ANXIETY AND CANNABIS

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Objectives: In adolescents, the coexistence of disorders related to substance abuse and emotional disorders is especially prevalent. The standard psychotherapeutic interventions remain one of the most effective for addressing dual diagnosis options. We present a statement made from the perspective of functional analysis.

Materials and methods: Assessment and subsequent psychotherapeutic intervention is performed. Comparing the results before and after the intervention.

John, 17 years old, came to the clinic accompanied by his mother. He refers high muscle tension, frequent shortness of breath, tachycardia and headaches, for three months ago.

He is afraid of that all these signs may be signs of a physical problem such as a heart attack. Moreover, from a year ago, he reports a daily cannabis use (3-4 cigarettes per day), which is used as a form of avoidance and anxiety purposes.

We establish the following therapeutic goals:

- 1) ensure the adherence and the involvement of John in the process of assessment and intervention, 2) eliminate the use of cannabis and plan a change of social reference group, 3) eliminate negative emotional responses, increasing the level of daily activity and reinforce appropriate behaviors, and
- 4) maintain therapeutic gains and generalize the results

Results: After 30 intervention sessions spread over eight months, all therapeutic results were achieved. There was a cessation of cannabis use, which was completed at 4 months, a gradual reduction in anxiety responses, minus avoidance behavior and a state of healthy mind.

Conclusions: We consider fundamental to intervention: a comprehensive assessment, changing social / peer group context and seek the therapeutic alliance in order to get the involvement of the patient in the therapeutic process.

PSYCHOTHERAPY ANXIETY AND PHOBIC DISORDERS

T.S. Chorna

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The aim of the study: the development of a comprehensive system of psychotherapy and psychocorrection of anxiety disorders of neurotic case, based on the study of their clinical structure and peculiarities of emotional damages.

Methodologies: Spielberger, Eysenck Personality Questionnaire (EPQ), The Hamilton Rating Scale for Depression (HRSD), The study of accentuation of personality by K.Leonhard.

Scope and contributing research: 100 patients with diagnostic categories: F41.0 - Panic disorder (episodic paroxysmal anxiety, F41.1-Generalized anxiety disorder, F41.2-mixed anxiety-depressive disorder who are on the examination and treatment at the psychiatric unit. A control group included 40 patients.

We performed the exploration of the peculiarities of clinical anxiety and patterns of therapeutic effect, based on the influence of short-term group and individual psychotherapy in the treatment of anxiety disorders, and evaluation the effectiveness of its reconition.

The development of the methodology of applying a short-term group and individual psychotherapy in the treatment of anxiety disorders based on combination relaxation, hypnosis, cognitive-behavioral techniques in combination on with short-term group therapy.

In fact, this is a new real model psychotherapy based on integrative principles. The higt efficacy was shown in 82% patients, compared with 54% efficacy in control group patients.

We will offer a new comprehensive methodology in the treatment of anxiety disorders of neurotic case that will improve the therapeutic efficacy of the treatment process, reduce the time of treatment, reduce the period of drug therapy.

ANXIETY SYMPTOMS IN A PERSON WITH NEUROSIS

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Objective: To determine psychological and psychopathological characteristics of anxiety symptoms in neuroses.

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Material @ Methods: We assessed 60 patients (17 male and 43 female) with neuroses treated in the psychiatric ward of the Clinic in Tetovo and 40 healthy subjects taken at random. Diagnosis of neurosis is set against the classification DSM-IV (Diagnostic and statistical manual of mental disorder). The degree of anxiety was assessed with Beck Anxiety Inventory (BAI).

Results: Anxiety mood is present in 55 neurotic patients (91,6%), while in healthy population we found only in 15 subjects (37,5%). The clinical anxiety seen in patients with neuroses differed significantly from that seen in healthy patients. Pearson correlation between two groups was significantly significant at the level of 0,01.

Conclusions: Neurotic subjects have higher levels of anxiety compared to the healthy subjects.

Key words: neurosis, personality, anxiety, correlation.

OBSESSIVE COMPULSIVE DISORDER AND ALCOHOL DEPENDENCE: A HARSH REALITY

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INTRODUCTION: patients diagnosed with OCD often use different substances as a way to relieve the emotional distress produced by their disease. The comorbidity with alcohol dependence is a common association among these patients.

METHOD: descriptive analysis of the medical history of a patient on follow up in our Addictions Treatment Unit and Mental Health Center under diagnosis of OCD and Alcohol Dependence.

CASE REPORT: thirty eight years old male patient, on follow up in our Addictions Treatment Unit and Mental Health Center for several years under de diagnosis of alcohol dependence and OCD. OCD symptoms since childhood with consolidated rituals, poor social skills and relationships and, significant functional impairment over the years. Patient started alcohol consumption at the age of 27, with important difficulty to keep long periods of abstinence. The patient justifies the alcohol abuse referring intense emotional distress and discomfort secondary to his obsessive thoughts, which at some point have reached overrated-delusional range. Also, constant checking compulsions and order rituals, leading the patient to try to get away of his reality with large amounts of alcohol every day. Currently, the patient keeps daily alcohol consumption with frequent etilic intoxications and, is being treated with Nalmefene and Clorimipramine since 4 months ago. With the new treatment regimen he has noted a discrete decrease of the craving-priming, although his clinical condition remains critical with erratic outpatient control and important family claudication.

CONCLUSIONS: is important to perform a dual approach in these patients in order to obtain better treatment responses. Patients with OCD and alcohol dependence have a dismal prognosis with high risk of suicide that's why they deserve special attention by mental health professionals.

BIBLIOGRAPHY:

- Kushner MG, Abrams K, Borchardt C. The relationship between anxiety disorders and alcohol use disorders: a review of major perspectives and findings
- Maria C. Mancebo, Jon E. Grant, Steven A. Rasmussen. Substance Use Disorder in an Obsessive Compulsive Disorder Clinical Sample.

ANXIETY DISORDERS: PSYCHIATRIC COMORBIDITIES

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Educational objectives:

Comorbidity is high in anxiety disorders, particularly with mood and addictive disorders. Comorbidity in anxiety disorders has a direct impact on the level of distress and quality of life of patient and a potential impact on treatment.

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Purpose: Identify the psychiatric comorbidities of anxiety disorders.

Methods:

This is a cross-sectional study of 38 patients suffering from anxiety disorders and followed to the outpatient psychiatry Hedi Chaker University Hospital in Sfax Tunisia during the month of January 2015. The subjects who participated in the survey responded to an anonymous questionnaire to collect socio-economic and demographic data, the type of anxiety disorders and the presence of psychiatric comorbidities.

Diagnoses of anxiety disorders were selected according to DSM-IV-TR.

Results

The rate of each anxiety disorder was as follows in our patients:

Obsessive Compulsive Disorder 31.6%, Generalized Anxiety Disorder 15.8%, Panic Disorder (PD) without agoraphobia 21.1%, PD with agoraphobia 5.3%, Post Traumatic Stress Disorder 13.2%, Acute Stress Disorder 10.5%, agoraphobia 2.6%.

55.3% of the patients were female.

The mean age was 41.55 years, ranging from 18 to 67 years. 71% of patients were young people between 25 years and 45 years. 55.3% of patients lived in urban areas. 63.1% were married.

The comorbidity rate in our patients was 57.9%. The comorbid disorders were as follows;

*67.6% mood disorders (45% bipolar II disorder, 14.7% bipolar I disorder, 7.9% dysthymia)

*21.9% personality disorders (10.5% Obsessive-Compulsive Personality, 5.2% Histrionic Personality, 5.2% Dependent Personality),

*10.5% alcohol abuse.

Conclusion:

Patients with anxiety disorders have a high comorbidity rate with other Axis I and II disorders. The findings underline the importance of the proper management of any anxiety disorder to identify comorbidities and improve the quality of life of these patients.

DEPRESSION AND ANXIETY SYMPTOMS ASSOCIATED WITH VIDEO GAME ADDICTION IN ADOLESCENTS

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Educational Objectives: Search for depression and anxiety symptoms in adolescents with addiction to video games to assess and take over the whole of these addictions.

Purpose: The objective of our study was to identify depression and anxiety symptoms associated with video game addiction in adolescents.

Methods: The survey was cross-sectional and was carried out throughout two months from September–15, 2010. It involved 587 secondary school students, aged 14 to 20 years. They were recruited from seven secondary schools randomly selected in the urban area of Sfax. The video game addiction was identified via self-administered Fisher's 9-item questionnaire. Anxiety and depression symptoms were screened by the Hospital Anxiety and Depression (HAD) scale. Both scales were translated in Arabic.

Results:

The prevalence of video game addiction was 13.8%.

In the present study, anxiety symptoms were significantly more common among adolescents with addiction to video games than in the non-addiction to video games group (30.8% vs. 18.3%; $p=0.009$).

Depression symptoms were significantly more common among adolescents with addiction to video games than in the non-addiction to video games group (16% vs. 6%; $p=0.000$).

Conclusions:

The current study suggests that anxiety and depression were an associated factor with video games addiction.

Routine screening of anxiety disorders and depression in these adolescents were essential for overall management of these addictive behaviors.

Literature Reference

1. P. Van Damme, dépression et addiction. Revue gestalt. 2006; 2-121.
2. S. Tisseron, les dangers des jeux vidéo, Elsevier Masson. 2008; 290.

CLUSTER A PERSONALITY DISORDERS AND SUBSTANCE USE DISORDERS

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Educational Objectives: At the conclusion of this presentation, the participants should be able to recognize the importance of the diagnostic of a Cluster A personality disorder in a patient who's being treated for substance use disorders.

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Purpose: Review the relationship between Cluster A Personality Disorders and Substance Use Disorders.

Methods: It was conducted a research on Pubmed with the following terms:

Cluster A, schizoid personality disorder, paranoid personality disorder, Schizotypal personality disorder, addiction, substance use disorders, alcohol and drugs.

Results:

Several studies were analyzed and the authors summarized the results.

Schizotypal personality disorder was strongly associated with alcohol dependence and cannabis use in early adolescence and early adulthood. It is a specific predictor of drug use disorder persistence.

Paranoid personality disorder has a strong relationship with alcohol dependence. It was identified as a predictor of drop-out of treatment of addictive disorders.

Schizoid personality disorder was statistically significant correlated with the development of alcohol and drug addiction.

Conclusions:

The co-occurrence of personality disorders with alcohol and drug use disorders is very common. The whole spectrum of personality pathology should be assessed in the comorbidity research of substance abuse.

Treatment of these subjects should include addiction-specific approaches but also strategies to improve dysfunctional behaviour caused by personality disorder characteristics. Failure to diagnose such disorders can result in the exclusion of therapeutic and social interventions, which could be indispensable for the recovery of the patient.

There are some studies approaching the relationship between Cluster A personality disorders and substance abuse, but more research is needed, emphasizing the treatment implications of these disorders when comorbid.

NEO-PI-R PERSONALITY FACTOR STRUCTURE IN COLLEGE STUDENTS

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Educational Objectives: To assess personality traits within a cross-cultural context using a valid and reliable framework which would therefore provide significant benefit when selecting and predicting college students and employee behavior for global assignments.

Purpose: To examining the replicability of the five-personality factors model (FFM) in the Kuwaiti college. This model is comprised of five factors: Neuroticism, Extraversion, and Openness to Experience, Agreeableness, and Conscientiousness.

Methods: The participants were 2109 first year college Kuwaitis (900 males and 1209 females; mean age = 19.47 ± 1.14). The Arabic version of NEO-PI-R was administered to participants. Alpha reliability and principal component analysis with varimax rotation were used in this study.

Results: Internal consistency was satisfactory for the Neuroticism, Extraversion, and Openness to Experience, Agreeableness, and Conscientiousness subscales respectively (Cronbach's alpha = .83, .82, .79, .81, .84) for Kuwaitis. The results revealed the dimensions of personality in the Indian students. The sample clearly replicate the five-factor structure for Neuroticism, Conscientiousness, and Openness to Experience except O5 facet. However, Extraversion, and Agreeableness did not get high loading of their all facets. Moreover, the results revealed significant gender differences in which Kuwaiti males obtained a higher score than females on extraversion and conscientiousness, while females obtained higher scores than males in neuroticism and openness.

Conclusion: This study tested the cross-cultural replicability of the NEO-PI-R factor structure in a Kuwaiti college sample. It was mixed results, which were supported by some cross-cultural researches. This research was limited in terms of the procedures it undertook to explore the various aspects of reliability and validity. However, due to practical and time constraints, test-retest reliability and criterion validity was not examined.

Literature References:

Costa, P.T. Jr. & McCrae, R.R. (1992). Revised NEO Personality Inventory (NEO-PI-R) and NEO Five-Factor Inventory (NEO-FFI) professional manual, Psychological Assessment Resources, Odessa, FL.

PERSONALITY TRAITS AND DUAL DISORDERS

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Introduction

Personality traits have an unambiguous influence on the drug behavior or rather drug consumption. The purpose of the study is to reveal whether there is a significant correlation between the personality traits and the drug consumption in psychiatric inpatients. Anyway, the research is based on the statistical description of available medical records.

Materials& Method

Sample: Study sample consists of 366 inpatients (203 masculine, 163 feminine inpatients) of the acute psychiatric hospitalization unit within the “Hospital de Mataró”.

Design: descriptive, retrospective and comparative study.

Method: The data set was compiled of the medical records which were provided by the hospital. For the purpose of the research two different dummies were used. The first dummy describes the drug consumption and the second the availability of personality trait data. Overall three different personality trait clusters (A, B, C) were used. For the data analysis the statistical program “PASW statistics 18” was used.

Results

In the following the three different clusters are represented

- Cluster A: 9/16
- Cluster B: 56/81
- Cluster C: 2/16

saying that for instance 16 inpatients of the 366 are in Clusters A and 9 of them are taking drugs.

Furthermore a p-value of $p=0,048$ was computed. With the help of this p-value it was possible to confirm the hypothesis that drug consumption can be explained by personality traits.

Conclusions

With the study it could be shown that there is a positive correlation between the personality of a patient and his drug consumption. The personality traits covered by Cluster B are having the biggest explanatory power in terms of drug intake.

Hence a descriptive statistical approach was applied it was only possible to examine absolute and relative numbers. Further research should be undertaken to explain the results more detailed.

COCAINE DEPENDENCE: ANALYSIS OF A CLINICAL SAMPLE

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Objectives: To analyze the comorbidity between cocaine dependence and personality disorders in a sample of patients, and evaluate developments in treatment based on comorbid condition.

Purpose: Cocaine has experienced an increase in recent years. There has been a growing interest in the study of dual disorders in the field of addictive behaviors. The effort to improve the success rates of intervention programs addicted includes the study of the variables that mediate or limit the scope of such programs. In this regard, personality disorders (PD) allows us to establish essential aspects for therapeutic intervention such as; adherence value, modify characteristics of the processing to adapt individually appropriately treatment goals set or determine the need for more or less stiffness in the structure.

Methods: The sample consisted of 50 patients diagnosed with cocaine dependence before treatment (6 months minimum withdrawal). They were given the Millon Clinical Multiaxial Inventory III (MCMI-III). To analyze the evolution in the intervention compared with patients without comorbidity PD (relapses, treatment time, abandonment rate, etc.).

Results: 52% of the sample meet criteria for the diagnosis of PD, the most frequent being antisocial (16.5%), passive-aggressive (16.5%), borderline (12.5%) and dependent (12.5%). There is a higher number of relapses as well as a high number of dropouts in the PD patients.

Conclusions: The rate of comorbidity found in the sample is high (52%), ranking within the values found in other studies (45-70%). The limitations of this study are the size of the sample, but clinically relevant. Second self-report measures for PD tend to commit more false positives.

Literature Reference

Lorea I, Fernández-Montalvo J. Cocaine addiction and PD: a study with the MCMI-II. Addictions. 2009; 21 (1).

EFFECTIVENESS OF ARIPIPRAZOLE IN REMISSION FROM BORDERLINE PERSONALITY DISORDER ASSOCIATED WITH MULTIPLE DRUG USE - CASE REPORT

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Introduction

The essential feature of Borderline Personality Disorder is pervasive pattern of instability of interpersonal relationships, self – image, and affects, and marked impulsivity beginning by early adulthood and present in a variety of contexts. These individuals may show performance in school or work situations unstructured. Impulsivity exhibit at least two potentially harmful to themselves. They can play, make irresponsible spending, overeating, abusing psychoactive substances, engage in unsafe sex, or recklessly. People with Borderline Personality Disorder have, recursively, behavior, gestures, or threats of suicide or self-mutilating behavior.

Methodology

The following case features a patient whose characteristics meet the diagnostic criteria for borderline personality disorder, with positive family history of psychiatric illness (parent drug addict and bipolar disorder patients) and user of multiple drugs, particularly cocaine, marijuana and alcohol. The same has been treated with the same professional team between 2011 and 2013, with an average of 2.3 psychiatric hospitalizations per year and with signs unchanged until the last year, and these intervals between hospitalizations patient had outpatient care when introduction of drug ARIPIPRAZOLE caused the remission of some symptoms and attenuating others, with significant improvement in quality of life of life of the patient, as the scope of complete abstinence from drug use and school progress.

Conclusions

Although this is only one case, the excellence of result with Aripiprazole in mood stabilization and improvement of impulsive behaviors, especially in the cessation of compulsive use, makes our attention turns to the substance so that it remains subject of further studies.

THE SOULLESS PSYCHOPATH

Guillermo N. Jemar

Hospital Jose T. Borda

Soulless psychopaths have personalities characterized by blunted affect, especially (but not exclusively so) compared to other men. Individuals are devoid of compassion, shame, honor, repentance, moral conscience; in his nature, often sullen, cold, grumpy; in their actions, asocial, brutal.

They also form the core of the "enemies of society and" antisocial "of Kraepelin.

This "moral anesthesia" emphasizes the abnormality of feelings: "The moral anesthetic" fully aware of the moral laws; are seen, but not felt and, therefore, not subordinate to them their behavior. His expression, despite its good plasticity, does not look happy as physiological expression. They emphasize much the lack of compassion who, from birth, remains unable to feel compassion, is a pathological man "Transitions are insensitive, since the few compassionate to the indifferent, and from there to the cold or soulless.

In this review we aim to present a patient with this diagnosis, in order to update the above clinical terms. Many of them have no precise counterpart in the current diagnostic and therapeutic guidelines, and these are insufficient to characterize semiologically, and thus give a prognosis and therapeutic response.

We try to explain the moral fault if the intellectual defect is also presented. In the absence of moral concepts exist a defect, although this often was undercover. There inability to form higher concepts; moral oligofrénico can not understand the essence of moral duties.

EL PSICÓPATA DESALMADO

Los psicópatas desalmados presentan personalidades que se caracterizan por el embotamiento afectivo, sobre todo (pero no de un modo exclusivo) frente a los otros hombres.

Son individuos carentes de compasión, de vergüenza, de pundonor, de arrepentimiento, de conciencia moral; en su modo de ser, muchas veces hoscós, fríos, gruñones; en sus actos, asociales, brutales.

Forman también el núcleo de los "enemigos de la sociedad y "antisociales" de KRAEPELIN.

Esta "anestesia moral" acentúa la anormalidad de los sentimientos: "El anestésico moral" conoce perfectamente las leyes morales; las ve, pero no las siente y, por eso, tampoco subordina a ellas su conducta. Su expresión, a pesar de su buena plasticidad, no parece feliz, como expresión fisiológica.

Acentúan mucho la falta de compasión: Quien, desde el nacimiento, permanece incapaz de sentir compasión, es un hombre patológico." Las transiciones son insensibles, desde los pocos compasivos a los indiferentes, y desde éstos a los fríos o desalmados.

En la presente revisión nos proponemos presentar a un paciente con este diagnóstico, con el objetivo de actualizar los términos clínicos antes mencionados. Muchos de ellos no tienen un correlato preciso en las guías diagnósticas y terapéuticas actuales, y estas resultan insuficientes para caracterizarlos semiológicamente, y así dar una respuesta terapéutica y pronóstica.

Intentamos explicarnos si al defecto moral se presenta también el defecto intelectual. En la falta de conceptos morales existiría un defecto, aunque este, a menudo, estuviera encubierto. Existe incapacidad para la formación de conceptos superiores; el oligofrénico moral no puede comprender la esencia de los deberes morales.

Bibliografía:

1- Schneider, K. (1980). "Las personalidades Psicopáticas" Ediciones Morata, octava edición

PARANOID PERSONALITY AND ASSOCIATIONS: A CASE REPORT

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PURPOSE

Paranoid personality, characterized by low self-esteem and mistrust, can be associated with several behaviours, such as toxic abuse, ethanol dependence and psychotic pathology. The purpose is to study this pathology included in a clinical case, in order to prevent similar disorders in the future.

