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CONSUMO DE ALCOHOL Y SU RELACIÓN CON LA TEORÍA DE LA MENTE

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DUAL PATHOLOGY: ALCOHOL AND MENTAL DISORDER, PATIENT PROFILE

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WHO IS AT GREATEST RISK FOR DEVELOPING DELIRIUM TREMENS?

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BIBLIOMETRIC ANALYSIS APPROACH (20 YEARS) AND AN UPDATE ABOUT DRUGS IN ALCOHOLISM

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ALCOHOL USE DISORDER AND PSYCHIATRY COMORBIDITY, IS THIS RELATIONSHIP UNDERDIAGNOSED?

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UNDERDIAGNOSIS OF ALCOHOL DEPENDENCE IN GENERAL HOSPITAL: IMPLICATIONS FOR DUAL PATHOLOGY

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COGNITIVE IMPAIRMENT IN PATIENTS WITH ALCOHOL-USE DISORDERS: A DUAL PROBLEM

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EFFECTIVENESS AND TOLERABILITY OF NALMEFENE IN ALCOHOL-RELATED DISORDER CO-OCCURRING WITH MAJOR DEPRESSIVE DISORDER

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THREE LIVES CONSUMED IN ALCOHOL'S HELL

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COMORBIDITY OF PSYCHIATRIC DISORDERS OF THE PATIENTS ADMITTED TO THE HOSPITAL ALCOHOLISM SERVICE OF PLASENCIA

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PSYCHOSIS SECONDARY TO CONSUMPTION OF HALLUCINOGENIC DRUGS (DATURA) AND CANNABIS

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COCAINE USE DISORDER AMONG PATIENTS ADMITTED TO A PSYCHOSOCIAL REHABILITATION UNIT

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MANIC EPISODE: CAFFEINE-INDUCED ACTIVATION OF PRIMARY BIPOLAR DISORDER OR SECONDARY MANIA CAUSED BY CAFFEINE?

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PSYCOSTIMULANT DEPENDENCE: A CASE WITH A SOMBER EVOLUTION

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AMPHETAMINE-INDUCED PSYCHOSIS: A CASE REPORT

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AMPHETAMINE-INDUCED ANXIETY: A CASE REPORT

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WAITER, GET ME ANOTHER CUP OF COFFEE PLEASE! XANTHINES CONSUMPTION IN PSYCHIATRIC PATIENT

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CAFFEINE AND OTHER STIMULANTS CONSUMPTION IN SCHIZOAFFECTIVE DISORDER: REPORT OF A CASE

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WHEN INTELLECTUAL DISABILITY IS IN BETWEEN

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CANNABIS USE DISORDER AMONG PATIENTS ADMITTED TO A PSYCHOSOCIAL REHABILITATION UNIT

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THE ASSOCIATIONS BETWEEN MOOD, CRAVING LEVEL AND SYMPTOM SEVERITY IN PEOPLE WITH MARIJUANA USE DISORDER

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SYMPTOM AND BEHAVIORAL OUTCOMES IN VETERANS DUALY DIAGNOSED WITH POSTTRAUMATIC STRESS DISORDER AND MARIJUANA USE

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CANNABIS, PSYCHOSIS AND AMOTIVATIONAL SYNDROME: FOLLOWING THE PATIENT LONGITUDINALLY. CASE REPORT

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THE "ALLIANCE" OF DRUGS AND SEVERE MENTAL ILLNESS

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DEPRESIÓN Y ABUSO DE CANNABIS, ¿QUÉ OCURRE EN PRIMER LUGAR?

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TOURETTE SYNDROME AND CANNABINOIDS

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PREVALENCE OF CIGARETTE SMOKING OR OTHER FORM OF TOBACCO IN UNIVERSITY STUDENTS

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TABAQUISMO EN PACIENTES INGRESADOS EN UNA SALA DE PSIQUIATRÍA

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TOBACCO AND MANIA

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COMBIENED USE OF VARENICICLINE AND COGNITIVE BEHAVIORAL TREATMENT FOR NICOTINE DEPENDENCE IN PATIENTS ADMITTED TO A PSYCHIATRIC CLINIC IN RIO DE JANEIRO - BRAZIL - IMPROVED TECHNIQUE