MATERIALS AND COMPONENTS

The purpose is to study a clinical case of a 44 years-old woman, with a degree in Philosophy, who began with medical diseases at the age of 14, starting with a food disorder. After that, she debuted with symptoms of erotomania, and, when her father passed away, she began with ethanol abuse.

RESULTS

It has been demonstrated the scientific association between paranoid personality, passionate deliriums and toxic abuse.

CONCLUSIONS

With the scientific sources known at the time about this problem, it is necessary to emphasize the importance of those diseases and the need to keep personality structure in mind in order to avoid more severe problems.

BIBLIOGRAPHY

1-Ey H. Tratado de psiquiatría. Barcelona: Toray-Masson, 1980.

2-Oldham J.M., Skodol A.E. Bender D.S. Tratado de los trastornos de la personalidad. Barcelona: Elsevier Masson.2007.

COULD “DIAZEPAM LOADING” BE A VALID STRATEGY FOR PREVENTING BENZODIAZEPINE WITHDRAWAL SYMPTOMS?: A CASE REPORT

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Educational Objectives: At the conclusion of this presentation, the participants should be able to consider diazepam loading as a strategy that might be valid for preventing benzodiazepine withdrawal symptoms.

Purpose: Benzodiazepines are used to treat or prevent alcohol withdrawal following three possible strategies: tapering, loading-dose or therapy according to symptoms. Diazepam loading is supported as a valid treatment for alcohol withdrawal by a few randomized controlled-trials. However, a non-systematic literature search retrieved no previous reports of a diazepam loading strategy in the treatment of benzodiazepine detoxification. We report a case of successful benzodiazepine detoxification using a pre-established diazepam loading situation (self-injurious voluntary ingestion of about 200 mgs of diazepam).

Methods: Collect the data of the clinical history of the patient, who was admitted in the Acute Psychiatry Ward of our hospital in July 2014.

Results: The patient, who had also been diagnosed with Cluster B Personality Disorder, had a longstanding history of benzodiazepine dependency that had been treated unsuccessfully several times using a tapering dose of clonazepam. The day before admission, it was estimated that she took about 200 mgs of diazepam. It was decided that a diazepam loading strategy would be used to treat the benzodiazepine withdrawal syndrome. It meant that no further doses of benzodiazepines were prescribed, and that the ones she took before admission would be considered the loading dose. She did not experience any major signs or symptoms of benzodiazepine withdrawal nor did she spontaneously complain about them. Benzodiazepine urine and blood levels were monitored and the Benzodiazepine Withdrawal Symptom Questionnaire (BWSQ) was also administered daily. A steady decline of all parameters was observed. She was discharged after 17 days. After 12 weeks, she was still abstinent.

Conclusions: Diazepam loading could also be a valid and faster strategy for benzodiazepine detoxification. As this is only a case report, more research is warranted in order to support diazepam loading as an effective and safe strategy for treating benzodiazepine withdrawal syndrome and also to better determine the diazepam loading dose.

Literature Reference

Muzyk AJ, Leung JG, Nelson S, Embury ER, Jones SR (2013) The Role of Diazepam Loading for the Treatment of Alcohol Withdrawal Syndrome in Hospitalised Patients. *Am J Addict* 22: 113-118.
Sellers EM, Naranjo CA, Harrison M, Devenyl P, Roach C, Sykora K. (1983) Diazepam loading: Simplified treatment of alcohol withdrawal. *Clin Pharmacol Ther* 34: 822-6.

PSYCHOGENIC NON-EPILEPTIC SEIZURES, PERSONALITY DISORDER AND DUAL DIAGNOSIS. A CASE REPORT

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Psychogenic non-epileptic seizures (PNES) are a part of conversive disorder (CD) in which the patient presents neurologic symptoms without a definite lesion of the central nervous system. Several etiological aspects are unknown but there are many psychiatric comorbidities which could elucidate part of this disorder. Many diagnoses in axis I and II are related with PNES and also personality disorders. Interestingly, there is few information about PNES in substance use disorder (SUD) and in dual diagnosis. We present a case with PNES, personality disorder no especificated and substance use disorder.

Objectives: To show a representative case of PNES in a patient with personality disorder no especificated and substance use disorder. Also, to evidenciate that there are few investigations about PNES with substance use disorder and dual diagnosis.

Methods: Case report.

Results: We report a 30 years old male with PNES who as psychiatry comorbidities has a personality disorder no especificated and SUD with some psychotic episodes related in. There is substance use disorder in first-degree family, interestingly he has a twin that does not have any psychiatric disorder. Seizures episodes began since the patient was young related with a personal trauma associated. The seizures episodes increased 18 months ago coinciding with several personal stressors, an augmentation of fungi hallucinogenic use and a punctual consume of stramonium. By those episodes he required a neurologic hospital income, many studies were made to elucidate finally a PNES diagnosis. His PNES episodes appear with anxious situations and craving related occasions. During the last months substance use has diminished. Some reports indicates that alcohol and others substances could be present at 10% of patients that have PNES.

Conclusions: PNES has many psychiatric comorbidities, this case is a well illustration of this comorbidities. There are few publications about PNES and substance use as comorbidity. It is important to investigate more in conversive disorders, PNES and the possible relationship with substance use disorder.

Literature Reference

Schmutz M. Dissociative seizures--a critical review and perspective. *Epilepsy Behav.* 2013 Dec;29(3):449-56. doi: 10.1016/j.yebeh.2013.08.018.

Alessi R, Valente KD. Psychogenic non-epileptic seizures at a tertiary care center in Brazil. *Epilepsy Behav.* 2013 Jan;26(1):91-5. doi: 10.1016/j.yebeh.2012.10.011. Epub 2012 Dec 12.

GENDER DIFFERENCES IN COMORBID SUBSTANCE USE DISORDERS IN PATIENTS WITH BORDERLINE PERSONALITY DISORDER

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Objective: Clinical differences have been described in BPD between male and female. The aim of the study was to analyse gender differences in substance use disorders (SUD) in patients diagnosed with borderline personality disorder (BPD).

Method: The sample consisted of 358 patients [288 (80.45%) females, 28.03 years (SD: 8.09) and 70 (19.55%) males, 28.36 years (SD= 7.93)] diagnosed with BPD according to SCID-II. In order to study gender differences related to SUD, patients were assessed by SCID-I.

Results: Results show a tendency towards a higher prevalence of comorbid SUD in BPD males compared to BPD females: alcohol abuse (males 27.9% vs females 21.1%), cannabis abuse (males 27.9% vs females 19.4%), cocaine abuse (males 19.1% vs females 17.2%) and anxiolytics abuse (males 10.3% vs females 8.4%). The observed gender differences were not statistically significant (*all ps* > 0.123).

Conclusions: Findings are not consistent with previous studies which had showed that men with BPD were more likely to present SUD than women with the same diagnosis. However, further research is needed to clarify gender differences in the BPD clinical presentation, with larger samples and from non-clinical settings.

References

- Goodman, M. et al. (2010). Treatment utilization by gender in borderline personality disorder. *Journal of Psychiatric Practice* 16: 155-163.
- Tadic, A. et al. (2009). Gender differences in Axis I and Axis II comorbidity in patients with borderline personality disorder. *Psychopathology* 42: 257-263.

WHEN A SOLUTION BECOMES A PROBLEM

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Objective

The main aim of the study was to describe the one-year follow-up and clinical outcome in a benzodiazepine-dependent (BD) patient with a borderline personality disorder (BPD). A second aim was to observe the effects of a pharmacological and psychological intervention.

Method

Female (age 48) diagnosed with BD and BPD according to SCID-I and SCID II criteria respectively. She also met criteria for nicotine dependence. The clinical symptomatology was assessed by clinical interviews and it was measured by self-reports questionnaires: anxiety by STAI, depression by BDI-II, impulsivity by BIS-11 and quality of life by SF-36. The assessment was performed at the beginning of the treatment and it was repeated after a year. During that year, the patient was treated in different Mental Health Services: 1 month in a detoxification unit, 3 months in a day hospital and 6 months in a drug addiction treatment center where the patient was prescribed a pharmacological treatment, as well a psychological intervention based in motivational interview was performed.

Results

The patient showed a good adherence to the treatment going to the visits and collaborating with the professionals. In the last visits, the patient was abstinent of benzodiazepines. However, it was observed a quetiapine abuse, the rescue medication in case of anxiety. The direct punctuations observed in the questionnaires were lower in the second assessment except state anxiety: depression (39 vs. 33), impulsivity (89 vs.74), state anxiety: (95 vs. 99)

Conclusions

The psychological and pharmacological intervention have been effective for reducing the benzodiazepine consume and symptomatology associated. However, the intervention should be revised in order to maintain the abstinence and reduce the anxiety controlling the quetiapine abuse.

References

- Schwerthöffer, D. et al., (2013). Pharmacological treatment for patients with borderline personality disorder: practice and study results. *Journal of Neurology Psychiatry*. 81(8):437-43.
- Tomko, R. et al., (2014). Characteristics of borderline personality disorder in a community sample: comorbidity, treatment utilization, and general functioning. *Journal of Personality Disorder*. 28(5): 734–750.

CONSUMPTION OF COCAINE ONCE - TRIGGER OF PSYCHOSIS IN A CONSUMER HASHISH – CLINICAL CASE

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Introduction: More than half of patients with chemical dependence meet criteria for personality disorders. The association between antisocial personality and alcoholism is the most studied. The emotionally unstable personality disorder (borderline personality in particular), is most often associated with substance use and suicide attempts.

Personality changes can be confused with personality disorders, severe and permanent, while the personality changes are reversible after a period of abstinence.

Moreover, systematic studies show that nearly 80% of patients with substance addiction also have psychiatric disorders.

Analysis: Dependence is the expression of a suffering, based on fundamentally psychological and social difficulties. Studies estimate that half the individuals diagnosed with substance dependence or abuse have an additional diagnosis (26% had mood disorders, 28% anxiety disorders, 18% antisocial personality disorder and 7% schizophrenia). Depressive or anxiety disorders, have a higher prevalence among women. Adolescents frequently have associated comorbidities related to attention deficit hyperactivity disorder and conduct disorder.

Many patients who suffer from co-morbid addiction treatment start without a thorough psychiatric and psychological evaluation. Even in cases where the co-morbidity is diagnosed, it is generally not taken into account in the subsequent interventions, therefore conditioning an increased risk of relapse.

Conclusion: There are few programs and scarce targeted psychotherapeutic treatment for these patients. Improving personality disorders can help to advance the resolution of the addiction. According to the World Health Organization, it is necessary to identify and treat symptoms, taking into account the need to evaluate the consequences and the reasons that led to it in the first place.

PSYCHIATRIC DIAGNOSIS CLINIC INTERVIEW WITH MINI

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Objectives:

To diagnose the most common psychiatric disorder in heroin dependent patients in methadone treatment through a structured interview short lived.

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Material and Methods:

A sample of 36 patients in methadone treatment in the Service Addiction and Mental Health Reus was obtained. This sample (25%) was selected from the 144 patients who started treatment in our center between January 2012 and June 2014. The selection criteria were: be contacted and agree to be interviewed. The MINI International Neuropsychiatric Interview is used to diagnose major psychiatric disorders according to Axis I DSM-IV and ICD-10.

A description of results is presented. Two independent samples are compared: Those with antisocial disorder with those who haven't (binomial test) and these variables with gender (chi-square) and age (T student). Statistical analysis was performed using SPSS statistical program.

Results:

83.3% were male, mean age 44.6 years, 44.4% had criminal records. Through the MINI, the diagnosis that was most frequently appeared antisocial personality disorder (55.5%). The antisocial disorder (N = 20) was frequent in men (N = 18) aged between 36 and 55 years (N = 14). It also appeared associated with another disorder such as Major Depressive Episode (N = 19). No significant differences between those with antisocial disorder or without, or concerning gender or age.

Conclusion:

Antisocial personality disorder is common regardless of gender and age probably be associated with risk behaviors related to drug use that are valued in the interview MINI. People with antisocial personality disorder have experienced at some point in your life a Major Depressive Episode. The small sample only allows us to find trends.

References

Sheehan DV, Lecrubier Y, Harnett-Sheehan K, Amorim P, Janavs J, Weiller E, Hergueta T, Baker R, Dunbar G. MINI International Neuropsychiatric Interview (MINI): The Development and Validation of a Structured Diagnostic Psychiatric Interview. J Clin Psychiatry 1998; 59 (suppl 20): 22-23

DUAL DISORDERS: BORDERLINE PERSONALITY DISORDER AND SUBSTANCE USE DISORDER: A REPORT OF A CASE

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INTRODUCCIÓN: Borderline personality disorder (BPD) is a generalized instability both own image, as in interpersonal relationships and mood associated with a high degree of impulsivity. It's known for his association with different comorbidities including toxic consumption.

OBJETIVE: Analyze the case of a woman diagnosed with BPD associated with cannabis use.

MATERIALS AND METHODS: This is a 30 years old, single, living with a partner. With a history of bulimia in adolescence, multiple autolytic gestures in previous years and BPD diagnosis four years ago, who started five years ago with the consumption of toxic sporadically, but in the last year is done daily, arriving at 5 joints a day, coincidentally with this the patient begins to show increased emotional instability, recurrent threats of suicide or self-harm, and chronic feelings of emptiness and loneliness.

RESULTS: Due to the evolution of the patient, admission is decided, medication adjustment and development-oriented psychotherapy introspection, achieving abstinence from cannabis in the last 6 months.

CONCLUSION: The TLP is a condition increasingly common days, and difficult to manage by the psychiatric. Due to the high impulsivity having, it is not uncommon to be associated with consumption of toxic causing acute psychopathological descompensation.

BIBLIOGRAPHY:

Pathological circuit function underlying addiction and anxiety disorders. Nat Neurosci. 2014 Dec;17(12):1635-1643. doi: 10.1038/nn.3849. Epub 2014 Nov 17. Lüthi A1, Lüscher C
Genetics and epigenetics of **alcohol** dependence.; Nieratschker V, Batra A, Fallgatter AJ: J Mol Psychiatry. 2013 Jul 11;1(1):11. eCollection 2013.

AN INTEGRATED PSYCHOTHERAPEUTIC PROGRAM FOR SEVERE PERSONALITY DISORDER CAN BE EFFECTIVELY APPLIED AS WELL AS THOSE WITH COMORBID SUBSTANCE USE DISORDER?

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Background: There is evidence that concurrent substance use disorders (SUD) and personality disorders (PD) seem to influence the course of both disorders in a negative way. However, psychotherapy services tend to exclude patients with PD who also have SUD (PD-SUD). Moreover, in psychotherapy efficacy studies, the criterion leading to the highest exclusion rate is SUD. Meaning that they tend to recruit “pure” rather than “typical” patients and, as a consequence, their results may not be readily generalized to more “ordinary” clinical settings. In a previous pragmatic study, which had few exclusion criteria, we show that an integrated psychotherapeutic program for severe PD was effective in preventing psychiatric readmissions or prolonged hospital stays and this improvement was maintained at 36-month follow-up.

Objective: This study aims to examine whether an integrated psychotherapeutic program for PD without SUD (PD-nSUD) can be effectively applied as well as in cases of PD- SUD.

Method: Participants were 51 patients admitted to a psychotherapeutic program that integrated several specific interventions. Patients were diagnosed with PD according to the Spanish version of the Structured Clinical Interview for personality disorders. Twenty-eight of them met DSM-IV diagnostic criteria for SUD. These were compared to PD-nSUD according to a pragmatic design that compared hospitalizations before and during a six-months intervention and 36 months after starting it. Statistical analyses were performed using generalized estimating equations.

Results: The 6-months attrition rate was 39% (PD-SUD) vs 22% (PD-nSUD) ($p=ns$). In both groups the percentage of hospitalized patients, the number of admissions as well as the number of days of hospitalization were significantly reduced during the intervention and this improvement was maintained throughout ($p=0.0001$). The effect size was higher in the PD-SUD group ($d=0.94$) than in the PD-nSUD ($d=0.62$).

Conclusions: Specialized psychotherapy for severe PD can be effectively applied with PD-SUD patients.

DID PATIENTS ADMITTED TO A SPECIALIZED PSYCHOTHERAPEUTIC PROGRAM FOR SEVERE PERSONALITY DISORDER DIFFER FROM THOSE WITHOUT SUBSTANCE USE DISORDER?

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Background: Personality disorders (PD) and substance use disorders (SUD) are highly comorbid conditions. The co-occurrence of SUD and PD seems to influence the course of both disorders in a negative way. However, specialized PD treatments services tend to exclude patients who also have SUD (PD-SUD). Several studies show that between mental health professionals there could be some skepticism towards this patient population because they are highly troublesome patients and tend to be more violent against themselves and others. But, why are PD-SUD excluded? In a previous study, in which any PD-SUD was excluded, we show that a specialized psychotherapeutic program for severe PD was effective in improving several pragmatic variables.

Objective: This study aims to examine whether treatment-seeking patients with PD-SUD differ from patients with PD without SUD (PD-nSUD) in pre-treatment socio-demographic and clinical characteristics or level of functioning.

Method: Participants were 51 patients admitted to a psychotherapeutic program diagnosed with PD according to the Spanish version of the Structured Clinical Interview for personality disorders. Twenty-eight of them met DSM-IV diagnostic criteria for SUD. These were compared to PD-nSUD.

Results: The PD-SUD group was younger (mean age 30.5 vs 36.9; $p=0.018$) and had received more previous psychiatric inpatient treatment. Meaning that the percentage of hospitalized patients ($p=0.022$), the number of admissions ($p=0.002$) as well as the number of days of hospitalization ($p=0.005$) were significantly higher in PD-SUD than in PD-nSUD. Although PD-SUD patients presented more behavior disorders against themselves and others, psychotic episodes and borderline personality disorder, these differences did not reach statistical significance. The PD-SUD patients had a lower GAF score (mean score 37.9 vs 40.9; $p=0.015$).

Conclusions: In specialized psychotherapy programs for severe PD there could be differences between patients with and without SUD, but they are scarce and do not justify the exclusion of these dual patients.

IS THE METHYLYXANTHINE'S CONSUMPTION INCREASED IN ADHD ADULT POPULATION? SYSTEMATIC REVIEW OF THE LITERATURE AND ANALYSIS IN A LARGE SAMPLE

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Purpose: ADHD in the adulthood has an elevated prevalence (3-5%). Methylxanthine recreative consumption (caffeine, theobromine and theophylline) is widely extended. These natural stimulants (presents in coffee, tea, chocolate, cola, etc...) are used by the population in many cases to improve concentration, be alert and finally to improve our performance. The stimulant action is due to blockade of adenosine CNS receptors and thus modulating the dopaminergic system. We considered the hypothesis that their consumption in ADHD population is increased in a self-medication way. It should take into account the increasing importance being given to methylxanthine consumption as high doses can produce nervousness and insomnia as well as the already recognized withdrawal syndrome set out in the DSM-5.

Methods: A systematic review in PubMed for data on the prevalence of methylxanthine consumption was performed in ADHD adult population. In a second step we analyze a sample of 575 ADHD patients (208 inattentive, 38 hyperactive, 329 combined) with the estimated caffeine intake per week and we compare the data with a control sample with no ADHD criteria (N=228). Normality test of Shapiro-Wilk is effected obtaining a non-normal distribution ($w=0.85917$; $p<0.001$), then we use U of Mann-Whitney to compare ADHD sample vs controls and Kruskal-Wallis for the differences between subgroups).

Results: No literature data was obtained in prevalence or increased consumption of methylxanthines in ADHD adult population. No statistically significant differences were observed in caffeine intake (mg per week) between ADHD group and controls (U Mann-Whitney $z=1.408$; $p=0.1591$). No differences were observed between subgroups (Kruskal-Wallis $\chi^2=3.337$; $p=0.3425$).

Conclusions: We cannot affirm that methylxanthine consumption is increased in ADHD adult population neither between subgroups and the control sample. It's interesting for the future to analyze the impact of the recreative consumption in the symptoms of ADHD and the frequency of Caffeine Withdrawal Syndrome.

Literature reference

Moratalla R. Neurobiología de las metilxantinas. Trastornos Adictivos. 2008 Jul; 10: 201- 207.

Dalby JT. Will population decreases in caffeine consumption unveil attention deficit disorders in adults? Med Hypotheses. 1985 Oct; 18 (2): 163-167.

ATTENTION DEFICIT HYPERACTIVITY DISORDER AND SUBSTANCE ABUSE

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Objectives:

Attention Deficit/Hyperactivity Disorder (ADHD) is a neurodevelopmental disorder with onset in childhood and a prevalence of 3-7%. This condition will last into adult life up to 60-70% of cases, with a prevalence in this age of 3-4%.

Comorbidity of adult ADHD is frequent with other psychiatric disorders such as anxiety disorders, mood disorders and substance use disorder (SUD), which is one of the most prevalent.

Method:

We report the case of a young male with history of heavy consumption of substances since adolescence, emotional instability, impulsivity, difficulty maintaining steady employment, trouble maintaining stable relationships and maladaptive impulsive behaviors that have generated cutting legal problems and tendency to drop out of treatment tested for addressing their substances addiction.

For the differential diagnosis the ASRS v1.1 test was passed obtaining a score of 4 out of 6. The DIVA 2.0 scale confirmed the diagnosis of adult ADHD, subtype hyperactive.

The patient improved with Atomoxetine 80 mg./day and Quetiapine 100 mg./day

Relation to this case we conducted a review in various databases.

Results:

The adult ADHD is an underdiagnosed disease in our area that is often accompanied by other psychiatric disorders, including abuse / dependence toxic.

ADHD in adults is associated with different characteristics of substance use disorder: earlier onset of substance consumption, substance abuse transitions more rapidly to dependence and lasts longer in adults with ADHD than those without ADHD.

Conclusions:

It is important to rule out ADHD in adult patients with an early onset and poor outcome from the use/dependence on toxic, high impulsivity, antisocial behavior and emotional instability.

In patients with comorbidity of ADHD and SUD, a good approach to ADHD is essential as this will improve the prognosis of substance abuse.

EMOTIONAL LABILITY IS ASSOCIATED WITH A HIGHER SUBSTANCE USE DISORDER IN ADULTS WITH ADHD

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Purpose: ADHD is a neurodevelopmental disorder with a prevalence of 3-5% in the adulthood. Emotional lability (EL) is characterized by irritability, unpredictable moods, setting off easily, hot temper, low frustration tolerance and difficulties in anger management. Frequently, EL is found in adults with ADHD. Previous studies have found that this population presents significantly higher rates of EL compared to non ADHD patients. Furthermore, ADHD and substance use disorders (SUD) are inextricably intertwined and this could complicate the treatment and management of both illnesses. Our objective is to analyze if there's an increased probability of suffering a SUD with a presence of higher rates of EL in ADHD adults.

Method: We analyze a sample of 589 adults who met ADHD DSM-IV diagnostic criteria (335 inattentive, 38 hyperactive, 212 combined) and we compare emotional lability scores with the presence of a SUD (present or past). The specific subscale on EL of the Conners Adult ADHD Rating Scale (CAARS) was used to evaluate EL. ADHD and SUD diagnosis was made by means of CAADID and SCID-I, respectively.

Results: The normality distribution of EL scores was confirmed by PP Normal Graphic. After confirming homoscedasticity we used T-Student test with equal variances to compare mean score differences. ADHD adults with SUD presented an EL score 1'598 points (CI 95%: 0'85-2'35, $p < 0'001$) higher than non SUD-ADHD adult population.

Conclusions: We observed association between obtaining a higher score on the subscale of EL and the presence of SUD. For the future, we need a more comprehensive EL scale, which allows us to use it as a daily working tool to assess the association to develop a substance dependence disorder in ADHD adults to start applying preventive measures.

Literature reference:

Vidal R, Valero S, Nogueira M, Palomar G, Corrales M, Richarte V, Bosch R, Gómez-Barros N, Corominas M, Casas M, Ramos-Quiroga JA. Emotional lability: the discriminative value in the diagnosis of attention deficit/hyperactivity disorder in adults. *Comprehensive Psychiatry*. 2014 Oct;55(7):1712-9.

De Alwis D, Lynskey MT, Reiersen AM, Agrawal A. Attention-deficit/hyperactivity disorder subtypes and substance use and use disorders in NESARC. *Addict Behav*. 2014 Aug;39(8):1278-85.

TRASTORNO DE DÉFICIT DE ATENCIÓN E HIPERACTIVIDAD Y TRASTORNO POR USO DE SUSTANCIAS EN UNA UNIDAD INFANTO-JUVENIL

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Objetivos: Una de las patologías más frecuentes y que presentan mayor comorbilidad con el Trastorno por Déficit de Atención e Hiperactividad (TDAH) es el Trastorno por Uso de Sustancias (TUS), sobretudo en población adolescente, que muchas veces dentro de la variedad clínica presentada no se realiza un diagnóstico en edades tempranas, y son pacientes en riesgo de desarrollar TUS dentro de su evolución.

Material y Método: Se consideró a los pacientes que acudían a consulta ambulatoria con diagnóstico de TDAH a una Unidad de Salud Mental Infanto Juvenil durante un periodo de 4 meses. Se recogió información sobre sus conductas adictivas, incluyendo la cantidad de consumo habitual, el grado de afectación, así como la periodicidad del consumo.

Resultados: Un examen global de los datos apunta a que en los pacientes con diagnóstico de TDAH se observó una puntuación media mayor en la WURS para más de un tipo de sustancia así como una tendencia a mayores presentar recaídas.

Conclusión: Se ha encontrado congruencia con las investigaciones existentes con respecto a asociación entre TDAH y TUS en la adolescencia, los pacientes con más de un tipo de consumo presentaban además mayores puntuaciones en la WURS. Consideramos importante la detección y abordaje terapéutico en edades tempranas para disminuir el riesgo de otros trastornos asociados, en este caso del abuso de sustancias.

Referencias Bibliográficas

Quintero F.J., Correas Lauffer J., Quintero Lumbreras F.J. Trastorno por déficit de atención e hiperactividad a lo largo de la vida. 2ª Edición. 2006 Jul. 267-78.

Biederman J. Attention-Deficit/Hyperactivity disorder: A life-span Perspective. J Clin Psychiatry 1998; 59(7):4-16.

GRADO DE DEPENDENCIA Y RECAÍDAS EN PACIENTES CON TRASTORNO POR USO DE SUSTANCIAS Y TRASTORNO POR DÉFICIT DE ATENCIÓN E HIPERACTIVIDAD

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Objetivos

El objetivo es el relacionar el grado de dependencia de consumo de sustancias y recaídas entre los pacientes adultos con diagnóstico de Trastorno por Uso de Sustancias (TUS) que acuden a un Centro de Tratamiento de Adicciones (CTA) con síntomas de posible TDAH desde la infancia.

Métodos

Se administra la entrevista semi-estructurada ASI (Addiction Severity Index) a una muestra de 151, para evaluar la severidad de la dependencia, así como la Wender-Utah Rating Scale (WURS) validada en población española adoptándose como criterio de inclusión obtener un punto de cohorte en la WURS de 37 que facilitase una especificidad 95%.

Resultados

Se observó una puntuación media mayor en la WURS en politoxicómanos, con una tendencia a mayores recaídas; no observamos una relación significativa entre síntomas de TDAH en la infancia y la severidad de la adicción (ASI).

Conclusiones

Se ha encontrado congruencia con las investigaciones existentes con respecto a asociación entre TUS y TDAH en la infancia, mayores puntuaciones en la WURS y más recaídas. Consideramos importante la detección y abordaje terapéutico temprano para disminuir el riesgo de trastornos adicionales asociados.

Referencias

- Quintero F.J., Correas Lauffer J., TDAH a lo largo de la vida. 2ª Edición. 2006 Jul. 267-78.
- Biederman J. ADHD: A life-span Perspective. J Clin Psychiatry 1998; 59(7):4-16.
- Biederman J, Mick E, Faraone SV, Patterns of remission and symptom decline in conduct disorder: A four year prospective study of an ADHD sample. J Am Acad Child Adolescent Psychiatry 2001; 40(3):209-8.
- Fischer M, Barkley RA, Smallish L, Young adult follow-up of hyperactive children: self reported psychiatric disorders, comorbidity, and the role of child-hood conduct problems and teen.

NON-DRUG HEALTHCARE RESOURCE USE IN ADULT PATIENTS WITH ATTENTION-DEFICIT/HYPERACTIVITY DISORDER

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Educational Objectives: To explore non-drug-related healthcare resource use, an under-investigated contribution to total healthcare cost, in adult patients with attention-deficit/hyperactivity disorder (ADHD).

Purpose: To assess non-drug healthcare resource use in adult patients with ADHD undergoing pharmacotherapy.

Methods: Practising psychiatrists in Scotland, Sweden and Denmark were invited from a healthcare professional database to complete an online survey between January and August 2014. Resource use estimations, based on typical adult patients (≥ 18 years) diagnosed with ADHD and showing either adequate or inadequate responses to ADHD medication, including number of visits/consultations with healthcare professionals per year per patient, were collected.

Results: Participating psychiatrists in Scotland (n=20), Sweden (n=20) and Denmark (n=15) saw a mean (standard deviation [SD]) of 10.3 (8.2), 17.8 (12.7) and 16.9 (16.5) adult patients with ADHD per month, respectively. Methylphenidate was the most commonly utilised first-line medication (74% of psychiatrists). Estimated resource use was greater in patients with an inadequate response compared with those with an adequate response to ADHD pharmacotherapy. In all countries, patients with an inadequate response had more visits/consultations with a psychiatrist per patient per year than patients with an adequate response (mean [SD]: Scotland 6.6 [2.2] vs 3.4 [2.5]; Sweden 6.0 [2.9] vs 2.7 [2.1]; Denmark 6.4 [3.4] vs 3.4 [2.8]). Similarly, patients with an inadequate response had more visits/consultations with nurses per patient per year than patients with an adequate response (mean [SD]: Scotland 4.0 [5.4] vs 2.4 [3.7]; Sweden 7.5 [4.3] vs 5.1 [4.1]; Denmark 4.5 [4.8] vs 2.1 [2.2]).

Conclusions: Findings suggest that patients with an inadequate response to pharmacotherapy consume more non-drug healthcare resources than those with an adequate response. Whilst limited in sample size, this study provides initial data on non-drug healthcare resource use in adult ADHD.

Study funded by Shire Development, LLC.

COST-EFFECTIVENESS ANALYSIS OF LISDEXAMFETAMINE DIMESYLATE IN THE TREATMENT OF ADULTS WITH ATTENTION-DEFICIT/HYPERACTIVITY DISORDER IN THE UNITED KINGDOM

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Educational objectives: To present an economic analysis of lisdexamphetamine dimesylate (LDX) treatment for adults with attention-deficit/hyperactivity disorder (ADHD) from the UK National Health Service (NHS) perspective. ADHD is a chronic neurobehavioural disorder with considerable costs. LDX is approved in the UK for ADHD treatment in children and adolescents.

Purpose: To estimate cost-effectiveness of LDX compared with methylphenidate (MPH) and atomoxetine (ATX).

Methods: A 1-year decision-analytic model was developed. Health events included response, non-response and inability to tolerate. Efficacy data were taken from a mixed-treatment comparison (MTC) analysis of all clinical trials. Response was defined as a score of 1 or 2 on the Clinical Global Impression–Improvement scale. Tolerability was assessed by discontinuation rates due to adverse events. Utility weights were identified via a systematic literature review. Healthcare resource use estimates were obtained via a survey of clinicians. Daily drug costs were based on mean doses reported in the trials used in the MTC. One-way and probabilistic sensitivity analyses were performed.

Results: The comparison of LDX and MPH for 100 people resulted in an increased annual cost of £34 and quality-adjusted life-years (QALYs) of 0.5, with an incremental cost-effectiveness ratio of £64 per QALY. When compared with ATX for 100 people, LDX was a dominant strategy, with lower annual costs (–£26,700) and higher QALYs (1.0). There was a 62% probability of LDX being cost-effective versus extended release MPH at a threshold of £20,000 per QALY.

Conclusions: From the perspective of the UK NHS, LDX provides a cost-effective treatment option for adults with ADHD.

Study funded by Shire Development, LLC.

ABOUT A CLINICAL CASE: DIAGNOSIS CHALLENGE IN DUAL PATHOLOGY (ADHD vs. CANNABIS WITHDRAWAL)

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ADHD is an early commencement syndrome, with biological base and modifiable by environmental circumstances, that affects the area of attention and/or of hyperactivity more frequently and bad than expected for an individual at the same stage of development. It has been proved a direct link between ADHD and substance use.

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The clinical case of an 18 year old male attended in outpatient drug clinic for cannabis dependence. Other substances of abuse were referred. Abstinence since 1 month ago.

The adoptive family describes numerous problems related to the patient management, describing him as a hyperactive child with difficulty listening and following rules, referring aggressive episodes; and poor school performance.

At the age of 14 he was diagnosed of ADHD and was treated with methylphenidate and topiramate over 3 years, with a seemingly improvement. At the age of 16 years he started with substance abuse although he was maintaining treatment. Subsequently, at the age of 17 years he abandoned it by his own. Nowadays without a pharmacological treatment.

Since the first visit, what really stood out was a limited capacity of personal introspection along with a lack of motivation to fulfill any kind of activity, which includes a difficulty to project an image of his future. Therefore, the patient refers to a feeling of subjective psychomotor uneasiness, with no external materialization, that was referred during all the interviews and was gradually reduced. He initially presented conciliation insomnia that was later recovered without a drug regime. It doesn't stand out as an affective issue, the patient presents euthymic humor, this is reactive, and no negative cognitions are objectified around himself, his surroundings, nor the future, he maintains a conserved hedonic.

During his evaluation common features of the ADHD are aimed both attentional and impulsive.

Throughout the evolution of the patient the dilemma is that if those symptoms before described are consequence of the consumption of cannabis so heavy and during such an extended period or as a consequence of an ADHD untreated. This poster aims to open the debate face to the difficulty of the diagnosis that we have to confront with patients presenting clinical symptoms of ADHD joined with secondary clinical symptoms of substance abuse.

ADDICTIONS, ADHD IN ADULTS AND DIMENSIONS OF THE IMPULSIVITY

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The close relationship between Attention Deficit Disorder and Hyperactivity and addictive behavior is well known and is based on a scientific output. This relationship stems from different causes, one of which is the impulsivity that presents these patients. In this study a sample of 80 patients meeting DSM-5 criteria for adult ADHD administering the Promise Shorter Questionnaire (SPQ) to assess comorbidity of ADHD with and without substance addictions and Barrat Impulsiveness Scale analyzed to assess the dimensions of impulsivity.

Addict Behav. 2014 Aug;39(8):1272-7. doi: 10.1016/j.addbeh.2014.04.005. Epub 2014 Apr 13.

Identifying the facets of impulsivity that explain the relation between ADHD symptoms and substance use in a nonclinical sample.

Roberts W1, Peters JR1, Adams ZW2, Lynam DR3, Milich R4.

Addiction. 2013 Aug;108(8)

Addiction from a developmental perspective: the role of conduct disorder and ADHD in the development of problematic substance use disorders.

Carpentier PJ.

PARADOXICAL EFFECTS OF COCAINE USE IN PATIENTS WITH COMORBID ADHD

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Purpose: A subtype of cocaine abusers with Attention-deficit/ hyperactivity disorder (ADHD), residual type, who find that cocaine has a paradoxical effect of increasing attention span and decreasing motor restlessness has been described (Weiss and Mirin, 1986). This phenomenon has been explained from the self-medication hypothesis (Carroll and Rounsaville, 1993). The aim of this study was to compare the prevalence of the paradoxical effects of cocaine use in cocaine users with and without co-occurring ADHD.

Methods: A cross-sectional study was designed. Two hundred and twenty-three cocaine users were consecutive admitted to a therapeutic community located in the region of Andalusia (Spain). Two items developed *ad hoc* by the authors, as well as five items from the Cocaine Effects Questionnaire-P were used to measure the paradoxical effects. ADHD diagnosis was made based on the CAADID interview and the psychiatric comorbidity was assessed with PRISM interview.

Results: It was observed that 29% of patients with ADHD showed subjective paradoxical effects with cocaine (i.e. improvement in attentional capacity, lower psychomotor activity and consumption without being in playful context) versus 8.2% of patients without ADHD and this difference was statistically significant ($p < 0.001$).

Conclusions: Our data support previous clinical impressions that could be interpreted in terms of the self-medication hypothesis.

Literature reference:

Weiss RD, Mirin SM. Subtypes of cocaine abusers. *Psychiatr Clin North Am.* 1986, 9(3): 491-501

Carroll KM, Rounsaville BJ. History and significance of child attention deficit disorder in treatment seeking cocaine abusers. *Compr Psychiatry.* 1993, 34(2): 75-82.

DIFFERENCES IN DRUG-TAKING PROFILE AND THERAPEUTIC ADHERENCE OF ADOLESCENTS BY SUBSTANCE ABUSE DISORDERS (SUD) WITH AND WITHOUT ADHD

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Objectives: Several studies have linked ADHD with a torpid clinical progress in adolescents with SUD. In the present study, the aims were (1) to assess the prevalence of ADHD in adolescents with SUD and (2) to relate ADHD to more severe drug-taking profile (lower age of onset, polyconsum, greater difficulty achieving abstinence) and lower therapeutic adherence of these patients.

Method: A total of 40 patients aged between 13 and 18 years, visited in CAS-D Mataró for minimum 3 months and with diagnostic criteria DSM-IV-TR for dependence/abuse substance disorder were recruited in 4 months. Patients were interviewed using the *Schedule for Affective Disorders and Schizophrenia for School-Age Children-Present and Lifetime Version* (K-SADS-PL) to confirm the diagnosis of ADHD. The other clinical variables were supplemented by computerized case-history and clinical interview.

All data were included in a database and statistical analysis was performed using SPSS v.20.0 software.

Results: Groups comparison: SUD patients with comorbid ADHD *versus* SUD patients.

Drug-taking profile: Early-onset of substance use, poly drug use, lower abstinence period.

Therapeutic adherence: lower attendance rate.

Conclusions: The results of this study are consistent with previous studies showing that SUD patients with comorbid ADHD have more severe drug-taking profile (and poor therapeutic adherence, factors that can interfere with treatment).

References:

1. Tamm L. Attention-deficit / Hyperactivity disorder subtypes in adolescents comorbid With substance-use disorder. *Am J Drug Alcohol Abuse* 2012; 38 (1): 93-100.
2. Wilens T. The intersection of attention-deficit / Hiperactivity Disorder and substance abuse. *Curr Opin Psychiatry* 2011; 24 (4): 280-285.

USE OF PALIPERIDONE IN HIV-POSITIVE PATIENT: A CASE REPORT

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OBJECTIVES

Patients with abuse and dependence of substances frequently present concomitant pathology compromising their hepatic function, so an important purpose is the use of drugs with few interactions (joint administration of antiretrovirals, interferons...).

PURPOSE

We presumed, as a hypothesis, that these patients may improve their life quality and also keeping their hepatic protection because of the low interaction levels this drug provides us.

METHOD AND MATERIAL

Study of a case: 44-year-old male HIV and HCV positive, encephalopathy with cognition impairment, anxiety and impulse control disorders (like agitation episodes) and abuse of multiple substances.

We evaluate different points before and after he was treated with paliperidone:

1. Impulsivity Control Scale (Plutchik) (ICS).
2. Social Functioning Scale (SFS).
3. Revised Social Anhedonia Scale (RSAS).
4. Clinical Global Impressions Scale (CGI).

RESULTS

- Pre-treatment: ICS: 22 (cutoff point 20), SFS (13/41), RSAS (state items only because of the patient's intellectual impairment): 6/12. Raven: PC 41, CGI: 6.
- Post-treatment: ICS: 13 (cutoff point 20), SFS (21/41), RSAS: 11/12, CGI:

CONCLUSIONS

The patient performed better on all the scales. Paliperidone improves impulsivity symptoms (22 vs 13), social functioning (13 vs 21), social anhedonia (6 vs 11) and clinical global impression (6 vs 4). Besides, the patient's pathology is also organic not just mental, so these changes cannot be only attributed to external factors.

AGGRESSIVE BEHAVIOR IN PSYCHOSIS AND DRUGS ABUSE

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Background: There are big shifts in the estimation of the prevalence of this comorbidity, but a big part of people who have schizophrenia may suffer from a comorbid drug or alcohol disorder. This study looks for analyzing the drug use and its effects on aggressive behavior.

Purposes: Review of the literature that have been published to assess the association between psychosis, substance abuse and violence in general population.

Method: Literature search on PubMed - NCBI literature using MeSH terms: “violence” “drug abuse-psychosis”.

Conclusions: Comorbid substance abuse disorders have emerged as one of the greatest obstacles to the effective treatment of people who have been diagnosed of schizophrenia. There is a circumstantial evidence that supports the hypothesis about schizophrenics; risk factors such as drug or alcohol abuse are related to violent behaviors, longitudinal studies are required to facilitate a better understanding of mediating mechanisms. It can be stated that the highest percentage of addiction affects to young people with low educational level and unstable or unfavorable employment status.

Particularly, violence is emerging as one of the most worrying features. As substance use disorders are three to four times more common than the psychoses, public health strategies to reduce violence in the society could focus on the prevention and treatment of substance abuse at individual, community, and societal levels.

Referencias bibliográficas:

- (1) Risk Factors for Violence in Psychosis: Systematic Review and Meta-Regression Analysis of 110 Studies. Katrina Witt,¹ Richard van Dorn,² and Seena Fazel^{1,*} Published online 2013 Feb 13

CHILDHOOD ADVERSITIES AND SUBSTANCE ABUSE DISORDERS

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OBJECTIVE

Various studies establish the correlation between adult mental disorders and childhood adversities (56% in bipolar patients, and 40% in depression).