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PATTERN SEPARATION IN REGULAR CANNABIS SMOKERS

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ADHD SYMPTOMS AND NICOTINE DEPENDENCE IN URBAN POPULATIONS

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PREVALENCE OF CIGARETTE SMOKING AND OTHER FORMS OF TOBACCO IN UNIVERSITY STUDENTS

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NICOTINE DEPENDENCE AMONG NIGHT WORKERS

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PALIPERIDONE ER IN DUAL PATHOLOGY. CANNABIS DEPENDENCE DISORDER AND SCHIZOPHRENIA

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CRAVING, FREQUENCY AND INTENSITY SUBSTANCE USE DECREASE IN PATIENTS UNDER PALIPERIDONE TREATMENT

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DRUG THERAPY OF OPIOID DIFFERENT TO HEROIN DEPENDENCE IN PATIENTS WITH DUAL DIAGNOSIS. A CLINICAL CASE REPORT

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TOBACCO USE CESSATION IN SMOKERS WITH CHRONIC OBSTRUCTIVE PULMONARY DISEASE

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RELATION BETWEEN CONSUMPTION OF TOXIC AND ANTIPSYCHOTIC TREATMENT: ORAL VERSUS INJECTABLE LONG-TERM

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LONG-TERM ANTIPSYCHOTIC TREATMENT FOR DUAL PATHOLOGY. A TWO-YEAR FOLLOW-UP STUDY

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THE TIME IS RUNNING OUT! – MANAGEMENT OF WERNICKE’S ENCEPHALOPATHY

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NALMEFENO: A NEW TREATMENT APPROACH FOR ALCOHOL DEPENDENCE

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TREATMENT OF A PATIENT WITH A PSYCHOTIC EPISODE IN CONTEXT OF CONSUMPTION OF SELF-MANUFACTURED DRUGS WITH HCV THAT SUFFERS DECREASE OF THE LIVER FUNCTION

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EFFICACY OF PALIPERIDONE IN DUAL PATIENTS ADMITTED TO AN INPATIENT DETOXIFICATION UNIT

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GROUP THERAPY FOR RELATIVES OF PATIENTS WITH A DIAGNOSIS OF SUBSTANCE USE DISORDER

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ANIMAL THERAPY WITH A PATIENT SUFFERING A DUAL PATHOLOGY DISORDER: A CASE STUDY

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THE PSYCHOTHERAPY OF CARDIOVASCULAR AND CEREBROVASCULAR ALCOHOL DEPENDENCY COMORBIDITY

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

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PSYCHODYNAMIC APPROACH TO ADDICTIONS IN DUAL DISORDER PATIENTS

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MULTIPLE COMORBIDITIES AND DREADFUL COURSE. IS THE DIALECTIC BEHAVIOR A GOOD CHOICE IN THESE CASES?

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PILOT STUDY: AN INTEGRATED INTERVENTION ON A DUAL PATHOLOGY GROUP

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COMMUNITY BASED RECOVERY ORIENTED SERVICES TO PEOPLE LIVING WITH DUAL DIAGNOSIS

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AN INTEGRATED APPROACH TO DUAL DIAGNOSIS IN A PSYCHOSOCIAL COMMUNITY REHABILITATION CENTER

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CASE REPORTS IN DUAL DISORDER PATIENTS

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MORE FREQUENT MEDICAL COMORBIDITY IN PSYCHIATRIC INPATIENTS

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COORDINATION BETWEEN MENTAL HEALTH AND ADDICTION TREATMENT CENTERS IN THE SIERRA DE CÁDIZ (SPAIN)

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STRATEGY FOR IMPROVE CARE QUALITY IN DUAL PATHOLOGY

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NON-PSYCHOTIC MENTAL DISORDERS IN PATIENTS WITH HYPERTHYROIDISM AND PSYCHOLOGICAL MECHANISMS OF THEIR FORMATION

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CANNABIS USE, PSICOPATHOLOGY AND CRANEOENCEPHALIC TRAUMATISM

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PATIENT WITH DUAL DISORDER IN PRISONS

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CLINICAL EXPERIENCE ON AGITATION IN DUAL PATHOLOGY PATIENTS

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INTEGRATED DAY TREATMENT (IDT) FOR PERSONS WITH DUAL DIAGNOSIS (DDPS)

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EVALUATION OF A COGNITIVE REHABILITATION PROGRAM IN DUAL PATHOLOGY PATIENTS IN BENIDORM'S UCA

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WHERE THERE IS A WILL THERE IS A WAY