This study focuses on the correlation between substance abuse disorders and childhood adversities in a sample of patients admitted for detoxification.

MATERIAL AND METHODS

Research study on patients successively admitted for detoxification conducted during the second semester of 2014 at the Detoxification Unit at Dr Rodriguez Lafora Hospital in Madrid.

A custom questionnaire is provided to patients. This includes several variables: socio-demographic, substances of abuse, other psychiatric diagnoses, and 13 childhood adversities grouped in 4 main fields: “dysfunctional family”, “maltreatment”, “parental loss”, and “others”.

Descriptive analysis and contingency tables were created using SPSS

RESULTS

A sample of 70 patients, 54 policonsumers and 16 alcoholics, was obtained. 79% male, with an average age of 44 years. 81% of them had suffered one or more adversities.

When comparing alcoholics to polydrug users, the study proves that within the first group, “dysfunctional family” prevails (parental drug abuse 75% vs 31% p 0.002) whereas in the second group “parental loss” prevails (52% vs 38% p 0.004).

All the women in the study have a record of adversities, which proves to be a significant difference when compared to men in all the fields (maltreatment 80% vs 38% p 0.004).

CONCLUSIONS

Higher level of frequency of adversities was found on these patients as opposed to those encountered in general population and in some psychiatric samples.

This study has found a different pattern of family violence, parental drug abuse and parental separation among alcoholics and polydrug users.

Women suffer from a higher frequency of maltreatment and abuse.

BIBLIOGRAPHY

Perales J y col. Association of childhood adversities with the first onset of mental disorders in Spain: results from the ESEMeD project. Soc Psychiatry Psychiatr Epidemiol (2013) 48:371-384.

CHANGES IN POSTTRAUMATIC STRESS DISORDER SYMPTOMS DURING AND AFTER THERAPEUTIC COMMUNITY DRUG AND ALCOHOL TREATMENT

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The current research investigates the influence drug and alcohol rehabilitation has on posttraumatic stress disorder (PTSD). Previous research has shown that posttraumatic stress disorder treatment can have a positive effect on drug and alcohol use, but little research has investigated if drug and alcohol rehabilitation similarly reduces posttraumatic stress symptomatology. A total of 41 individuals, across two therapeutic communities, agreed to participate in this research. The Posttraumatic Stress Disorder Checklist – Civilian version (PCL-C) was used to measure PTSD symptomatology (PTSS). The sample was split in to two groups, one which measured in-program change, and the second which measured post-program change. The first group was comprised of 22 participants, and 64% of met the diagnostic threshold for PTSD. Individuals in this group were first assessed within 2 weeks of the program, and program completion. The second group included 19 individuals, and 74% met the diagnostic threshold. This group was measured upon exit from the program, and 3 months post-program. Change over the in-program PCL-C scores was significant, $t(21) = 3.17, p < .01$, with a medium effect size. Furthermore, analysis post-program showed a significant decrease in PCL-C scores, $t(18) = 3.18, p < .01$, also with a medium effect size. The results were further confirmed through use of the Reliable Change Index (RCI). The results indicate that PTSS benefits from drug and alcohol treatment. Due to the high prevalence of PTSD within the substance use disorder (SUD) population, further confirmation of these findings is necessary. Currently, many treatment programs find the PTSD and SUD dual diagnosis to be prohibitively difficult to treat, but such stigma may not be warranted if both disorders mutually benefit from treatment. Also, these findings suggest that therapeutic community methodologies do not need alteration in order to effectively benefit those with PTSD.

NARRATIVE THERAPY AND DUAL DIAGNOSIS: A CASE REPORT

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Introduction: Several studies have shown the benefits of narrative therapy in Posttraumatic Stress Disorder (PTSD). However, literature on narrative therapy in patients with dual diagnosis is limited¹.

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Objectives: To analyze the effect of narrative therapy for alcohol abuse in a case of PTSD.

Method: It describes a woman 39 years old case, with a pattern of alcohol abuse and sexual abuse experiences. It assessed the anxiety symptoms (State-trait Anxiety Inventory, STAI), depression (Beck Depression Inventory, BDI) and alcohol use pattern at the beginning, at the end, and 6 months after the therapy. During 25 sessions of 60 minutes, was developed a coherent, comprehensive and complex narrative that would incorporate the traumatic event.

Results: Depressive symptoms at the beginning (BDI 31) decreased at the end of therapy (BDI: 15), and six months later (BDI: 16). Symptoms of anxiety (STAI: AE: 38, AR: 40) met the same pattern (STAI: AE: 17, AR: 18), (STAI: AE: 19, AR 21). Abstinence from alcohol is kept within 6 months after therapy.

Discussion: The psychotherapeutic support on a more coherent and plausible narrative favors greater emotional regulation and sustained abstinence from alcohol².

Keywords: narrative therapy, alcohol abuse, posttraumatic stress disorder and dual diagnosis.

References:

1. Gwozdziewicz N, Mehl- Madrona L. Meta-analysis of the use of narrative exposure therapy for the effects of trauma refugee Among Populations. Perm J. Winter 2013; 17 (1): 70-76.
2. J. Lilja, Larsson S., Von Braun T., Y. Sjöblom Chapter 14. Discussion about narrative methods as a strategy for Investigating and understanding the use and misuse of alcohol, and drugs. Substance Use Misuse. 2013 Nov; 48 (13): 1438-1446.

EATING DISORDERS AND COMORBID ALCOHOL USE DISORDER. REVIEW

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Purpose: To review the characteristics of the comorbidity between eating disorders and alcohol use disorder.

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Methods: Systematic review of the literature in English (Medline) in the last five years.
Keywords: “eating disorders”, “alcoholism”, substance use disorders”.

Results: Comorbidity between eating disorders and alcohol use disorder is very common, with a prevalence that ranges between 30% and 50%. This wide range may be due to heterogeneity in different studies. It is more frequently associated with binge/purging behaviors and personality traits like impulsivity, novelty seeking, negative urgency, lack of planning and lack of persistence. Temporal sequence in anorexia nervosa (AN) and alcohol use disorder (AUD) has also been studied, concluding that there were no differences depending on which disorder appeared first. Etiology includes biological (dopamine disturbances; reward modulation), behavioral, personality and environmental factors. The heritability for bulimia nervosa (BN) and AUD seems to be consistent in the literature. Suzuki et al also found higher mortality rates in these patients. Treatment should include pharmacotherapy (SSRIs, opioid antagonists) and psychotherapy (cognitive behaviour therapy, motivational interviewing, dialectical behaviour therapy).

Conclusions: The need of detecting substance use disorders in ED patients is highly recommended in the literature, as it is a complicating factor in the evolution that can lead to worse functional outcomes, more psychiatric comorbidity and higher mortality and suicide rates.

Bibliography:

- Baker et al. Temporal Sequence of Comorbid Alcohol Use Disorder and Anorexia Nervosa. *Addict Behav.* 2013 March ; 38(3): 1704–1709.
- Munn-chenoff et al. A Twin Study of Alcohol Dependence, Binge Eating, and Compensatory Behaviors. *Journal of studies on alcohol and drugs.* 2013 Sept: 664-73.

CLASSIFYING ARTICLES RELATED TO COMORBID EATING AND SUBSTANCE USE DISORDERS PUBLISHED IN THE LAST FIVE YEARS

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Purpose:

To classify the literature published, in the last five years, related to comorbid eating and substance use disorders, according to the type of study.

Methods:

Pubmed search (MeSH: “eating disorders” AND “substance use disorders”), applying limitations (last five years, abstract available, in human species and article written in English or Spanish) and ulterior classification into the following: meta-analysis, review, clinical trial, cohort study, case-control study, ecological study, case report, case series and cross-sectional study.

Results:

The most numerous studies were the cross-sectional ones (37%), followed by reviews (20%) and cohort studies (13%). The other studies were all below ten percent of representation, being in decreasing order as follows: clinical trials (7%), ecological studies (7%), case report studies (7%), case-control studies (4%), case series (3%) and meta-analysis (1%).

Conclusions:

Evidence-based medicine is the most supported model in our current clinical practice, therefore it is important to examine the quality and type of evidence published in the last years. Cross-sectional studies seem to be predominant. However, they have several limitations such as difficulties to interpret identified associations and measure incidence. Well-designed studies and quality evidence must be a goal in the medical community.

Bibliography:

Piédrola Gil, G. "Medicina preventiva y salud pública". Barcelona. Elsevier Masson 2008.

Zimmerman AL. Evidence-based medicine: a short history of a modern medical movement. Virtual mentor. 2013 Jan 1;15(1):71-6.

ALCOHOL USE DISORDER AS A MAINTENANCE FACTOR IN ANOREXIA NERVOSA. A CASE REPORT

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Purpose:

To highlight the role of an alcohol use disorder as one of the main maintenance factors in a patient with anorexia nervosa purging type.

Methods:

Systematic review of the literature in English (Medline) and clinical history of the patient.

Keywords: “eating disorders”, “alcoholism”, substance use disorders”.

Results:

Previous research has found that alcohol use disorder is a risk factor for the development of an eating disorder, being more prevalent in patients with purging behavior. It has also shown increased mortality in these patients.

We present the case of a 29-year-old female patient who is followed by the Eating Disorder Unit at Marqués de Valdecilla Hospital (Santander, Spain). She was first diagnosed of Anorexia nervosa purging type in 2005, with periods of recovery and frequent relapses. Since 2006, she presents a comorbid alcohol use disorder (first with a binge drinking pattern, and with a dependence pattern in the last years). Besides, she presents an unstable personality with difficulties to face negative emotions and usual negation of risks and dysfunctional behaviours. During all these years, the evolution has been torpid, having required several hospitalizations in full and partial regime due to relapses that have often led to severe electrolyte disturbances (mainly severe hypokalemia) and attempted suicide. She has received treatment with antidepressants (paroxetine), benzodiazepines and psychotherapy.

The permanence of the alcohol use disorder, along with her dysfunctional personality features, remain as the main maintenance factors in the eating disorder.

Conclusions:

The comorbidity between eating disorders and substance use disorder is highly prevalent, presenting major clinical complications, including increased mortality. Therefore, it must be properly explored to implement appropriate treatment.

Bibliography:

Gregorowski et al. A clinical approach to the assessment and management of co-morbid eating disorders and substance use disorders. BMC Psychiatry 2013;13:289.

Suzuki K et al. Mortality after inpatient treatment of female Japanese patients with eating disorders associated with alcoholism. Psychiatry and clinical neurosciences 2011;65:326-332.

COCAINE INDUCED PSYCHOSIS AND BULIMIA NERVOSA. A CASE REPORT

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Purpose:

To highlight the role of cocaine abuse as a maintenance factor and a cause of complications in a patient with bulimia nervosa.

Methods:

Systematic review of the clinical history and related literature published in English (Medline).
Keywords: “bulimia nervosa”, “cocaine abuse”, substance use disorder”, “eating disorders” and “binge eating disorders”.

Results:

Cocaine induced psychosis is common in cocaine users, especially in those who present higher levels of impulsivity, a shared trait in patients with comorbid bulimia nervosa.

We present the case of a 25-year-old female patient who is followed by the Eating Disorders Unit at Marqués de Valdecilla Hospital (Santander, Spain). She was diagnosed in 2009 of Bulimia Nervosa purging type, needing a single hospitalization (partial regime) in 2010. One year after, she begins consuming alcohol (binge pattern, in current withdrawal) and cocaine (binge pattern, maintained currently). The evolution of bingeing behaviors has been complicated, according to both food and cocaine, with frequent relapses, having needed treatment with antidepressants (fluoxetine, escitalopram), benzodiazepines and psychotherapy. In the last month she has presented a self-limited first psychotic episode after a cocaine intoxication.

Conclusions:

Comorbidity between bulimia nervosa and cocaine abuse is especially prevalent in patients with impulsivity personality features. The concurrence of both disorders may lead to major complications and worse evolution.

Bibliography:

Roncero C et al. Cocaine-induced psychosis in cocaine-dependent patients. *Journal of Addictive Diseases*, 32:263–273, 2013
Gregorowski et al. A clinical approach to the assessment and management of co-morbid eating disorders and substance use disorders. *BMC Psychiatry* 2013,13:289.

DESCONTROL FOOD ADDICTION AND ALCOHOL: A CLINICAL CASE REPORT

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Introduction: The relationship between eating disorders and substance use disorders is known for a long time. In eating disorders (especially bulimia nervosa) is produced a substance addiction where the substance is food occurs.

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Method: She is 36 years old, single, the older of two sisters. She has feeding problems described over 16 years of age, presenting daily episodes of binge eating with compensatory vomiting in order to prevent weight gain. Later, she started drinking alcohol and abuse of cannabis. Also, she has mixed personality disorder traits. The evolutionary course of alcohol dependence has been torpid, with frequent dropouts with the treatment with aversive. Currently, she presents a daily consumption of alcohol, which was recently increased from layoff. Furthermore, it has been largely restricted the amount of alimentation and taking laxatives. At night, she has binge eating and subsequent vomiting.

Conclusion: There is a tendency of both conditions to appear in the same patient, sharing pathogenetic mechanisms. The temporal appearance pattern suggests that eating disorder favors the onset of substance abuse addiction. The both disorders occur more frequently than in general population. Some epidemiological and clinical data are reported to explain this association; it could be the food decontrol more than the own disorder. Over 22% of patients with bulimia nervosa may have problems with alcohol dependence and alcohol abuse up to 48%. It should be do more complex clinical studies evaluating this tendency.

SUBSTANCE ABUSE AMONG WOMEN WITH EATING DISORDERS

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Educational Objectives: There is a trend to think that, as psychiatric patients, people with eating disorders have a greater tendency to go with impulsive behaviours. However, little has been investigated about the relationship between different eating disorders and addictive behaviors

Purpose: Through our study we tried to identify the different prevalence of substance consumption in women with eating disorders, trying to find out if there were any discrepancies between them.

Methods: Participants were 76 female outpatients (Mean age = 35.5 years; SD = 11.2) who met criteria for diagnosis of three main eating disorders: Anorexia Nervosa (n=23), Bulimia Nervosa (n=26) and Binge Eating disorder (n=27). We used SDS scale in a self-administered way to search for differences among them in alcohol, tobacco, and caffeine consumption. The comparison between the groups was made by chi-square (χ^2) test. Test were considered significative if $p < 0.05$

Results: Patients with Bulimia Nervosa were more likely than patients with Binge Eating Disorder and Anorexia Nervosa to consume alcohol (44.4% vs 33.3% and 22.2%), tobacco (41.7% vs 25% and 33%) and caffeine (46.2% vs 30.8% and 23.1%). However, we did not find significant evidence

Conclusions: Although we did not find significant evidence, we can see that there is a greater tendency to substance abuse in women diagnosed with Bulimia Nervosa than in the rest of our groups, which is in accordance with what we know from our clinical practice about their personality characteristics and their tendency to impulsive behaviours. However, further investigation is required.

Literature Reference

Wolfe WL, Maisto SA. The relationship between eating disorders and substance use: moving beyond co-prevalence research.

Courbasson CM, Smith PD, Cleland PA. Substance use disorders, anorexia, bulimia, and concurrent disorders. *Can J Public Health*.2005;96:102-6.

IMPULSIVE BEHAVIOURS IN WOMEN WITH ANOREXIA NERVOSA, BULIMIA NERVOSA AND BINGE EATING DISORDER

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Educational Objectives: Through our study we tried to demonstrate that women with eating disorders do not have the same behaviours but a distinct tendency to be impulsive depending on their diagnosis. We wanted to see if this impulsivity discriminated a different tendency to behavioural addictions and substance consumption.

Methods: Participants were 76 female outpatients (Mean age = 35.5 years; SD = 11.2) who met criteria for three main eating disorder diagnosis: Anorexia Nervosa (n=23), Bulimia Nervosa (n=26) and Binge Eating disorder (n=27). We used Barratt Impulsiveness Scale in a self-administered way taking into account the results on the three subscales (Attentional Impairment, Non-planning Impairment and Motor Impairment) looking for differences among these groups. The comparison between the groups was made by ANOVA test. Test were considered significant if $p < 0.05$

Results: We found differences in two of the three subscales. Patient with bulimia nervosa scored higher in Attentional Impairment and Non-planning Impairment than patients with Anorexia Nervosa or Binge Eating Disorder. We did not find significant differences in Motor Impairment among our patients.

	Binge Eating Disorder (n=25)	Bulimia Nervosa (n=22)	Anorexia Nervosa (n=23)	Total (n=70)	ANOVA
Attentional Impairment	17 (4,61)	19,8 (5,01)	16,5 (4,45)	17,7 (4,84)	p=0.044
Non-planning Impairment	12,3 (6,19)	19,7 (8,67)	13,9 (6,32)	15,5 (7,83)	p=0.003
Motor Impairment	20,1 (8,56)	21,8 (8,58)	19,2 (8,99)	20,4 (8,64)	p=0.609
Total Score	38,4 (12,12)	42,2 (11,72)	34,7 (11,8)	38,7 (12,07)	p=0.160

Conclusions: Through the results of our study we can conclude that in our group of patients with Bulimia Nervosa there is a greater tendency to Impulsive behaviours than in our group of patients with Binge Eating disorder and Anorexia Nervosa. We can conclude that bulimic tendencies might indicate increased likelihood to impulsive behaviours. We see that eating disorders are related to a bigger impulsivity. Besides, this impulsivity is related to a bigger substance use. Further investigation is needed

Literature Reference

- Wiederman MW, Pryor T. Substance use and impulsive behaviors among adolescents with eating disorders. *Addict Behav.* 1996;21:269-72
- Holderness, C. C, Brooks-Gunn, J., & Warren, M. P. (1994). Co-morbidity of eating disorders and substance abuse: Review of the literature. *International Journal of Eating Disorders*, 16, 1-34.

LEGAL HIGH USE AND ONSET OF PSYCHOSIS IN TEENAGERS

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Educational objectives: The intake of new legal synthetic drugs (the so-called “ethnobotanics” in Romania) became in the last decade a real and difficult problem to which are confronted practitioners of many specialties, as well as authorities. As known, use of legal drugs can mimic or initiate psychotic symptoms, but psychiatric symptoms and those induced by drugs can also independently coexist.

Purpose: To highlight the possible correlation between legal high use up to 18 years old and initiation of psychotic disorders in young people.

Methods: We performed a prospective study in the University Clinic of Psychiatry Craiova, from January 1st, 2013 to June 30th, 2014. Our study sample consisted of 78 patients (42 male, 36 female) aged from 18 to 25 years old, who confirmed use of legal high before the age of 18. We assessed demographic and clinical data, such as familial status, residence, educational level, distance between drug intake and onset of psychotic symptoms, clinic diagnosis, length of hospitalization, amount of relapses.

Results: Data suggested a prior legal high use was associated to an increased risk of developing psychotic disorders, especially schizophrenia-like. Also, parents frequently reported behavioral troubles since childhood. Among participants with psychosis, more than 90% also reported alcohol use in adolescence. Depressive symptoms, parents’ immigration or loss, urban residence and low educational level were related to an increased risk of psychosis in young people.

Conclusion: More surveillance maybe recommended to legal high users even since the first admission for behavioral disorders, for earlier diagnosis and proper management, especially when other vulnerability sources are present.

YOUNG PSYCHOSIS AND CANNABIS USE. A CASE REPORT

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Introduction: Recent studies show increased cannabis use in adolescents, more than tobacco. Cannabis use is associated with substance abuse and early onset of psychotic symptoms, but it is unclear if it is a causal relationship or self-medication in first episode psychosis (FEP)¹.

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Objectives: Presenting a case and reviewing the literature to summarize the available information to date on pathogenesis, course and treatment of psychotic symptoms in adolescents patients with cannabis use.

Methodology: Description a case of a 17 year old patient with a history of three years of cannabis use. He experienced an episode of behavior disorders with psychotic symptoms and conceptual disorganization. Was treated with atypical neuroleptics and did not need hospitalization. 472 articles were reviewed in PubMed using the terms 'youth psychosis', 'psychotic symptoms', 'schizophrenia' AND 'cannabis'.

Results: We promoted the cessation of cannabis, pharmacology and psychological treatment. After ten months, total scores of the Positive and Negative Syndrome Scale and the Global Assessment of Functioning were better. The episode may justify the diagnosis according to DSM IV Drug-induced psychotic disorder with delusions [292.11].

Conclusions: Cannabis after FEP could increase the risk of psychotic disorder, with greater association when we consider the interaction of genetic factors². More longitudinal studies to evaluate patient outcomes are needed.

References:

Chadwick B, Miller MI, Hurd YI. Cannabis use during Adolescent Development: Susceptibility to Psychiatric Illness. *Front Psychiatry*. 2013 Oct 14; 4: 129.