"I WAS CALLING FOR PAIN... I WANTED TO BE IN PAIN IN ORDER TO TAKE FENTANYL"

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WHO SAYS THEY ALL GO WRONG? IMPACT OF MULTIDISCIPLINARY FOLLOW UP IN DUAL DISORDERS PATIENTS: CASE REPORT

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PIONEER PROGRAMME FOR THE MULTIDISCIPLINARY THERAPEUTIC APPROACH IN GENDER-BASED VIOLENCE

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PATOLOGÍA DUAL EN LA INTERCONSULTA PSIQUIÁTRICA. A PROPÓSITO DE UN CASO

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PREDICTORS OF POLY SUBSTANCE USE DISORDERS IN YOUNG ADULTS – A LATENT CLASS ANALYSIS

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MENTAL DISORDERS, SUBSTANCE-MISUSE AND OTHER ADDICTIVE CONDITIONS. A DESCRIPTIVE ANALYSIS ABOUT THE CO-OCCURRENCE OF THESE SITUATIONS AMONG A SAMPLE OF INPATIENTS FROM AN ACUTE-CARE PSYCHIATRIC UNIT OF A GENERAL HOSPITAL IN SOUTHERN SPAIN

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EFFECTS OF ACUTE SOCIAL STRESS AND CONSUMPTION OF “ECSTASY” IN DISORDERS SUCH AS DEPRESSION AND MEMORY IMPAIRMENT

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BINGE-EATING DISORDER AND VULNERABILITY TO THE REWARDING EFFECTS OF COCAINE

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DUAL DIAGNOSIS AND MEDICAL COMORBIDITY AT BRIEF PSYCHIATRIC INPATIENT UNIT

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DELUSIONS, HALLUCINATIONS AND SUBSTANCE EXPOSURE: A REVIEW AND CLINICAL CASE-MIX REPORT

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INTERACTION BETWEEN ADHERENCE TO MEDICATION AND BELIEFS IN PSYCHIATRIC PATIENTS

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REDUCTION OF ANXIETY-LIKE BEHAVIOUR AND IMPAIRED RETENTION OF AVERSIVE MEMORY IN MICE WITH LOW-PPI

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HIGHER PERSISTENCE OF CONDITIONED PLACE PREFERENCE INDUCED BY COCAINE IN MICE WITH LOW-PPI

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ESTIGMA EN HIJOS ADULTOS DE ALCOHÓLICOS UNIVERSITARIOS

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OPIOID RECEPTOR ANTAGONIST ODELEPRAN DOES NOT CAUSE ADDICTION IN WISTAR RATS

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SYNTHETIC CANNABINOIDS AND THE SEROTONIN SYNDROME: AN UNFORESEEN ASSOCIATION

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SUBCORTICAL BRAIN ABNORMALITIES IN HEAVY LONG-TERM CANNABIS USERS REVEALED BY VOXEL-BASED MORPHOMETRY

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COMPARISON OF ORGANIC DISEASE IN A SAMPLE OF PATIENTS WITH SEVERE MENTAL DISORDER WITH DUAL AND NO DUAL DIAGNOSIS

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THERAPEUTIC ADHERENCE IN A SAMPLE OF DUAL DIAGNOSIS OF INTEGRATED DEVICE OUTPATIENT CARE

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IS THE STIMULUS-RESPONSE MODEL A VALID CONSTRUCT IN DUAL PATHOLOGY?

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HOPE AND RECOVERY: A SCOPING REVIEW

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PERCEPTION OF SPECIAL NEEDS REQUIRED FOR MANDATORY TREATMENTS

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PERSONS WITH DUAL DIAGNOSIS AS PERPETRATORS OF ACTS OF VIOLENT BEHAVIOUR

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JUDICIAL ORDERS IN DUAL DISORDER INPATIENTS ADMITTED TO A PSYCHOSOCIAL REHABILITATION UNIT

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REVIEWING NATIONAL LAWS AND REGULATIONS FOR AGONIST TREATMENT OF OPIOID DEPENDENCE

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DANGEROUSNESS-VIOLENCE RISK ASSESSMENT & MENTAL DISORDER

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PREVALENCE OF DUAL DIAGNOSIS IN PATIENTS USERS OF MOBILE UNITS FOR SUPPLY OF METHADONE

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DUAL PSYCHOPATHOLOGY IN THE LAST TEN YEARS IN A CITY IN SOUTHERN SPAIN: ¿INTERDISCIPLINARY APPROACH OR THERAPEUTIC REDUNDANCY?