Tosato S1, Lasalvia A, Bonetto C, Mazzoncini R, Cristofalo D, De Santi K, Bertani M, Bissoli S, Lazzarotto L, Marrella G, Lamonaca D, Riolo R, Gardellin F, Urbani A, Tansella M, Ruggeri M; PICOS-VENETO Group. The impact of cannabis use on age of onset and clinical characteristics in first-episode psychotic patients. Data from the Psychosis Incident Cohort Outcome Study (PICOS). *J Psychiatr Res*. 2013 Apr; 47 (4): 438-44.

AUTOLESIÓN NO SUICIDA Y TRASTORNO POR USO DE SUSTENCIAS EN UNA UNIDAD INFANTO-JUVENIL

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Objetivos: El objetivo de este estudio es determinar la prevalencia acorde con la propuesta para ALNS de los criterios DSM-5 (S-3) y su asociación al trastorno por uso de sustancias en este grupo de pacientes.

Material y Método: Se consideró a los pacientes que acudían a consulta ambulatoria de una Unidad de Salud Mental Infanto Juvenil durante un periodo de 4 meses. Se tomó como medida a la hora de establecer los diagnósticos, los criterios propuestos para ALNS (actualmente en la sección 3 de la última publicación del DSM-5), se administró la versión española del “Self-Injurious Thoughts and Behavior Interview”.

Resultados: Un examen global de los datos apunta que un 10,1% cumplieron los criterios para ALNS, de éstos el 48,1% había presentado más de 5 episodios. El 90,5% informó que realizó autolesiones con una función de regulación emocional y/o contenido social. El 35% del total de pacientes de la muestra presentó además el diagnóstico asociado de trastorno por uso de sustancias.

Conclusión: Consideramos que la autolesión no suicida parece tener una importante prevalencia en adolescentes y son necesarias más investigaciones que permitan definir correlatos demográficos, clínicos y neurobiológicos, así como la comorbilidad asociada en estos pacientes.

Referencias Bibliográficas

DSM-5: Manual diagnóstico y estadístico de los trastornos mentales. American Psychiatric Association (APA). Editorial Médica Panamericana. 2014
Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5). APA. Washington, DC. 2013

“DANGEROUS FRIENDSHIPS”: ASSOCIATION BETWEEN SUBSTANCE MISUSE AND NON-SUICIDAL SELF-INJURY AMONG ADOLESCENTS

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Introduction: Non-suicidal self-injury (NSSI), which is defined as direct, deliberate destruction of body tissue without suicidal intent, is becoming alarmingly prevalent. This behavior is especially prominent in adolescents and it is considered as a gateway to later suicidal behavior in adulthood. Previous studies have revealed that adolescents engaging in NSSI meet criteria for a wide range of psychiatric diagnosis, including substance misuse.

Objetives: Our aim was to examine the relationship between substance misuse and non-suicidal self-injury behavior in a clinical sample of adolescents.

Methods: A total of 267 patients were recruited from the Child and Adolescent Outpatient Psychiatric Services, Jiménez Díaz Foundation (Madrid, Spain) from November 1st 2011 to October 31st 2012. The informed consent was obtained from patients and parents or legally authorized representatives who agreed to participate, respectively.

Non-suicidal self-injury was assessed by means of the Spanish version of the Self-Injurious Thoughts and Behaviors Interview, which is a structured interview that assesses the presence, frequency, and characteristics of non-suicidal self-injury. Substance misuse was assessed by the Spanish adaptation of the Life Events Scale.

Results: Of the 267 patients included, 235 (88%) completed the study (age range: 11-17; mean age: 14.1; 62.4% males). The results revealed that 22.1% of adolescents met criteria for NSSI whereas 4.3% met criteria for substance misuse. The group of adolescents that engaged in substance misuse showed a greater proportion of NSSI than their counterparts (50% vs 20.9%). This difference was statistically significant (chi-square: 4.70; df=1; p=0.030).

Conclusion: There appears to be a relationship between NSSI and substance misuse in the adolescent population. This finding may have implications in clinical practice. Further longitudinal studies are needed to elucidate the underlying mechanisms of this relationship, which in turn may help prevent suicidal behavior in adulthood.

DUAL PATHOLOGY IN AN EARLY AGE. A CASE REPORT

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Educational Objectives: At the conclusion of this presentation, we would like the participant not to forget that in recent years, drug use has increased, appearing at an increasingly early age and the direct relationship between consumption and the development of mental illness.

Clinical Case: Seventeen years old man. Divorced parents in his childhood. Father diagnoses with schizophrenia, currently in prison. Mother, whom he lives with, histrionic personality disorder in outpatient follow in Mental Health.

At the age of twelve, while he had depressive symptoms, he began to consume different types of drugs; cannabis, cocaine, LSD, alcohol, gasoline and butane gas inhalation. From that age has have been consuming cannabis and alcohol regularly and punctually other drugs.

He was diagnosed with behaviour disorders, inattention and hyperactivity during the school year. He left school before ending basic studies.

He required several hospitalizations in Mental Health Unit with self-referential delusional, megalomaniacal injury and distress associated with delusional tempera, denying these phenomena outside the intoxication context and he was diagnosed with schizotypal personality disorder and problems related to family circumstances.

During the last admission she had kinaesthetic tactics sensations, acoustic and visual hallucinations of demons and dogs with wings. Major episodes of aggression to himself and others especially to his mother and to objects. He was diagnosed with Paranoid Schizophrenia and he was referred to Day Hospital for further treatment.

He attended appointments irregularly, recognizing poor adherence to treatment due to side-effects of medication.

In recent months it has improved his therapeutic adherence, going regularly to his meetings for medical examination. He has improved psychiatric symptoms and denies current use of drugs.

Conclusions: Each year different types of drugs are showing up in our society and consumption is higher in an early age. It is important to note how the new drugs are affecting the mood and it is producing dual pathology in childs and adolescents.

1.- Sadock BJ, Sadock VA. Kaplan & Sadock. Sinopsis de psiquiatría. Ciencias de la conducta/Psiquiatría clínica. 10ª Ed. Baltimore. 2009

2.- Segarra R. Abordaje integral de las fases iniciales de la psicosis. Una visión crítica. Panamericana. 2014.

MENTAL HEALTH AND DEVELOPMENTAL DISORDERS RELATED TO MATERNAL CANNABIS ABUSE

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Purpose: Exposure to cannabis in prenatal, childhood and adolescence is a worldwide phenomenon. We describe the prevalence of consumption among pregnant women; perceived availability; perceived risk; and the possible connection between prenatal exposure to cannabis and adverse developmental outcomes as well as mental disorders.

Methods: We conducted a Systematic Review using as data resource spanish epidemiological studies (Plan Nacional Sobre Drogas) as well as studies examining the link between early exposure and the development of psychiatric disorders in adolescence and adulthood, such as those published in the database PubMed until December 2013, in English and Spanish, using the following key words: cannabis, early aged exposure, pregnancy, risk factors, mental disorders. 105 studies were assessed for eligibility. 35 articles were finally excluded because of a small sample, design failures, methodological bias, or absence of significant findings, 70 articles were finally included. From these, 6 articles focused on the prevalence of prenatal exposure to cannabis, 8 studies on consumption screening methods in pregnant women, 39 on the relationship between cannabis exposure and developmental or psychopathological sequelae, 9 molecular studies and 8 studies in rodents.

Results: Exposure to cannabis during pregnancy has been rarely studied. Prenatal exposure to cannabis has been related to symptoms of Affective disorder and Attention Deficit and Hyperactivity Disorder (ADHD) in several studies.

Conclusions: It is important that professionals who assist young female women in reproductive age or with reproductive wishes could be aware of the connection between prenatal exposure to cannabis, quantities and doses consumed, and the possible developmental sequelae and/or mental disorders affecting the infants.

Bibliography:

1. Lozano J, García-Algar O, Marchei E, Vall O, Monleon T, Giovannandrea RD. Prevalence of gestational exposure to cannabis in a Mediterranean city by meconium analysis. *Acta Paediatr.* 2007;96(12):1734-7.
2. El Marroun H, Tiemeier H, Jaddoe VW, Hofman A, Mackenbach JP, Steegers EA, et al. Demographic, emotional and social determinants of cannabis use in early pregnancy: The Generation R study. *Drug Alcohol Depend.* 2008;98:218 – 26.

GABA-ERGIC MEDICATIONS IN ADHD COMPLEX CORRECTION IN CHILDREN

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About a third of children are described as overactive by their parents, and up to a fifth of schoolchildren are described in this way by their teachers. These reports encompass behaviour varying from normal high spirits to a severe and persistent disorder. The boundary between normal overactivity and persistent disorder is drawn in an arbitrary way, and there are disputes as to whether the criterion for disorder should be set high (thereby excluding all normal overactivity) or low (thereby making sure that no abnormal behaviour is missed). Diagnosis of ADHD can be exhibited in 3-7% of children reached school age. Motor activity means not only to express the need for movement, but excessive anxiety, especially when someone need to behave relatively smoothly, in structured situations that require a high degree of self-control. It is not surprising that in children with ADHD as a result of such symptoms develop low self-esteem and emotional problems, often observed a variety of neurotic symptoms and behavioral disorders. The aim of our work was to investigate effectiveness of GABA-ergic medications in complex correction of ADHD children. It is investigated and treated 69 children with ADHD in age from 6 to 12 years. The basic method of examination was clinical-psychopathological method. As an additional method of research it was used a questionnaire of behavior of the child aged 6 to 18 years that was completed twice by a physician together with the father or mother of a child: in the process of initial interview (diagnosis and resolution of the basic methods of correction) and after 3 months of treatment. All the children were assigned GABA-ergic medications (hopantenic acid or nikotinoil-GABA and phenibutum) in doses that depended on the age of the child within three months. Besides medication, parents with their children carried out psychological adjustment, first of all it was a psychological training of parents based on system model of psychotherapy and appropriate recommendations for changes in behavioral strategies in relation to children. After treatment 100% of parents noted improvement of children's state. However, symptoms significantly smoothed in 51 children, children were more attentive, calmer, and more reflective. It was made significant changes in the relationships of parents with children that manifested itself in improving mutual understanding, increased positive reinforcement, reducing cases of different methods of punishment and expression of dissatisfaction with the behavior of children. Attention is paid to the fact that parents of 51 children carefully followed the recommendations for drug treatment and changed their behavioral patterns in relation to children. Parents of other 18 children sometimes violated the medication regime and did not consider it necessary or cannot deal with children differently. In this situation, we also see the fact of reducing impulsiveness, emotional lability, negativism, opposition and inattention, but to a lesser degree. Therefore, GABA-ergic medications can be successfully used in complex correction in children with ADHD.

FAMILY HISTORY OF SUBSTANCE MISUSE: A POTENCIAL RISK FACTOR FOR INTERNALIZING PSYCHOPATHOLOGY AND SELF-INJURIOUS THOUGHTS AND BEHAVIORS AMONG ADOLESCENTS

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Objective

During adolescence there is a significant increase in the emergence of self-injurious behaviors and suicidal thoughts. That is an increasing problem for public health. There is little knowledge about which specific family stressors may act as risk factor. This study aimed to examine the relationship between family history of substance misuse, psychopathology, and self-injurious thoughts and behaviors in a clinical sample of adolescents.

Methods

Subjects were recruited from the Child and Adolescent Outpatient Psychiatric Services, Jiménez Díaz Foundation (Madrid, Spain) from November 1st 2011 to October 31st 2012. The family history of substance misuse was assessed by the Spanish adaptation of the Life Events Scale. Parents were administered the Spanish version of the Strengths and Difficulties Questionnaire (SDQ-P; Marzocchi et al., 2004) to evaluate patient's psychopathology. In Addition, subjects performed the Spanish version of the Self-Injurious Thoughts and Behaviors Interview.

Results

13.1% of the sample studied had a family history of substance misuse. Adolescents with a family history of substance misuse reported significantly higher internalizing psychopathology compared to adolescents without a family history of substance misuse ($t=2.10$; $df=221$; $p=0.037$). Adolescents with a family history of substance misuse were also more likely to report suicidal ideation (Chi-Square=15.10; $df=1$; $p<0.001$), suicide plan, (Chi-Square=9.65; $df=1$; $p=0.002$), suicide attempt (Chi-Square=10.49; $df=1$; $p=0.001$), and non-suicidal self-injury behavior (Chi-Square=13.64; $df=1$; $p<0.001$) than adolescents without this family background

Conclusions

It appears that family history of substance misuse may put adolescents at a greater risk of suffering from internalizing symptomatology and from self-injurious thoughts and behaviors. Further studies are needed to confirm and expand these findings. Longitudinal designs are warranted.

Bibliography

1. García-Nieto R, Blasco-Fontecilla H, Paz Yepes M, Baca-García E. Translation and validation of the "Self-injurious thoughts and behaviors interview" in a Spanish population with suicidal behaviour. Rev Psiquiatr Salud Ment 2013;6(3):101-8.
2. Oliva A, Jiménez JM, Parra Á, Sánchez-Queija I. Acontecimientos vitales estresantes, resiliencia y ajuste adolescente. Rev Psicopatol Psicol Clín 2008;13(1):53-6.

NEW DRUGS DUE TO IMMIGRATION. A CASE REPORT

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Educational Objectives: At the conclusion of this presentation, we would like the participant not to forget that, because of immigration, many drugs are showing up in our society and it is necessary to take them into account before diagnosing.

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Purpose: The reason for presenting this case report is that despite knowing the hallucinatory properties of ayahuasca is not well known in Spain. Consumption is common in some countries of South America especially for meditation and it is important to consider the consumer and ask about it, because we have no specific detectors in blood or urine and the increase of immigration in the last years is increasing its consumption in Europe.

Clinical Case: Thirty-seven years old woman. Born in Honduras, she has been living in Spain for the last eighteen years.

No history of previous treatment or monitoring in Mental Health. Denies others organic diseases.

She had a steady job with good progress, became interested in a lifestyle based on meditation, and worrying a lot to bring a healthy lifestyle, proper food, exercise...

About three years ago she changed completely her lifestyle and started making a mystical life and left her old friends because she met a man who involved her into a community in Barcelona where she performed daily rituals of prayer and began active ayahuasca consumption.

Increasingly, she started, social isolation, only related to people in the community, had delusional injury and mystical religious ideation. Auditory hallucinations sometimes archangels that told her how to make her music and other people that insulted her.

She required hospitalization in mental health unit where it was necessary to take oral medication, which initially she rejected because she saw it as toxic but later she accepted and took it properly. After being discharged from hospital, outpatient follow-up with continued treatment with Paliperidone injection 100mg every 28 days with good adherence.

Conclusions: Our society is made up of a mixture of many different cultures, so that is why immigration is so important to us. Knowing these cultures enable us to diagnose and help our patients better.

Bibliography:

- 1- Sadock BJ, Sadock VA. Kaplan & Sadock. Sinopsis de psiquiatría. Ciencias de la conducta/Psiquiatría clínica. 10ª Ed. Baltimore. 2009
- 2- Fábregas y cols: "Efectos a largo plazo sobre la salud mental del consumo ritual de ayahuasca". En Labate y Bouso (Eds): Ayahuasca y salud mental. Barcelona: Los Libros de la Liebre de Marzo, 2009.

GENDER DIFFERENCES IN SUBCLINICAL PSYCHOTIC SYMPTOMS IN A NON-CLINICAL SAMPLE OF CANNABIS USERS

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Educational Objectives: Cannabis use is associated with an increased presence of subclinical psychotic symptoms in general population. The Community Assessment of Psychic Experiences (CAPE) is a good instrument to detect presence of these psychotic symptoms in general population.

Purpose: To analyse gender differences in results of CAPE questionnaire in a non-clinical sample of cannabis users.

Methods: We selected a sample of 203 cannabis users by snowball sampling. Of them 123 were males and 80 females. They were assessed with the CAPE. We analysed results of CAPE taking into account three dimensions of symptoms: positive, negative and depressive, previously described by Stefanis et al (2002). We compared males and females results with a T-Student test.

Results: We didn't find differences in total CAPE score between genders, neither in positive, negative or depressive scores. Women suffered more distress associated with psychotic experiences, for total CAPE (1.912 ± 0.46 males vs. 2.196 ± 0.49 females; $p < 0.000$), positive dimension (1.589 ± 0.42 males vs. 1.795 ± 0.5 females; $p = 0.002$), and for negative dimension (2.054 ± 0.65 males vs. 2.367 ± 0.62 females; $p = 0.001$) but not for depressive dimension. When we analyse factors of positive dimension we didn't find differences in frequency but again, we found significant differences in distress associated with voices experiences ($p = 0.04$), mania ($p = 0.033$), first rank experiences ($p = 0.13$) and paranoid dimension ($p = 0.02$) with higher scores in female group.

Conclusions: In our sample we didn't find differences in the frequency of subclinical psychotic symptoms between males and females, but females experienced more distress associated with the same level of symptoms.

Literature Reference

Stefanis, N.C., Hanssen, M., Smirnis, N.K., Avramopoulos, D.A., Evdokimidis, I.K., Stefanis, C.N., Verdoux, H., Van Os, J., 2002. Evidence that three dimensions of psychosis have a distribution in the general population. *Psychol. Med.* 32, 347–358.

ALCOHOL USE DISORDER AMONG PATIENTS ADMITTED TO A PSYCHOSOCIAL REHABILITATION UNIT

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Introduction

Previous literature widely supports the existence of comorbidity between alcohol use disorder and other psychiatric disorders, especially among male patients. If not specifically assessed, such comorbidity may remain undetected, leading to poorer clinical outcomes and longer treatment.

Objectives

The aim of this study is to explore the comorbidity of alcohol use disorder among patients admitted to a Psychosocial Rehabilitation Unit.

Methods

A database of all patients admitted to a Psychosocial Rehabilitation Unit during a 2-year period was compiled. Descriptive statistics were performed using SPSS Software.

Results

The sample consisted of 82 patients, of which 23 (28%) were female and 59 (72%) male. The average age was 35.5 years. Among female patients, only one reported a comorbid alcohol use disorder, whereas 21 out of 59 male patients (36%) reported a comorbid alcohol use disorder.

Conclusion

Alcohol use disorder is frequent among male patients in our sample. Alcohol use disorders should be specifically assessed and specialized treatment that addresses both primary psychiatric and alcohol use disorder should be provided.

SOCIAL ANXIETY DISORDER AND USE OF CANNABIS AND COCAINE IN SUBJECTS WITH GENDER DYSPHORIA

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Objective: This study examined social anxiety and substance use among transsexuals.

Methods: Participants were recruited from all the patients attending the Transsexuality and Gender Identity Unit during the study period. A total of 506 transsexuals agreed to participate in the study and 379 completed all the assessment tests. A sociodemographic questionnaire for transsexual patients was created for evaluation at the unit. It assesses age, sex, nationality, educational level, civil status, employment status, prior mental health treatment, history of violent victimization and parental psychiatric history. Furthermore, this tool also assesses the use of different illegal substances and anxiety. Analyses were based on (a) lifetime but not current use versus never used and (b) current use only versus no current use (lifetime only or never used).

Results: Lifetime only cannabis users ($n = 72$, 19%) and lifetime only cocaine users ($n = 36$, 9.8%) were older, had more victimization, and received more mental health treatment than those who never used. Current cannabis users ($n = 47$, 12.4%) had higher scores on fear of negative evaluation and social avoidance than those not currently using. Multivariate analysis showed that social avoidance and fear of negative evaluation were associated with current cannabis use, but not cocaine. Further, being single was associated with current cannabis use, after controlling for social avoidance and fear of negative evaluation.

Conclusions: Transsexuals' levels of anxiety and cannabis/cocaine use are comparable to those in the general population. Cannabis may be used to control anxiety and can have detrimental clinical implications for transsexuals.

References:

- Buckner, J. D., Heimberg, R. G., & Schmidt, N. B. (2011). Social anxiety and marijuana-related problems: The role of social avoidance.
- Tepe, E., Dalrymple, K., & Zimmerman, M. (2012). The impact of comorbid cannabis use disorders on the clinical presentation of social anxiety disorder. *Journal of Psychiatric Research*.

GENDER AND DUAL DIAGNOSIS AT BRIEF PSYCHIATRIC INPATIENT UNIT

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Objective: Analyze patients with Dual Diagnosis (DD) by gender, demographic and clinical characteristics at Brief Inpatient Psychiatric Unit of Infanta Cristina Hospital, Badajoz (UHB - HIC) in October 2014.

Material and methods: Conducted a retrospective study based on analysis of 93 medical records of patients admitted at UHB - ICH in October 2014, of whom 62 (66.7 %) met criteria for DD. Concomitant sociodemographic variables, consumption of toxic , mental pathology, and treatment received were collected.

Results: In DD patients, we found a male:female ratio of 1.8:1 with a average age of 42.95 years, with no significant differences by gender. Significantly ($P < 0.05$), the average length of stay was higher in males (17.92 vs. 9.75 days). Among them, prevalence of cannabis use are increased (88 %), psychotic disorder (92 %) and antipsychotic treatment at discharge (76 %). In women there was a higher percentage of anxious- depressive disorders (64 %) and personality disorders (56 %) and 50% received antidepressant treatment after discharge.

Conclusions:

- Men with DD had longer length of stay, higher prevalence of Cannabis use, psychotic disorders were diagnosed in greater proportion and antipsychotic therapy at discharge were more often.
- Women with DD were diagnosed more often of anxiety-depressive disorders and personality disorders.
- The number of patients with DD who received antidepressant treatment after discharge was the same in both genders.

Bibliography:

- J. Barea, et al. *Research on Etiological aspects of Dual Pathology*. ADICCIONES. 2010; vol 22 (1):15-24
- F. Arias, et al. *Madrid study on the prevalence and characteristics of outpatients with dual pathology in community mental health and substance misuse services*. ADDICIONES. 2013; VOL 25 (1):191-200

DUAL DISORDERS AND GENDER

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Introduction

The increasing number of dual disorder in psychiatric inpatients is a serious clinical problem which needs to be examined.

The purpose of the study is a comparison of a drug use disorder of alcohol, cannabis and cocaine between male and female inpatients. The comparison is based on socio-demographical and clinical variables.

Materials& Method

Sample: The study sample consists of 366 inpatients (203 masculine and 163 feminine inpatients) of the acute psychiatric hospitalization unit of the "Hospital de Mataró".

Design: descriptive, retrospective and comparative study.

Method: The data set was compiled of the medical records which were provided by the hospital. Furthermore, the data consists of socio- demographical (gender and age) and clinical variables (diagnosis, toxic intake, therapeutic adherence and comorbidity). The "PASW statistics 18" program with the chi²- Test statistic was used for the data analysis.

Results

A significant greater number of masculine inpatients (71.7%; n=130) showed a higher drug abuse compared to the feminine inpatients (respectively 28.3%; n=51) (p=0.000).

It could be revealed that:

- 11.8% of the masculine and respectively 7.7% of the feminine inpatients showed an alcohol use disorder
- 17.6% of the masculine and respectively 3.6% of the feminine inpatients showed a cannabis use disorder
- 1.9% of the masculine and respectively 0.8% of the feminine inpatients showed a cocaine use disorder
- The percentage of the masculine probands using more than three drugs at the same time is 3.8% and respectively 1.1% for the feminine probands.

Conclusions

The results are indicating a clear tendency that dual disorder mostly occurs among the masculine probands. However, the percentage difference between male and female in terms of alcohol use disorder is the smallest followed by cocaine use disorder. The cannabis use disorder occurs mostly among masculine inpatients.

Hence a descriptive statistical approach was applied it was only possible to examine absolute and relative numbers. Further research should be undertaken to explain the results more detailed.

FEMALE ALCOHOLISM IN THE WORK ENVIRONMENT AND ADHERENCE TO TREATMENT PROGRAMS: A CASE STUDY IN PUBLIC ORGANIZATIONS IN SÃO PAULO STATE-BRAZIL

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Objectives: Identify and comprehend the lack of adherence of alcoholic women into the prevention, treatment and support in programs of the public authorities companies in the State of São Paulo, Brazil and to contribute to the academic training of researchers and other studies in the field, as the debate of public politics of alcoholism in the working environment care, with a gender target. The aim is to construct new practices that strengthen the development and implantation of policies and institutional prevention, support and treatment programs of chemical addiction in general, and specifically towards female population.

Methodology: Data was recovered directly from the public authorities companies. Among the institutions, only one in the 19 public institutions analyzed in the present study had an intern program towards addiction care.

Results and Conclusions: The preliminary data allows us to conclude that 90% of the researched universe, does not have internal programs for prevention and treatment for chemical addicts, leaving to public resources the demand intake; and that the main chemical addiction programs do not adequately serve the female population.

Bibliographic reference:

II Household survey on the use of psychotropic drugs in Brazil study of the 108 largest cities in the country: 2005 / EA Carlini et.al., London: CEBRID 2006.

VAISSMAN, Magda. Alcoholism at Work. Rio de Janeiro, Fiocruz and Garamond.

VIOLENCE AND SUBSTANCE ABUSE AMONG WOMEN IDU

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Women are susceptible to violence in general. Research shows the occurrence of violence among substance users. This is an attempt to understand the occurrence and the link between violence and substance use. The sample consisted of 89 Women Injecting drug users, survey method was used. Both qualitative and quantitative methods were used in the study. Women IDU have reported significant violence- physically and sexually by the partners, Customers, Police personnel and the community. About 49% separated with their substance abusing spouse due to physical abuse. Half of them reported physical violence from colleagues/customers or Managers in their workplace and violence was seen to be the predictor of Suicidal behavior. Violence plays a significant role in the well being of Women IDUs in particular. The study highlighted the need for intervention among these vulnerable women.

WOMEN IN METHADONE MAINTENANCE TREATMENT

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Introduction: Our interest is to evaluate the women who are in Methadone Maintenance Treatment in our unit.

The epidemiological studies indicate that women with drug addiction problems sign up for treatment in smaller proportion than men. This is due to the fact that women meet more obstacles than men to initiate the treatment for addictions.

Objective: Ascertain the number of women in the Methadone Maintenance Treatment, within the Unit of Addictive Conducts.

Materials and methods: Observational, transversal study.

The study includes all the women who are in the Methadone Maintenance Treatment in the Unit. All the data is extrapolated from the clinical histories. The data is included in an excel database, filtered and then analysed with the SPSSv19 programme.

Results: The current number of patients in the Methadone Maintenance Treatment in the Unit is 344. 65 of them are women of an average age of 40. With an average dose of Methadone of 50 mg/day. 53,8 % (n=35) are married. 40 % (n=26) have a job. 38,5 % (n=25) do not have children. 30,8 % (n=20) live with their parents. 64,6 % (n=42) come regularly to planned appointments. 69,23 % (n=45) test positive to toxins of some kind of drugs. 33,8 % (n=22) have their partner also in treatment in the Unit. Reports for 35,4 % (n=23) of the women are prepared to be given to the relevant Social Workers.

Conclusion: The number of women in the Methadone Maintenance Treatment is much lower than that of men and there is a high number of women that use drugs whilst taking part in the Methadone Maintenance Treatment..

NOR BLOWS THAT HURT NOR HURTFUL WORDS

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¹ Consorcio Hospital General Universitario de Valencia, España

Objectives: The purpose of this presentation is to analyze the consumption of alcohol as one of the factors associated with domestic violence.

Material and Methods: Numerous studies have shown the relationship between alcohol and domestic violence. There are different theories that may explain this association. Works focused on this topic found in databases like Medline, are analyzed to evaluate the factors and consequences associated with alcohol use as well as how these results may identify more specific prevention policies.

Results: several individual, relational and social factors may aggravate the association between alcohol consumption and violence. The consequences of intimate partner violence are powerful. There is little research on prevention of intimate partner violence related to alcohol, but both generic strategies that address such violence as those aimed to reduce harmful alcohol use in the population play an important role in prevention.

Conclusion: the harmful and hazardous alcohol consumption and intimate partner violence have been recognized internationally as key public health issues requiring urgent attention. At national and international levels, health organizations have a crucial role in advocating policies that address the relationship between alcohol and violence and doing so, to promote prevention initiatives that will improve public health.

Bibliographic References:

Web: http://www.who.int/violence_injury_prevention/publications/violence/en/index.htm

Lorenzo Sánchez Pardo, José Navarro Botella, Juan Carlos Valderrama zurean. Estudio internacional sobre género, alcohol y cultura «Proyecto Genacis». Sociedad Española de Toxicomanías

THE PREVALENCE OF DUAL DIAGNOSIS IN WOMEN INCLUDED ON A BUPRENORPHINE/NALOXONE TREATMENT IN CIUDAD REAL UCA

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Objective: The target is to assess in a retrospective way, the presence of dual pathology in women treated with buprenorphine /naloxone.

Material and Methods: 33 patients were included on a buprenorphine /naloxone treatment in Ciudad Real UCA. They were evaluated from October 1, to December 31 of 2014. Retrospectively, we collected the data of Seven female medical histories, under that treatment.

Results: The prevalence of dual diagnosis in those women, considered dual diagnosis as the sum of two medical disorders: a mental one and a substance use disorder (except nicotine dependence), was 57,14%.

The most common mental disorders were: Personality disorders (42,85%), impulsive control disorders (28,57%) and schizoaffective disorder (14,28%).

Conclusions: In view of the results we could say that there is a high prevalence of dual pathology in women included in BPN/NL treatment.

The sample of women in further studies should be increased, in order to study better the profile of those women under this treatment. It would be very helpful, when planning assistance resources for this kind of patients.

Bibliography:

- Szerman N. et al. A pilot study on the prevalence of dual diagnosis in patients in treatment in the community of Madrid.
- Vega P. buprenorphine effectiveness in patients with dual pathology

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NEUROPSYCHOLOGICAL CASE REPORT: FROM BENZODIAZEPINES TO QUETIAPINE DEPENDENCE

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AIMS

Value neuropsychological deficits in a patient with dual disease and a history of benzodiazepine and quetiapine addiction.

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MATERIALS AND METHODS

Clinical interview, psychopathology assessment and also neuropsychological exploration were assessed (see table 1 y table 2)

RESULTS: CASE REPORT

A 48 year old patient, woman, with a history of quetiapine and BZD (benzodiazepines) dependence was being attended in his reference outpatient drug clinic derived from a mid-term hospitalization.

Medical history

SO: slipped disc and angina, hyperthyroidism.

Toxic antecedents

BZD: first consumption at the age of 16. Start dependency pattern at 32 years old.

QUETIAPINE: first consumption at the age of 47, as an anxiety treatment prescribed by a psychiatrist.

Psychobiography

A patient from Barcelona, the second of a two-phratry family. She's divorced having two adult children. Nowadays, she's living with one of them. She has been diagnosed of borderline personality disorder and BZD dependence disorder, in partial remission.

During the neuropsychological assessment meets DSM-V quetiapine dependence disorder criteria.

Current episode

The patient started abusing quetiapine while she was on BZD detoxification treatment. Because of her cognitive difficulties and slowing in cognitive processing, she was referred to Neuropsychology department.

Psychopathology and personality assessment

Axis I: BZD dependence, Quetiapine dependence

Axis II: Borderline Personality Disorder

Axis IV: Primary group of support problems

Neuropsychological profile

A fronto subcortical profile is observed. The patient performed as we were expected in memory and audioverbal learning tasks, according her age and educational level. Even so she performed poorly on visual-spatial tasks, and problem solving punctuations exhibit difficulties on this area. She displays a slow cognitive processing. Although her punctuations in sustained attention are in a normal range, she has deficits in selective attention activities.

CONCLUSIONS

Psychopharmacology treatment has been highly associated with neurocognitive impairment (1). Besides, patients taking high doses of benzodiazepines for long periods of time perform poorly on tasks involving visual-spatial ability and sustained attention (2). The present clinical case justifies the neuropsychological assessment of that patients abusing benzodiazepine treatment.

REFERENCES

- 1Golombok S, Moodley P, Lader M. Cognitive impairment in long-term benzodiazepine users. Psychological Medicine 1998;18(2):365-374.
- 2Aguilar E, Mendoza MA, Rosio G, López MA, Camacho R. Disfunción cerebral en adicciones. Revista Española Médico-Quirúrgica 2012;17(2):119-124.

Table 1.

NEUROPSYCHOLOGICAL ASSESSMENT

Attention and executive functions

Continuous Performance Test II (CPT-II)

COWAT (FAS)

Tower of London (TOL)

Symbol-Digits Modalities Test (SDMT)

Stroop

Ruff (Figural Fluency test)

N-Back

Language

COWAT (FAS)

Memory

De rey complex figure test (FCR) Immediate – Recorded- Recognition

CVLT (California Verbal Learning Test)

N-Back

Visual and perceptives functions

FCR copy

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Table 2.

Psychopatologic assessment
Índice Europeo de Gravedad de la Adicción (EuropASI)
CAADID
Entrevista Semi Estructurada SCID-I
Entrevista Semi Estructurada SCID-II
Inventario de Depresión de Beck
STAI
BIS-11:
ZKPQ

SELF-MEDICATION WITH PSYCHOSTIMULANTS IN SCHIZOPHRENIA

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Objectives: The incidence of psychostimulant abuse in schizophrenia is four times higher than in the general population.

According to the self-medication hypothesis of Khantzian, the consumption of drugs would seek at least partially alleviate the symptoms of the disease.

Method: We report the case of a male 45 years, being treated in a mental health center, diagnosed with paranoid schizophrenia.

The patient was suffering negative and cognitive symptoms. With intention to reverse symptoms such as apathy, anhedonia, affective flattening and cognitive deficits, the patient repeatedly requested activating antidepressant medication without reaching the desired result. On his own initiative he came to try metilfenidato and to apply modafinil.

Finally, amphetamine abuse was found with the subjective effect of mental improvement, sense of energy and clarity of thought.

Relation to this case we conducted a review in various databases.

Results: According to the hypothesis of self-medication (Khantzian, 1985) patients would abuse substances trying to ease the symptoms of primary disease or adverse drug effects.

According to several studies, patients with schizophrenia resort to psychostimulant use to reduce negative symptoms (apathy, anhedonia, affective flattening, social withdrawal), improve depressive symptoms and cognitive deficits (frontal facilitation processes such as attention, memory, executive functions).

There is research on the use of amphetamines themselves for treating negative symptoms of schizophrenia, which may correspond to a form of self-medication.

Conclusions: It is important to tackle the issue of use/abuse of toxic in schizophrenia psychoeducation.

Attention should be given to the side effects of treatment and negative, affective and/or cognitive symptoms as possible precipitating factors of drug consumption.

NALTREXONE/BUPRENORPHINE AS A PHARMACOLOGICAL OPTION IN PATIENTS WITH ANALGESIC DRUG ABUSE AND PERSONALITY DISORDER COMORBILITY

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The main purpose of this work was to make a review in the literature existing, of the pharmacological options in the treatment of analgesic drug abuse disorder and in particular with personality disorder comorbidity starting from a real case of a middle aged woman with histrionic personality disorder and analgesic drug abuse disorder.

For that we made a review of the different clinical trials published, focusing on the ones we thought more relevant for this case.

To conclude, we found the use of Naltrexone/ Buprenorphine as a good option in the treatment of analgesic drug abuse patients with opioid analgesics.



A CASE REPORT OF AUTO-MEDICATION

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We developed a literature review from the use of drugs as a self-medication. Specifically, this study is focused on the use of heroin and derivatives to decrease psychotic symptoms. We present the case of a 52 year-old man diagnosed with psychotic disorder and heroin and alcohol abuse who after having a methadone treatment, suffered a clear increase of psychotic symptoms.

CLINICAL SEVERITY AS A PREDICTOR OF DROP OUT IN PATIENTS WITH BORDERLINE PERSONALITY DISORDER AND SUBSTANCE USE DISORDER (DUAL PATHOLOGY)

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Aims: The main aim of this study was to analyze the rate of drop out of treatment depending on the severity of the patients in a sample with dual pathology (BPD+SUD) compared to a sample without dual pathology (BPD).

Material and Method: In order to do the comparison, a sample of 36 patients was studied. To analyze the dimensional gravity of the BPD, the four levels of gravity BPD defined by Asnaani (Asnaani, Chelminski, Young, & Zimmerman, 2007) were taken into account, and to analyze the dimensional gravity of SUD, the criteria defined by DSM-5 were taken into account.

Results: The results obtained showed a higher rate of drop out for the patients with dual pathology (BPD+SUD) (16,7%) opposite to the patients without BPD (13,9%). Nevertheless, when the factor of severity of the patients with dual pathology (BPD+SUD) was analyzed, it turned out that those patients with lower levels of severity presented a higher rate of drop out than those other patients with higher levels of severity (8,3% vs. 0%). On the other hand, when gravity of SUD was analyzed the results showed higher rate of drop out the more severe (30,6% vs. 0%).

Conclusion: These results show the importance of using a severity index in Dual Pathology.

References

Asnaani, A., Chelminski, L., Young, D., & Zimmerman, M. (2007). Heterogeneity of Borderline Personality Disorder: Do the number of criteria met make a difference? *Journal of Personality Disorders*, 615-625

MARIJUANA CRAVING QUESTIONNAIRE: A PILOT APPROACH OF A SPANISH VERSION

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Marijuana Craving Questionnaire (MCQ) is a multidimensional self-report instrument which evaluates marijuana craving. This instrument was developed by S. Heishman et al. and published in 2001. This instrument has four dimensions: compulsivity, emotionality, expectancy, and purposefulness. MCQ has two versions: 47-item version and the short form (12-item). Marijuana use has increased in last decades and now is the most commonly used illicit drug. Craving is part of dependence symptoms to this substance and usually could be a trigger relapse during abstinence. Research about cannabis is important to help patients that have related problems with this substance.

Educational Objectives: to show a pilot study of a spanish validation of MCQ for the purpose to apply to spanish speaking population

Methods: We translated the two version of MCQ (47 and 12 items). The questionnaire was administered to a small number of patients who have cannabis dependence (DSM IV criteria) and have been recruited from the Youth Dual Diagnosis Outpatient Program of Les Corts-Barcelona in the last six months.

Results: we expect replicate the same results in terms of efficacy and reliability of the questionnaire in spanish validation in terms of craving measure and the four dimensions which this questionnaire has.

Conclusions: MCQ is a good instrument to evaluate craving in cannabis dependence patients. Until we know there is not any craving questionnaire for Spanish speaking population. A version in spanish of this questionnaire could be a useful for the treatment of these patients.

Literature Reference

Heishman SJ1, Evans RJ, Singleton EG, Levin KH, Copersino ML, Gorelick DA. Reliability and validity of a short form of the Marijuana Craving Questionnaire. Drug Alcohol Depend. 2009 Jun 1;102(1-3):35-40. doi: 10.1016/j.drugalcdep.2008.12.010.

Heishman SJ1, Singleton EG, Liguori A. Marijuana Craving Questionnaire: development and initial validation of a self-report instrument. Addiction. 2001 Jul;96(7):1023-34.

DEVELOPING CLINICAL GUIDELINES FOR PSYCHIATRISTS AND PHYSICIANS IN THE MANAGEMENT OF ALCOHOL AND ILLICIT SUBSTANCE INTOXICATION IN THE ACUTE SETTING

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Background: Alcohol and illicit substance misuse are major public health problems with considerable psychiatric and physical co-morbidity in addition to an increased risk of violence and aggression. People presenting with alcohol or illicit substance intoxication cause considerable concern to healthcare professionals, particularly in Accident and Emergency where their presentation can distort and mimic psychiatric symptoms. As a result, there are considerable differences in practice in the management of these patients and there is a lack of consensus among both psychiatrists and physicians

Aims: To develop clinical guidelines for the management of intoxicated patients in both Accident and Emergency and a Medical Admissions Unit for both psychiatrists and physicians taking into account capacity and fitness for psychiatric assessment and risk management.

Methods: Using both a focus group of twelve psychiatrists and a questionnaire for psychiatrists and physicians, data will be gathered regarding clinical practices and attitudes to treating intoxicated patients by clinicians. Themes of confidence in management, referral pathways, and risk and capacity assessments will be analysed and used to produce a clinical guideline for clinicians at Queen Elizabeth Hospital.

Results: Although the engagement of physicians is currently underway, a focus group of twelve psychiatrists in October 2014 showed considerable variation in attitudes and practice in the management of intoxicated patients. There was clear disagreement about referral pathways, variations in confidence in management and disagreement about when is appropriate to see an intoxicated patient.

Conclusions: The preliminary results show that there is widespread disagreement about the management of intoxicated patients and a clinical guideline with appropriate referral pathways is urgently needed and will be developed as part of this project.

Literature Reference

Cooper P, Caulfield M, Mason T (2010) Developing a procedure to test for intoxication and mental capacity: the 'Under the Influence test' pilot study. *Mental Health Nursing* 30(2): 9-13

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LIVING STANDARD AS A RESULTS INDICATOR IN A NALMEFENO TREATMENT STUDY IN ALCOHOL ADDICTION

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The questionnaires that measure perceived health are used in clinical practice in order to determine the disease impact and the treatment benefits. Nalmefeno, opioid system modulator, is the first drug therapy approved in Europe for the consumption reduction in alcohol-addicted patients.

Objectives: To assess the perceived standard of living related to health and its relation with lower levels of alcohol consumption through a naturalistic study using the Short Form 12 Health Survey (SF-12) and comparing it with studies in Phase III using the Short Form 36 Health Survey (SF-36).