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ADDICTION IN-PATIENT REDESIGN

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"O QUE FAZEMOS?" O TRABALHO NUMA EQUIPA DE TRATAMENTO NA ÁREA DAS DEPENDÊNCIAS. ORGÂNICA FUNCIONAL

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SERVIÇO SOCIAL E REINserÇÃO NOS COMPORTAMENTOS ADITIVOS E DEPENDÊNCIAS. PVE- 2010-2015, REFLEXÕES SOBRE A NOSSA PRÁTICA

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EXCLUSION CRITERIA IN HEALTH RESOURCES

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SEX ADDICTION: MYTH OR REALITY

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PSYCHIATRIC COMORBIDITIES IN TREATMENT SEEKING VIDEO GAME PLAYERS

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NEUROBIOLOGICAL CHARACTERISTICS OF TEENAGE INTERNET ADDICTION: A RESTING STATE EEG STUDY

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COMPARATIVE PSYCHOPATHOLOGICAL PROFILE OF AFFECTIVE DEPENDENCE DISORDER PATIENTS WITH OR WITHOUT COMORBID SUBSTANCE ABUSE

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DEPENDENCIA EMOCIONAL: ¿ LA ADICCIÓN COMPORTAMENTAL QUE PODRÁ INTEGRARSE EN LA PATOLOGIA DUAL ?

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COMORBID DEPRESSION INTERFERES WITH EMOTIONAL REGULATION IN ADOLESCENTS WITH INTERNET GAMING DISORDER

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GAMBLING DISORDER AND CANNABIS ABUSE AS EMOTIONAL COPING STRATEGIES. CASE REPORT

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SUBSTANCE USE AND MENTAL HEALTH DISORDERS ARE LINKED TO DIFFERENT FORMS OF INTIMATE PARTNER VIOLENCE

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TOXIC HEALTH EFFECTS OF LEAD EXPOSURE IN ADDICTION DISORDERS: A FLUORESCENT X-RAY STUDY (THE LEAD FXS)

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PSYCHIATRIC COMORBIDITY AMONG INPATIENTS IN AN ADDICTION CLINIC AND ITS RELATIONSHIP WITH THE PROCESS OF ADDICTION

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IMPACT OF HEPATITIS B (HBV) / C (HCV) VIRUS CO-INFECTION ON THE SURVIVAL OF SCHIZOPHRENIC PATIENTS WITH CO-OCCURRING SUBSTANCE USE DISORDERS FOLLOWED FOR 12 YEARS

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CLINICAL IMPROVEMENT ON DUAL PATIENTS: WHAT CHARACTERISTICS IT DEPENDS?

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DUAL PATHOLOGY IN SPECIALIZED EMERGENCY CARE IN A RURAL AREA

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EPIDEMIOLOGIC ANALYSIS OF TRAFFIC ACCIDENTS AND THE CONSUMPTION OF SUBSTANCES BY COLOMBIAN DRIVERS

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EPIDEMIOLOGICAL PROFILE OF USERS OF ALCOHOL AND OTHER DRUGS IN BARBACENA, MINAS GERAIS, BRAZIL

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IS SUBSTANCE MISUSE EQUIVALENT IN PERSONALITY DISORDERS AND SCHIZOPHRENIC PATIENTS?

FINDINGS FROM A HIGH SECURE HOSPITAL AND CLINICAL IMPLICATIONS

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A STUDY OF THE RELATIONSHIP BETWEEN PREMENSTRUAL DYSPHORIC DISORDER AND MATERNAL PSYCHIATRIC STATE IN POSTPARTUM PERIOD

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SUICIDAL BEHAVIOUR AND OTHER PSYCHIATRIC COMORBIDITIES AMONG PEOPLE WITH BORDERLINE PERSONALITY DISORDER IN INDONESIA

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EVALUATION OF SUICIDE ATTEMPTS IN DUAL DISORDER PATIENTS AT GETAFE UNIVERSITY HOSPITAL

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CREENCIAS SOBRE LA CONDUCTA SUICIDA EN UNA MUESTRA DE PROFESIONALES SANITARIOS

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¿CUÁLES SON LOS FACTORES CON LOS QUE RELACIONA LA POBLACIÓN GENERAL EL SUICIDIO?