Material and Methods: 35 patients recruited in two mental health centres during the period from September 2014 till today (drug marketed September 1, 2014) with the following requirements: at least 3 months of treatment, alcohol dependence according to DSM V and medium, high or very high consumption level. The SF-12 was administered at the treatment beginning and at three months of following up. The intragroup exchange is valued in the eight dimensions of the instrument and the results are compared with the findings of ESENSE study and normative data of the Basque Country.

Results: In both situations (the baseline and post-test at three months), results in health rates of SF-12 are lower in the treated group than in the normative sample, although the change after the intervention indicates an improvement in the standard of living through more normative values. As in the ESENSE study, a statistically significant change is observed in health improvement in the eight dimensions of the SF-12 and in the summary rates of physical and mental health.

Conclusion: The perception of health standard of living in people with alcohol dependence is more impaired than in the reference normal population. However, a significant improvement is observed in the values of physical and mental health after the intervention with Nalmefeno; which are indicatives of clinical and functional improvement of the participants. The results are supported by evidence of ESENSE study. The SF 12 is presented as an efficient tool to assess the overall physical and mental health given its brevity, applicability and correspondence to the SF 36. Changes in standard of living perceived by patients can serve as a measure of results and cost-benefit contributing to the optimization of resources. The Nalmefeno is shown as a useful drug in reducing alcohol consumption level, especially in high and very high levels.

References:

- Iraurgi I, Jiménez-Lerma JM, Landabaso M. (2005). Análisis de las características psicométricas del índice de salud SF-36 como indicador de resultados en Drogodependencias. *Psiquiatría.com*, 9(2).
- European Medicines Agency (2013). Selincro (nalmefene): EU summary of product characteristics.

COMUNIDADE DE INSERÇÃO NOVO OLHAR. UM NOVO OLHAR SOBRE A DOENÇA MENTAL

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Prupose:

Terão maioria dos Sem Abrigo quadro de patologia dual? Claro que sim! Mas só até chegarem à porta do Hospital. Aí chegados são só são abrigo

Objectivo:

É urgente criar respostas de proximidade, dotadas de equipas especializadas e que “cheguem” às pessoas com patologia psiquiátrica que se encontram em situação de exclusão. Eles não precisam só de cama e comida, precisam de tratamento e de um apoio integrado e multidisciplinar

Metodologia:

Descrição das Actividades na CINO; avaliação perfil do sem abrigo com patologia dual

Resultados:

Perfil do sem abrigo com patologia dual: Perfil do sem abrigo acompanhado na CINO: maioritariamente homem, em média com 39 anos, solteiro ou divorciado, com 1 filho, 2.º ciclo de escolaridade, desempregado e português; grande maioria frequenta consultas (saúde mental e toxicodependência), toma medicação (terapêutica de substituição e neurolépticos), na maioria têm patologia infecciosa (HIV ou hepatite c), tendo cerca de 40% estado detidos; c) a problemática dos sem abrigo é um fenómeno multicausal apontando como principais fatores o conflito familiar, o desemprego e problemas de saúde; no que toca à saúde mental constatamos que 80% dos sem abrigo são portadores de transtorno mental.

Têm em média 39 anos??? Têm na maioria transtorno mental e problemáticas de consumo associadas??? Existem crianças em situação de sem abrigo? SIM!

Na avaliação do programa de intervenção da CINO (comunidade de inserção novo olhar) os residentes destacam como fatores fundamentais a sua participação ativa no mesmo, a importância de rotinas organizadoras, de espaços de terapia de grupo, de consultas de psicologia e psiquiatria, bem como, a existência de equipa multidisciplinar; a existência de um tempo inicial de regime fechado, a existência de crianças na casa, o acesso a emprego protegido e a existência de regras.

Bibliografia:

Ridgway, P. (2007). Supported Housing: Theory and Research. Comunicação apresentada na Conferência Habitação Apoiada. Lisboa; Carinho, P., Pereira A.(2011) Stressful life events in homeless people, livro de actas do 25th Annual Conference of the European Health Psychology Society, Grécia ; Buhrich, N. Hodder, R., & Teesson, M. (2000) Lifetime prevalence of trauma among homeless people in Sidney. Australian and New Zealand Journal of Psychiatry, 34, 963-966.

ANXIETY, DEPRESSION AND ALEXITHYMIA IN PATIENTS WITH CHRONIC RHEUMATOLOGICAL PAIN

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Introduction: Chronic pain is an major cause of handicap and deterioration in quality of life for patients with rheumatological deases. This sensoriel and emotional expirience is very hard and may be associated with physical and emotional repercussions such as anxiety and depression.

Objective: The aim of this study was to search for an association between chronic pain and depression, anxiety and alexithymia.

Methods: It's a cross sectional study including 40 patients hospitalized in the rheumatology departement of Hedi Cheker hospital .Socio-demographic data were collected. We used the visual analogue scale to evaluate the pain's level. Patients also responded to the *Hospital-Anxiety and Depression Scale (HADS)*. Alexithymia was evaluated due to the *Toronto Alexithymia Scale (TAS20)*.

Results:

1. Socio-demographic characteristics:

- The sample was made up of 17 men (42,5%) and 23 woman (57,5%).
- The mean age was 50 years, with extremes from 20 to 78 .
- 72 % had at best a primary school level
- 82 % had a medium socio economic level
- 65 % of patients complained of one (27,5 %) or 2 (37,5 %) pain's localisations.
- lombosciatic was the most frequent source of rheumatological chronic pain (55 %).

2. Chronic pain and impacts:

50 % of the patients juged the pain as severe.

65 % couldn't even do their job properly because of it

90 % suffered at least from one emotional complication and nearly half of them (40 %) expienced all anxiety depression and alexithymia at once.

L'alexithymie was not correlated to the pain's intensity

Conclusion: In chronic pains, therapeutic management and evaluation should consider not only the pain's intensity but also its *consequences on* mood and socioeconomic life . It's then important to have a global vision of the person allowing to provide a medico socio psychological help.

References:

Castro MM, Daltro C. Sleep patterns and symptoms of anxiety and depression in patients with chronic pain. *Arq Neuro-Psiquiatr* 2009;67.

ANXIETY, DEPRESSION AND QUALITY OF LIFE IN PATIENTS WITH SPONDYLOARTHROPATHY : COMPARATIVE STUDY CASE – CONTROL

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Introduction: Spondyloarthropathy (SPA), chronic rheumatic disease, is causing a major functional impairment especially as it affects predilection young adults. Psychiatric symptoms met frequently during SPA and largely dominated by symptoms of anxiety and depressive.

Aim of the study: The aim of our study was to assess anxiety, depression and quality of life in patients affected by SPA and to determine factors predicting.

Methods:

It was a cross-sectional of case-control involving 30 patients with SPA monitored in the department of Rheumatology in Hedi Chaker university hospital of Sfax in Tunisia and 60 controls. We used BASFI "the Bath Ankylosing Spondylitis Functional Index" and BASDAI "the Bath Ankylosing Spondylitis Disease Activity Index" to assess the severity and prognosis of this disease, the Short Form of Health Survey (SF36) to study the quality of life and the Hospital Anxiety Depression (HAD) for the exploration of anxiety and depression

Results:

The average age of our patients was 39.26 ± 12 years, with a male predominance 76.7%. The age of onset of disease was 29.96 ± 13.51 years. The mean disease duration was 6.81 ± 9.31 ans.

The mean scores of BASDAI and BASFI were 56.5 and 46 respectively. The quality of life was impaired in 60% of cases. Of the thirty patients, twelve (40%) had depressive symptoms patients with SPA were more depressed than controls but not statistically significant (30% vs 13%; $p = 0.06$). The HAD depression was significantly correlated with BASDAI ($p = 0.003$), the BASFI ($p = 0.001$), a high number of painful joints ($p = 0.03$), tiredness ($p = 0.01$) and that with all areas of the SF36 (except for D6 and D7). Patients with SPA were more anxious than controls (40% vs 16.7%; $p = 0.015$). The HAD anxiety was significantly correlated with BASDAI ($p = 0.001$), and some areas of SF36 (D1, D2, D3, D6 and D8).

Conclusion: Anxiety, depression and impaired quality of life are frequently found in patients affected by SPA. This underlines the importance to take into account all these psychological dimensions in order to optimize the management of this disease.

References:

Ortancil O et al. Psychological status and patient-assessed health instruments in ankylosing spondylitis. J Clin Rheumatol. 2010 Oct;16(7):313-6.

DIFFERENCES IN METHADONE AND BUPRENORPHINE WITHDRAWAL SYNDROME – PATIENTS’ NARRATIVE PERSPECTIVE

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Educational Objectives: This study provides an additional contribution to the ongoing debate about the merit and precedence of two distinct substitution treatment modalities within the clinical field of opioid dependence – methadone and buprenorphine substitution therapy. New findings could be especially relevant as current guidelines propose an individualized approach when deciding which modality to apply.

Purpose: Main purpose of study is to present specific subjective patients’ perspectives on withdrawal syndrome that occurs after graduate and controlled removal of opiate substitution therapy in a specialized inpatient setting.

Methods: Repeated in-depth interviews with 12 inpatients (6 patients on methadone and 6 patients on buprenorphine substitution therapy) were performed during detoxification in Department for Dual Diagnosis at University Psychiatric Hospital Vrapče. The primary focus of these interviews was put on the patients’ own experience of (sub)acute withdrawal syndrome that occurred during and after detoxification. After completion, interviews were transcribed and thematically analyzed.

Results: Patients perspectives with methadone and buprenorphine substitution therapy created five distinct themes that were conceptualized as: “physical”, “emotional”, “mood”, “cognitive”, and “phantom”. Although both treatment modalities provided perspectives that were conceptualized in similar themes, differences in attribute description were evident. Further analysis provided insight in distinct patients’ perspectives on methadone and buprenorphine withdrawal management. Although it could be open to interpretation, the authors reached a consensus that patients’ subjective experience of buprenorphine withdrawal syndrome could be characterized as less disturbing.

Conclusions: These findings, although preliminary, provide certain insight into a more favorable subjective experience of buprenorphine withdrawal syndrome. Negative reinforcement remains an issue with both methadone and buprenorphine treatment modalities, with buprenorphine seeming to be related to a lesser degree of negative reinforcement and its anticipated consequences.

MILD COGNITIVE IMPAIRMENT IN PATIENTS WITH CHRONIC PULMONARY DISEASE

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INTRODUCTION:

Chronic obstructive pulmonary disease (COPD) is a major public health problem and an important cause of morbidity and disability in elderly. There are only a few studies about decreased cognitive functions in patients with COPD.

METHODS:

It's a cross sectional study. We used mini mental status examination (MMSE) to assess cognitive changes in 50 elderly (> 60 years) inpatients in the pneumology department of hedi cheker hospital-sfax Tunisia, and quality of life status using the health survey questionnaire short form-36 (SF-36).

RESULTS:

The mean age of the patients with COPD interviewed was 66, 6 years. Forty percent of patients are smokers. Sixty percent have a history of smoking, but were not smoking currently. Grade level of our patients was 73.3% in primary. Education level has a strong inter-correlation with results of the MMSE. 42.9% of patients had a MMSE < 23. Cognitive disorders are not correlated with age; the patient is smoking and the severity of the COPD. It was found that MMSE scores were not correlated with SF-36 categories. It was a significant correlation between MMSE scores and values of PaO₂ and SaO₂%.

CONCLUSION:

The clinical relevance of the mild cognitive impairment is not yet known. Future studies should concentrate on the consequences of cognitive dysfunction for daily living in these patients, and solutions involving a high degree of self-care might require special support.

Literature Reference:

Balwinder S., Mielke M, PhD, Parsaik A K and al. A Prospective Study of chronic obstructive pulmonary disease and risk of mild cognitive impairment.
JAMA Neurol. 2014 May 1; 71(5): 581–588. doi:10.1001/jamaneurol.2014.94.

DUAL PATHOLOGY IN PSYCHIATRIC EMERGENCY

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Introduction: The association between mental illness and toxic substance abuse in a lower adherence to pharmacological treatments, and therefore an increase in the number of consultations in the Emergency Department and a greater number of hospital admissions of patients in Brief Hospitalization Units of Psychiatry.

Objectives: Describe the prevalence of patients who are treated by Psychiatry in the Emergency Department of a General Hospital of Valladolid for six months. And their relations with demographic variables, their comorbid psychiatric pathologies, diagnosis and type of intervention that takes place.

Material and Methods: It is a descriptive and retrospective study. Records made during the guards in the Emergency Psychiatry Service at the Clinic University Hospital of Valladolid for 6 months (July to December 2014) were analyzed.

Results: A total of 821 patients were included in the records of Emergency Psychiatry Service, approximately 10% (41% males and 41% females) attended in relation to substance use disorders. With an average age of 38.5 years. The most frequent diagnoses were Dependence and abuse of alcohol and high consumption toxic psychosis, most cannabis. The 38, 1% enter to the Briefly Hospitalized Psychiatry versus the 41.9% who were discharged from hospital. Around 20% of patients were evaluated in the Emergency room twice or more.

Conclusion: The substance use is high in psychiatric patients, and hospital admissions seems to condition. The tendency to not complete psychopharmacological treatments, or follow guidelines regarding the cessation of toxic make continued assistance in the Emergency Department is required, seeing themselves hampered good course and prognosis of the disease, also sometimes misuse of health resources.

References:

1. Rubio, G; López-Muñoz, F; Álamo, C; Santo-Domingo, J. Trastorno psiquiátricos y abuso de sustancias. Ed Médica Panamericana, Madrid, 2002.
2. Bobes, J; Casas, M; Gutiérrez Fraile, M. Manual de Evaluación y Tratamiento de Drogodependencias. Ars Médica, Barcelona, 2003.

DENIAL OF URINALYSIS-CONFIRMED OPIOID USE IN PRESCRIPTION OPIOID DEPENDENCE

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Research generally has supported the validity of substance use self-reports, although some patients nevertheless deny urine-verified substance use. We examined the prevalence and patterns of denying urinalysis-confirmed opioid use in a sample of prescription opioid dependent patients. We also identified characteristics associated with denial in this population of increasing public health concern. Opioid use self-reports were compared with weekly urinalysis results in a 12-week multi-site treatment study for prescription opioid dependence. Among those who used opioids during the trial (n=246/360), 44.3% (n=109) denied urinalysis-confirmed opioid use, usually once (78%). Overall, 22.9% of opioid-positive urine tests (149/650) were denied on self-report. Multivariate analysis found that initially using opioids to relieve pain was associated with denying opioid use. Underreporting of opioid use is common, with patients initially receiving opioids for pain most likely to underreport use. These findings support the use of both self-reports and urine testing in treating prescription opioid dependence.

K-OPIOID RECEPTOR AS A KEY REGULATOR OF APPETITIVE 50-KHZ ULTRASONIC VOCALIZATIONS DURING SOCIAL INTERACTIONS

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Many years of behavioral analysis determined the frequency of the emitted signals, intervals and sound architecture, and classified rat's ultrasonic vocalizations (USVs) into two basic bands of emission: 22-kHz and 50-kHz USVs. It is believed that these two distinct bands can be assigned to separate emotional states of the animals. 22-kHz USVs are usually associated with the expression of the negative emotional states, manifesting anxiety, fear and pain. 50-kHz USVs may reflect an appetitive emotional state, and therefore this method is used in studies of drug addiction, sexual behavior, and social interactions. There is strong evidence reported also in the optogenetics studies which indicate the differentiation of brain dopamine functions in various structures involved in emotional processing such as signaling of aversion and reward.

The aims of this study were to: (i) study the pharmacological impact of κ -opioid receptor (KOR) and μ -opioid receptor (MOR) ligands on the emission of 50-kHz USVs triggered by social interaction after long-term isolation; (ii) analyze the concentrations of the main neurotransmitters in reward-related structures (VTA, NAcc and mPFC).

Methods: In an attempt to define the effects of opioid-receptor activation on the reward system (measured by 50-kHz ultrasonic vocalization), we used a social interaction test (after 21-days isolation). HPLC analysis was used to determine the monoamine and amino acid concentrations in reward-related structures.

Results: U-50488 (KOR agonist), high doses of morphine (KOR and MOR agonist) and naltrexone (MOR and KOR antagonist) decreased, and nor-BNI (KOR antagonist) increased 50-kHz USVs. The biochemical data showed several variations between groups regarding dopamine concentrations, serotonin and their metabolites; these data may suggest that the levels of emitted ultrasound in the 50-kHz band are inversely proportional to the 5-HIAA/3-MT ratio in the VTA.

Conclusions: Considering the observation that the level of sound emitted in the 50-kHz band was inversely proportional to the 5-HIAA/3-MT ratio in the VTA, our data confirm the canonical conviction that the activation of the mesolimbic dopaminergic system (particularly in the NAcc) is the predictor of the emission of 50-kHz ultrasonic vocalizations; however, it appears that the key predictor for 50-kHz USVs emissions is the change in the balance between the serotonin and dopamine concentrations in the VTA. The effects of the MOR and KOR ligands on 50-kHz USVs indicate that the activation of both receptors play an important role in the regulation of the emotional expression measured via 50-kHz USVs in rats. Our study showed a bidirectional influence of KOR ligands, where KOR nor-BNI antagonist caused the increase of 50-kHz ultrasonic vocalization and KOR agonist U-50488 reduced the appetitive vocalization at 50-kHz band. These indicate a key importance of the KOR receptors in 50-kHz modulation associated with processing positive emotions. Studying the complex mechanisms and pharmacological modification of the mesolimbic system (measured via USVs in the 50-kHz band) using receptor ligands, such as KOR agonists and antagonists, may support further research on new drugs for the treatment and prevention of addictions. Bi-directional effect of KOR ligands on processing emotions as well as further studies with the use of KOR antagonist may also result in future clinical implementation in mood disorders or negative symptoms of schizophrenia treatment.

THE INTERSECTION BETWEEN CHRONIC PAIN AND OPIOID ABUSE: FACTORS ASSOCIATED WITH QUALITY OF LIFE

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Educational Objectives: The data presented in this analysis should allow for better understanding of the ways in which chronic pain and opioid abuse interact with other biological and psychosocial factors to affect overall health-related quality of life (HRQOL).

Purpose: While research on the separate relationships between HRQOL and chronic pain, and HRQOL and opioid abuse has been sparse, even less work has investigated the factors associated with HRQOL in individuals who have both chronic pain and regularly abuse prescription and illicit opioids.

Methods: Individuals with chronic pain and opioid abuse diagnoses were recruited for clinical research studies within the Opioid Research Laboratory of Columbia University Medical Center. As a part of screening, participants complete a battery of self-report questionnaires and clinician-administered inventories, and provide urine samples for drug toxicology testing to assess source and severity of pain, and opioid (ab)use. Potential predictors (age, race, sex, pain severity, depressive symptoms, duration of opioid use, route of opioid use, amount of opioid use) were gathered from these data and entered into a stepwise regression analysis in order to identify correlates of HRQOL score.

Results: Fifty participants (39 males) with chronic pain were included in the analysis, 26 were primarily using heroin and 24 prescription opioids. Their average age was 46.9 years, Brief Pain Inventory (BPI) "severity" rating was 6.3 (of 10), "interfering" rating was 5.2 (of 10) and Beck Depression Inventory (BDI) score 11.8 (of 63). Across the several HRQOL dimensions (Physical Functioning, Role Functioning, Social Functioning, Energy, Emotional Well Being, Pain, and General Health) only greater BPI and BDI scores were consistently associated with lower QOL scores ($p's < 0.01$), while increased daily opioid use was often associated with higher scores ($p's < 0.05$).

Conclusions: These data suggest that insufficient pain management and depression are variables contributing to significantly lower quality of life among individuals with chronic pain and opioid use disorders.

DUAL PATHOLOGY IN PATIENTS IN HARM REDUCTION AND SUPERVISED DRUG CONSUMPTION ROOM. THE CHALLENGE OF HARM REDUCTION PROGRAMS

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Introduction: Drug Consumption Room (SVA) is a place where patients can consume illegal drugs carried by themselves facilitating to them material of sterilized injection, sanitary supervision and educational pursuit. In Harm Reduction Programs we observed that patients with comorbidity of organic and psychiatric pathologies can be more vulnerable to present adverse effects during or after the consumption, as well risk of aggravating the preexisting psychiatric pathologies. Many patients initiate its first contact with health services through the consumption room or HR programs with later link to Psychiatric treatment.

Objectives: To know comorbidity with psychiatric and organic pathologies of the opioid dependent patients that use EVA and other HR resources compared with patients that do not use HR.

Methodology: Descriptive study, includes socio-demographic variables, consumption and presence of psychopathology and infectious diseases in opioid dependent patients under 45 years who use or not use HR. Analysis of databases with SPSS system with frequencies, interrelation of variables and statistical significance.