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SUICIDE BEHAVIOUR HISTORY IN PATIENTS ADMITTED IN A DUAL DIAGNOSIS INPATIENT UNIT

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THE ROLE OF DECISION-MAKING IN SUICIDE ATTEMPTS IN PATIENTS WITH SCHIZOPHRENIA AND COMORBID SUBSTANCE USE DISORDER

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SUICIDAL BEHAVIOR AND DUAL PATHOLOGY IN A RURAL AREA

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SUICIDE RISK IN ASSOCIATION OF ALCOHOL AND DEPRESSION: A CASE REPORT

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PATOLOGÍA DUAL EN UNA MUESTRA DE PACIENTES CON RIESGO SUICIDA

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TRASTORNO POR CONSUMO DE SUSTANCIAS EN UNA MUESTRA DE PACIENTES CON RIESGO SUICIDA

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DRUG USE IN ADOLESCENT OFFENDERS OF CASTILE AND LEÓN, SPAIN: ANALYSIS OF THE DRUG USE BEFORE THEIR INTERNMENT IN THE REGIONAL JUVENILE REFORMATORY

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EXPERIENCE IN MENTAL HEALTH CARE IN MARTUTENE PRISON AFTER PRISON HEALTH TRANSFER

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COMORBIDITY OF YOUNG OFFENDERS AND DUAL PATHOLOGY IN ONE JUVENILE PENITENTIARY OF BARCELONA IN THE YEAR OF 2014

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YOUNG ADULTS IN DUAL DIAGNOSIS TREATMENT: COMPARISON TO OLDER ADULTS AT INTAKE AND POST-TREATMENT

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THE IMPORTANCE OF MULTIDISCIPLINAR EDUCATION IN DUAL DISORDERS

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ALCOHOL USE DISORDER AND SLEEP DISTURBANCES

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USE OF TRANSITIONAL OBJECTS IN YOUNG CHILDREN WITH DYSSOMNIA : A CROSS-SECTIONAL TUNISIAN STUDY

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CLINICAL FEATURES OF PATIENTS WITH DUAL DIAGNOSIS AT BRIEF PSYCHIATRIC INPATIENT UNIT

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NICOTINE USE TRAJECTORIES AMONG CO-OCCURRING COCAINE-DEPENDENT AND ATTENTION DEFICIT/HYPERACTIVITY DISORDER (ADHD) ADULTS TREATED WITH EXTENDED-RELEASE MIXED AMPHETAMINE SALTS (MAS-XR; ADDERALL-XR)

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FEAR EXTINCTION LEARNING IN CHRONIC CANNABIS USERS: IMPLICATIONS FOR THE TREATMENT OF PTSD

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ADULT ADHD AND COMORBID ANXIETY DISORDERS IN A CLINICAL POPULATION

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INDIVIDUALIZED PLAN OF TREATMENT IN A PAIME PATIENT WITH DUAL DIAGNOSIS

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LATENT CLASS PROFILE OF PSYCHIATRIC SYMPTOMS IN A SAMPLE OF PATIENTS WITH CO-OCCURRING DISORDERS

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IS SCL-90 AN ACCURATE TOOL TO IDENTIFY ANXIETY DISORDERS IN PATIENTS WITH SUBSTANCE USE DISORDERS?

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Barcelona, 17-20 de abril de 2015

Poster sesión 2

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

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CONSUMO DE ALCOHOL Y SU RELACIÓN CON LA TEORÍA DE LA MENTE

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La teoría de la mente es definida como la habilidad para atribuir estados mentales (pensamientos, sentimientos, creencias e intenciones) a otros para explicar, predecir y manipular la conducta. Se trata de un componente esencial de la cognición social definido como un proceso mental necesario para comprender, generar y regular la conducta social.

El objetivo del presente estudio es analizar la relación entre el consumo de alcohol y la teoría de la mente en pacientes que acaban de sufrir un primer episodio psicótico.

La muestra de estudio está formada por 65 pacientes que acaban de sufrir un primer episodio psicótico. Se obtuvieron datos de carácter sociodemográfico y clínico. La Teoría de la Mente fue evaluada empleando la adaptación española de la prueba Hinting Task.

Los análisis bivariados realizados mostraron una relación negativa y significativa ($p < 0.05$) entre la cantidad de alcohol consumida al día y la Teoría de la Mente. Del mismo modo y tras aplicar la prueba Mann-Whitney se encontraron diferencias significativas ($p < 0.05$) entre los pacientes con alto consumo de alcohol al día y los que no consumen alcohol.

Son escasos los estudios que se han centrado en el estudio de la influencia del consumo de alcohol en pacientes tras un primer episodio psicótico y su relación con la Teoría de Mente. Las capacidades que esta Teoría implica parecen jugar un importante papel en habilidades que se encuentran muy deterioradas en pacientes con esquizofrenia. El conocimiento de los factores relacionados con la Teoría de Mente puede ayudar a la mejora de la cognición social en este tipo de pacientes. Son necesarios nuevos estudios que profundicen en el estudio de la Teoría de la Mente y su importancia en la esquizofrenia y los factores asociados a ella pues abre un importante campo de conocimiento e intervención.

DUAL PATHOLOGY: ALCOHOL AND MENTAL DISORDER, PATIENT PROFILE

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Educational Objectives: Dual pathology is the name applied to people suffering simultaneously or throughout the life cycle an addiction and other mental disorder. Today, six out of ten drug addicts treated at the Spanish network addiction also suffer from a mental disorder.

Purpose: Analyze the profile of hospitalized patient in which coexisted alcohol addiction and psychiatric disorders.

Methods: A prospective descriptive study of hospitalized patients to the Hospital Universitario Río Hortega (Valladolid) in 2013 with dual diagnosis (alcohol and mental disorder).

For data collection protocol that included sociodemographic variables such as sex, age, occupation and marital status, and clinical and diagnosis, number of admissions and referral was made.

Results: from a sample of 305 hospitalizations during 2013, a total of 15,08% were alcohol detoxification (n=46); 65,21% of them had, furthermore of their pathological relationship with alcohol, another mental disorder. It was found in the subsequent observation that the most common patient profile was male (76,66%) between 45-65 years old(50%), single (33,33%) and retired (36,66%); being also the most frequently diagnosed psychiatric disorder the one included within the affective spectrum (36,6%), followed by personality disorder Cluster B(16,6%).

A 46,66% had at least one previous hospitalization and only 23.33% were redirected to specialized devices.

Conclusions: the profile of treated patient was male, middle-age bachelor with a diagnosis of affective disorder.

WHO IS AT GREATEST RISK FOR DEVELOPING DELIRIUM TREMENS?

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Educational Objectives: At the conclusion of this presentation, the participants should be able to recognize the main risk factors for the development of alcohol withdrawal delirium.

Purpose: This study aims to make a literature review about the vulnerability factors for delirium tremens in patients with alcohol withdrawal syndrome.

Methods: A non-systematic literature review was performed in PubMed about risk factors for delirium tremens in adults with alcohol withdrawal syndrome. Only original articles in English language were included.

Results: Delirium tremens is a specific type of delirium occurring in a minority of patients during alcohol withdrawal. It is characterized by features of alcohol withdrawal itself (tremor, sweating, hypertension, tachycardia...) together with delirium symptoms such as clouded consciousness, disorientation, disturbed circadian rhythms, thought processes and sensory disturbances, all of them fluctuating in time.

Alcohol withdrawal delirium is the most serious complication of alcohol withdrawal syndrome. When not early recognized and treated adequately, it may result in death due to malignant arrhythmia, respiratory arrest, sepsis, severe electrolyte disturbance or prolonged seizures.

Unfortunately, why some but not all patients experiencing alcohol withdrawal progress to delirium tremens is unknown. However, recent studies suggest that the major predictors of severe alcohol withdrawal (withdrawal seizure or delirium tremens) are: older age; comorbid medical or surgical illness; elevated systolic blood pressure; past history of delirium tremens or alcohol withdrawal seizure; several withdrawal symptoms at initial assessment, despite having significant blood alcohol levels; presence of dehydration, hyponatremia, hypokalemia or structural brain lesions; elevated AST or GGT levels and low platelet count.

Conclusions: Delirium tremens represents a serious medical event in terms of patient morbidity and health service utilization.

Some easily determinable parameters at admission may be useful to predict a complicated course of alcohol withdrawal regarding the occurrence of delirium tremens.

BIBLIOMETRIC ANALYSIS APPROACH (20 YEARS) AND AN UPDATE ABOUT DRUGS IN ALCOHOLISM

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Educational Objectives: At the conclusion of this presentation, the participants should be able to recognize the different treatments of alcoholism and its scientific evolution since the last 20 years.