Results: A total of 113 patients (68%men) with complete pscopathological screening (36 using HR programs) with mean age 35.52 ± 6.28 and $P:0.013$ HR patients more younger (36.54 ± 6.10 vs 33.42 ± 6.19). Infectious (HIV, HCV, HBV) 40.2 (Just Opioid Dependence) vs 42.5 (HR patients) $P:0.509$. Hepatic Diseases 38 vs 55.6 $P:0.053$. Affective Disorders 22.4 vs 16.7 $P:0.784$. Personality Disorders 22.4 vs 38.9 $P:0.184$. Anxiety Disorders 8.5 vs 12.5 $P:0.807$. Psychotic Disorders 6.6 vs 8.3 $P:0.943$. First Opioid Use Age 20.92 ± 6.27 vs 19 ± 4.89 $P:0.083$. Dependence Opioid Age 22.70 ± 7.11 vs 20.81 ± 6.04 $P:0.158$. Years of Opioid Use 10.16 ± 7.50 vs 11.06 ± 9.14 $P:0.637$.

Conclusions: Patients with dual pathology and comorbidity with infectious diseases present more contact in its first phase of the process with EVA and HR programs, are more vulnerable. HR allows them to gain treatment engage for SUD. Harm Reduction programs improves the adhesion to treatment in vulnerable dual patients.

Bibliography:

- 1: Ley A, Jeffery DP, McLaren S, Siegfried N. Treatment programmes for people with both severe mental illness and substance misuse. Cochrane Database Syst Rev. 2000;(4):CD001088. Review. Update in: Cochrane Database Syst Rev. 2008;(1):CD001088.
- 2: Phillips P, Labrow J. Dual diagnosis - does harm reduction have a role? Int J Drug Policy. 2000 Aug;11(4):279-83.

THE OPIOID SYSTEM AND ADDICTION — BRIEF REVIEW AND CLINICAL CASES

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Educational Objectives: At the end of this presentation, the participants should be able to understand the complex brain opioid system and how opiates interact with it promoting addiction, and to recognize how it can be useful in clinical practice in terms of comprehensive diagnosis and treatment.

Purpose: To review brain opioid system, understand how opiates promote addiction and to review clinical cases.

Methods: The authors have conducted an online search on PubMed focusing on brain opioid system. The authors have also reported and discussed clinical cases based on the data found.

Results: The opioid system of the brain is the major target for opiate drugs, such as heroin, and has been implicated in processes, such as pain, stress, and reward. Recent findings from human brain imaging research are beginning to suggest that substance addiction per se may be associated with alterations in this system. These alterations may influence the craving, distress, and dysphoria found in early alcohol and drug abstinence. One of the most important endogenous opioid peptides are endorphins, which preferentially bind to and stimulate the mu opioid receptor (mOR). This receptor is upregulated in substance addiction. There are also robust interactions between dopamine and opioid mechanisms in the brain, suggesting that chronic use and abuse of addictive substances is likely to have enduring effects on the opioid system. Our clinical cases illustrate how this system is interfered by drugs and how opioid-targeted drugs may be a comprehensive treatment option.

Conclusions: There is strong evidence for dopamine-endorphin interactions in the brain. The mOR findings in addiction may endorse this neuroadaptation as an important neural biomarker in abstinence and relapse risk. Despite this growing data and specific opioid receptor targeted drugs, further clinical trials focused on the altered brain opioid system mechanisms promote addiction in drug users.

THE EFFECT OF OPIOID AGONISTS ON THE QTc INTERVAL IN DUAL PATHOLOGY PATIENTS: A PILOT STUDY

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We are presenting preliminary results about the evaluation of the changes in the QTc interval in relation with opioid agonist treatment.

Methodology. A pilot study was carried out on the Addictive Behavior Unit in Paterna (Valencia – Spain). A detailed medical history was obtained, paying special attention to QTc prolongation risk factors, like cardiac history, thyroid disorder, HIV, HVC, dual pathology and illegal drug use in the month before the ECG. A six lead ECG was performed accompanied by a QT interval measurement. *Bazett's formula* was used in order to correct the QT interval for heart rate, thus obtaining the QTc.

Results. 93 patients took part in the study. 85 (91.4%) were in methadone treatment and 8 (8.6%) in buprenorphine/naloxone treatment; 84.9% were men and 15.1% women. The average measurement of the QTc interval was 0.40 ± 0.04 ms. The mean age of the patients in the study was 43.4 ± 6.3 years. The average dose was 57.27 mg in the case of methadone and 9.75% in the case of buprenorphine/naloxone. The descriptive analysis shows cardiac pathology in 5.4% of the patients, thyroid disorder in 22.6%, and prevalence of HIV and HVC infection in 29% and 74.2%, respectively. 57% of the sample showed dual pathology, of which 34% took antipsychotics, 30.9% antidepressants, 19.4% mood stabilizers and in 54.3% of the cases benzodiazepines were part of the treatment. Statistically significant differences in the QTc measurement were not found in relation with the presence of dual pathology. We observed differences by relating QTc measurement with the type of agonist prescribed, methadone (0.40 ± 0.04) and buprenorphine/naloxone (0.43 ± 0.05), although they were not significant. We did find significant differences depending of the provided methadone dose, the bigger the dose, the longer the QTc interval ($p=0.012$). The same happened with benzodiazepine use ($p=0.019$).

Conclusion. We observed statistically significant differences by relating QTc measurement with methadone dosage and benzodiazepine use. The results obtained show interesting clinical aspects for evidence-based therapeutic decision making.

A work group called QUOPAT has been created where different physicians have joined from the Autonomous communities of Andalusia, Catalonia, Galicia and Valencian Community (Spain).

Bibliography.

1.Fonseca F, Marti-Almor J, Pastor A, Cladellas M, Farré M, de la Torre R, Torrens M. Prevalence of long QTc interval in methadone maintenance patients. *Drug Alcohol Depend.* 2009 Jan 1; 99(1-3):327-32.

2. Sallvik M, Nordstrand B, Kristensen Ø, Bathen J, Skogvoll E, Spigset O. Corrected QT interval during treatment with methadone and buprenorphine--relation to doses and serum concentrations. *Drug Alcohol Depend.* 2013 Apr 1;129(1-2):88-93

METHADONE AND PSYCHOTIC DISORDERS: A LITERATURE REVIEW

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Educational Objectives: Some authors have supported the idea that opioids may have an antipsychotic effect but there is not enough research in that field to confirm it.

Purpose: The main purpose of this review is to look at the association between the methadone use and psychosis.

Methods: We searched in Pubmed the key words “Methadone”, “psychotic disorders” and “schizophrenia” and identified all the studies related with this issue.

Results: We found four references that were directly related with psychotic symptoms associated with methadone. Last of them was published in 2000. We did not find any methanalyses, reviews, randomised controlled trials, or cohort studies. One is a control case study that compared seven schizophrenic patients that after receiving methadone with neuroleptics had a better outcome in psychotic features compared with those treated with neuroleptics. Other study of four cases showed psychotic appearance after methadone withdrawal. Two of them had no previous psychotic record, one exhibited a psychotic episode, and another one had schizophrenia diagnosis. None of them had a typical withdrawal syndrome. Another series of four heroin abusers showed that after being treated with methadone three patients had better treatment adherence, longer times free of psychosis and lower illegal drugs consume. One reference was an editor letter published in 1977 suggesting antipsychotic effects based on prolactin augmentation related with opioids.

Conclusions: The literature that supports the antipsychotic effects of methadone is scarce and has a low level of evidence. This postulation is based on a supposed preventive effect of methadone of suffering psychotic episodes and the supposed risk factor of withdrawal. More evidence is required in order to give any practical recommendations.

Literature Reference

1. Walby FA, Borg P, Eikeseth PH, Neegaard E, Kjerpeseth K, Bruvik S, Waal H. Use of methadone in the treatment of psychotic patients with heroin dependence. Tidsskr Nor Laegeforen. 2000 Jan 20;120(2):195-8.
2. Brizer DA, Hartman N, Sweeney J, Millman RB. Effect of methadone plus neuroleptics on treatment-resistant chronic paranoid schizophrenia. Am J Psychiatry. 1985 Sep;142(9):1106-7.

NALMEFENE EFFICACY PREVENTING ADMISSIONS DUE TO ALCOHOL MISUSE AND PSYCHOTIC RELAPSE

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Nalmefene is an opioid receptor modulator which has shown efficacy in patients with high or very high drinking risk levels in reducing total alcohol consumption and heavy drinking days. However, there isn't any study published yet about nalmefene dosing, tolerability and efficacy in alcohol dependence and schizophrenia or bipolar disorder. We reviewed recent literature concerning opioid antagonists, dual disorders, schizophrenia and alcohol misuse and we report the case of a 32-year-old woman diagnosed with Schizophrenia and Alcohol Dependence. In 2013 and 2014 the patient needed a total of 29 hospital admissions (Psychiatry admissions and short-term Observation admissions), most related to alcohol consumption precipitating psychotic relapses. Psychopharmacological and intensive psychosocial approaches over the last years were insufficient to decrease relapse high rate. During her last 15 days admission in Psychiatric in-patient ward she was prescribed nalmefene 18 mg one tablet daily, unlike the general indication of as-needed basis. Due to the lack of adverse reactions the patient was encouraged to continue the treatment after discharge and so she did. Over the course of the next 5 months outpatient follow-up she has not been admitted again into hospital, not been in Emergency Department and family is perceiving improvement, despite she has not been completely abstinent.

Conclusion: Although uncontrolled one case observation can only be interpreted with caution, it seems that nalmefene may bring interesting benefits in schizophrenia and alcohol dependence reducing total alcohol consumption and therefore psychotic relapses and admissions.

References:

National Institute for Health and Care Excellence. Nalmefene for reducing alcohol consumption in people with alcohol dependence: final appraisal determination. October 2014.
www.nice.org.uk/guidance/indevelopment/gid-tag442/documents.

OPIOID USE DISORDER AND PSYCHOSIS IN A DUAL DIAGNOSIS UNIT

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Objetivos:

El consumo de opiáceos por sí solo tiene escaso riesgo de producir manifestaciones psicóticas.

El inicio de tratamiento anual por heroína es del 12.03%. La prevalencia en los programas de mantenimiento de metadona (PMM) de esquizofrenia es de 1% y de otros trast. psicóticos de 12%. En la Esquizofrenia la prevalencia de consumo de heroína es del 2%.

El objetivo de nuestro estudio es describir las características de los pacientes psicóticos consumidores de opiáceos en una unidad de patología dual.

Método:

Estudio observacional descriptivo de las características clínicas y sociodemográficas de los pacientes psicóticos con TUS (trastorno por uso de sustancias) opiáceos dados de alta en una unidad de patología dual entre 2011 y 2014.

Resultados:

12.34% presentaban TUS opiáceos (137/1110 pacientes). En el 36.5% de los casos era el diagnóstico principal TUS, pero el policonsumo era frecuente.

75.2 % de los pacientes estaban en PMM (dosis media 68,25 mg/día). Sólo el 36.5 % de los pacientes con TUS opiáceos llevaba metadona a dosis eficaz ≥ 60 mg.

8.86 % de total de las psicosis estaban asociadas a TUS opiáceos. A su vez, el 51.8 % de los consumidores de opiáceos presentaban psicosis.

El 80,3% de los pacientes con TUS opiáceos y psicosis eran hombres y la edad media fue de $39.76\% \pm 7.126$.

Los diagnósticos por orden de frecuencia fueron: Esquizofrenia 38%, Psicosis inespecificada 31%, Psicosis tóxica 16.9 %, Esquizoafectivo 11.3 %, Otros 2.8%.

Entre los pacientes con metadona ≥ 60 mg, el 52.08% presentaron psicosis, 40% TUS cocaína y el 20 % TUS cannabis; frente a los pacientes que no tomaban metadona o que la tomaban en dosis <60 mg, que presentaron 56.09 % psicosis, 52.17% TUS cocaína y 47.8 % TUS cannabis. Ambos grupos no mostraron grandes diferencias en los porcentajes por tipos de diagnóstico.

Conclusión:

Al igual que en población general, el TUS opiáceo es poco frecuente en nuestro estudio y por lo tanto también en su asociación a psicosis. La mitad de los pacientes con TUS opiáceo presentaba psicosis, lo que contrasta con la hipótesis de que los agonistas opioides tienen un efecto antipsicótico. Dosis de metadona ≥ 60 mg no marcaron diferencias respecto a la presentación de la psicosis, comparado con los que no llevaban metadona o cuyas dosis eran <60 mg, pero sí en la reducción de consumo de otras drogas (cocaína y cannabis).

GOOD COP, BAD COP: ROLE OF THE OPIOID SYSTEM IN THE PATHOGENESIS AND IN THE TREATMENT OF ALCOHOL ADDICTION

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Educational Objectives: We should be able to expose the participation of the opioid system in the establishment of alcohol dependence and how it is applied in the treatment (opioid antagonists).

Purpose: The author purposes to do a literature review of the relevance of opioid system in alcohol addiction, and the mechanism of actuation of opioid antagonists in the treatment of alcohol addiction.

Methods: The following database was consulted: Cochrane Library, Pubmed and Science Direct.

Results: Alcohol induces the raise of dopamine in the mesolimbic pathway using several mechanisms; one of which is the induction of beta-endorphin production. This is an opioid peptide that activates the GABA neurons m receptor in the ventral tegmental area, decreasing GABAergic activity, and so increasing the firing of dopaminergic neurons.

Also, beta-endorphins stimulate dopaminergic neurons in nucleus accumbens, also contributing to the raise of dopaminergic activation.

These mechanisms could be important to alcohol reward effects.

Opioid antagonists bound to opioid receptors, so having a potential effect in the decrease of reward effects of alcohol. This bound causes a decrease of dopamine in the mesolimbic pathway.

Conclusions: The opioid system can modulate the reinforcement effects of alcohol and mediate his behavioural effects, there so antagonists are used in alcohol addiction treatment. The authors achieve to demonstrate the role of opioid system in the alcohol addiction.

INJECTABLE VERSUS ORAL ANTIPSYCHOTICS IN THE PATIENTS WITH SCHIZOPHRENIA SPECTRUM DISORDERS AND OPIOID DEPENDENCE

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Educational Objectives: To demonstrate injectable antipsychotics might provide better efficacy, tolerability, and compliance compared to oral antipsychotics due to improved adherence. This study was designed to relate the effectiveness of both routes of drug administration in schizophrenic subjects with opioid dependence. The noncompliance can be described by poor understanding into illness, elevated substance abuse associated with schizophrenia and by side effects associated with antipsychotics such as extrapyramidal symptoms (EPS).

Purpose: Adherence to drug treatment can decrease incidence of drug abuse in schizophrenic patients.

Methods: A total of 12 patients with schizophrenia spectrum disorder and opioid dependence (diagnosed using ICD-10 classification) were enrolled for 1-year follow-up study. Six subjects were selected for treatment with long-acting injectable Paliperidone palmitate (75-100mg/month) with Buprenorphine (0.6, 0.8, 1.2, 2.8mg/day), while another 6 were treated with Olanzapine (15, 20mg/day) or, Risperidone (12mg/day) or, Quetiapine (400mg/day) or, Aripiprazole (20 mg/day) and Buprenorphine (1.6, 2.0, 2.8 mg/day). The primary endpoint was clinical improvement in schizophrenic symptoms and substance abuse abstinence.

Results: Preliminary results suggest that individuals treated with injectable antipsychotics have no active psychopathology and less cue-elicited craving and substance abuse relapses at study completion compared to oral route of administration. Further, analysis of tolerability outcomes revealed that subjects with injectable form of antipsychotics experienced less EPS.

Conclusions: The strategy of long-acting injectable antipsychotics were more effective with fewer side effects than oral in improving substance abuse and reduce risk of relapse in patients with schizophrenia. However, these conclusions are limited because research includes a small sample, and the use of a primarily male population. Furthermore, data on oral administration of antipsychotics has been mixed, with some finding shows reasonably effective and tolerable, and others finding the less effective. One possibility for the disparate results may be that subjects were administered different oral antipsychotics in this study.

CONSUM YOU BENZODIAZEPINES? RESPONSE OF PATIENTS ON METHADONE MAINTENANCE PROGRAM

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OBJECTIVE

Self-medication is a common practice among patients Methadone Maintenance Program (MMP) and unrecognized by them, whether or not dual diagnosis of pathology, so we propose to assess whether PMM our patients self-medicate or not.

MATERIAL AND METHOD

A questionnaire individually to the 124 patients in PMM is proposed and compared with the toxicological checks in urine during the month of January 2015

RESULTS

Of the 124 patients included in the survey PMM accepted 86 patients (69.35%) of them have dual pathology, 62.79% and 27.78% recognize that self-medicate. Of those without dual diagnosis recognize the 34.37% self-medication. In toxicology controls performed to patients in PMM, during the month of January 2015, tested positive for benzodiazepines 48.63%

CONCLUSIONS

A high percentage of patients in PMM have dual pathology (62.79%) a discrepancy between the results of the surveys and the results of the conducted toxicological controls were observed, what is inferred that patients self-medicate for PMM frequently and do not recognize in the polls.

Therefore the most objective way to know the real situation of the patient are toxicological checks in urine so they should be considered an essential part of treatment in patients included in PMM.

REFERENCES

- A. Carreras Alabau. Benzodiazepines consumption and addiction in methadone programs users, Madrid in February 2007.
- G. Mateu, M. Astals, M. Torrens. Psychiatric comorbidity and opioid dependence disorder: From diagnosis to treatment. Addictions 2005.

NURSING CARE PLAN FOR PATIENTS WITH DUAL DIAGNOSIS INCLUDED IN METHADONE MAINTENANCE PROGRAM

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OBJECTIVE

The mission of the nurse Addictive Behavior Unit is to provide the necessary care to the patient helping you to enhance your skills so you can exercise their own self-care have autonomy, their rehabilitation and reintegration.

MATERIAL AND METHODS

To establish nursing interventions we rely on functional health patterns of Marjory Gordon and identify the most prevalent diagnoses according to the taxonomy NANDA (North American Nursing Diagnosis Association) applied and establish results by NOC (Nursing Outcomes Classification) taxonomy and have proposed interventions following the taxonomy NIC (Nursing Interventions Classification).

RESULTS:

Patterns M. Gordon

1. Perception / Health Control: Rate control consumption, drugs and other addictive substances, determining whether there has been a change in the lifestyle of the patient, eliminating the addiction of their life perspective.

3. Elimination: Constipation

10. Adaptación-Tolerance: State of tension and anxiety. Adaptation strategies: variables NANDA diagnoses

00035 - Risk of injury r / c chemical factors (toxic drugs)

00043 - Ineffective Protection r / c substance abuse

00128 - Acute Confusion r / c abuse

00011 - Constipation r / c opiates

00069 - Ineffective Coping r / c Inadequate level of perceived control (Dual pathology)

results NOC

1904 - Risk control: drug

0912 - neurological condition: consciousness

0501 - intestinal Elimination

1405- Self pulse

NIC interventions

4514 - Treatment for substance abuse: drug withdrawal

0450 - Management of constipation / impaction

2300 - medication -Administration

CONCLUSION

The use of a taxonomy internationally recognized, easy to manage care, to be able to assess effectively the nurse intervention. The professional nurse must have a standardized care plan to provide quality care.

“I HAVE LOST MY MEMORY”. WORKING MEMORY AND METHADONE MAINTENANCE TREATMENT

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Purpose: Rate scores on working in patients attending the Methadone Maintenance Program (MMP) in the Addictive Behavior Unit (UCA) of Ciudad Real

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Methods: The study was conducted between October and December 2014. . All users of the Methadone Maintenance Treatment of Ciudad Real (n=120) were asked for their cooperation, accepting 47 patients. We measure working / operative memory using Letters and Numbers (LN) and Spacial Location (SL) tests of WMS-III. No control group were used.

Results: Various studies have found cognitive deficits in patients who are following a Methadone Maintenance Treatment, finding deficits in working memory, psychomotor speed, decision making, metamemory, and inhibition. We found lower scores of working memory in patients following the PMM (average: 92.73 Standard deviation 15.04) than the expected mean of the test (Media 100, standard deviation 15) As in test scores LN and SL (mean: 7.07 and 8.8 with standard deviations of 2.71 and 3.81 respectively, when expected is a mean of 10 and a standard deviation of 3).

Conclusions: The results indicate a decreased ability to remember and manage information received both oral and visually patients PMM. The data suggest that visual working memory is more conserved than the hearing, if more studies would be needed either. This profile scores could help us in planning treatment and the relationship with the patient.

Literature Reference:

Effects of methadone maintenance treatment on working memory in male heroin dependent patients. (2012, Yin LS1, Li ZA, Pang LJ, Zhu CY, Wang SM, Zhang L, Tang WC, Dai J.)

Cognitive impairment in methadone maintenance patients (2002, Mintzer MZ1, Stitzer ML)