Purpose: The DSM-V recognizes ten separate classes of drugs that can lead to substance use disorders; alcohol is one of them and its comorbidity with psychiatric disorder is higher. We would like to know how the scientific interest is during the past twenty years and an update of authorized and future's drug in alcoholism.

Methods: The data used in this study were based on Pubmed. We limited the search to title/abstract: *alcohol dependence, AWS, alcohol withdrawal syndrome, alcohol maintenance* ($n=112,037$) and *drug* or treatment* therapy*, nalmefene, acamprosate, benzodiazepine, naltrexone, oxybate sodium* ($n=1,478,931$); combined last two searches ($n=18,471$). As bibliometric indicator of the production Price's Law was applied.

Results: Our data confirm the Price's Law since scientific production about drug use in alcoholism have an exponential growth ($y=351.04e^{0.0339x}$, correlation coefficient $r=0.9420$, and $y=17.123x+332.41$, $r=0.9358$, after a linear adjustment). Drug use in alcohol treatment were: nalmefene ($n=283$) (2013, opioid receptor), acamprosate ($n=674$) (1996, GABA), liquid sodium oxybate ($n=327$) (1992, GABA), naltrexone ($n=1,378$) (2011, opioid antagonism), naloxone ($n=3667$) (2008, opioid antagonism), disulfiram ($n=1764$) (1949, inhibitor aldehyde-dehydrogenase), benzodiazepines ($n=7010$) (1975, GABA). Other drugs currently being investigated for the treatment of alcohol dependence are serotonin type 3 antagonists, anticonvulsants, and atypical antipsychotics and solid formulation of oxybate sodium.

Conclusion: There is a fulfillment of Price's Law. Pharmacotherapy for treatment of alcoholism will be increased in a close future.

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ALCOHOL USE DISORDER AND PSYCHIATRY COMORBIDITY, IS THIS RELATIONSHIP UNDERDIAGNOSED?

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Objective: The co-occurrence of mental disorders and substance use disorders is very common and associated with substantial psychiatric morbidity, functional impairments and societal costs. Specifically, the problem of alcohol consumption is increasing in the world and the patients with alcohol dependence may be comorbid with other substance abuse and psychiatric disorder. However, dual disorders are often underdiagnosed, misdiagnosed and inadequately treated in both substance abuse and mental health settings.

Methods: Descriptive analysis of alcohol users registered in Liaison Psychiatry at our hospital from 1st July 2008 until 30th June 2014 (total duration 6 years). It has also analyzed comorbidity with other drugs (cocaine, cannabis, opioids, benzodiazepines, other stimulants, hallucinogens and inhalants-solvents) as well as the consideration of dual diagnosis if were other concomitantly diagnosed mental illness.

Results: During this period were recorded 2613 consultations total, being 532 (20.4%) for drug consumption. Specifically, 334 (62.8% of consumers) met the requirement of alcohol use disorder: 253 (75.7%) males and 81 (24.3%) women. Among drinkers, 263 patients (78.8%) consumed only alcohol substance, 34 (10.2%) consumed alcohol and other substance, and 37 consumed alcohol and two or more substances (11%).

Dual pathology was not detected in 277 (83%) patients with criteria for alcohol use disorder. However, in the remaining 57 (17%) patients were diagnosed 31 affective disorders, 12 personality disorders, 9 psychotic disorders, 3 anxiety disorders and 2 eating disorders.

Conclusions: Our study is consistent with others in the prevalence of comorbid psychiatric disorders in alcohol consumers. However, given low prevalence, may be think dual diagnosis disorders tend to be underdiagnosed due, in part, to the use of inappropriate assessments tools and approaches. Routine, thorough, and integrated screening and diagnosis of dual disorders are needed to facilitate implementation of appropriate treatment.

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UNDERDIAGNOSIS OF ALCOHOL DEPENDENCE IN GENERAL HOSPITAL: IMPLICATIONS FOR DUAL PATHOLOGY

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Alcoholism is among the medical, psychiatric and behavioral disorders with the highest prevalence in the general population, accounting for significant hospitalization rates due to the direct or indirect damages caused by the consumption of drinks. In addition, alcoholics have high rates of comorbidity with other psychiatric disorders. The existence of some disorder comorbid with alcoholism implies a worse prognosis in the evolution of the disease. Even so, its use is under-reported in hospitals.

Objectives: To determine the prevalence of the use and alcohol dependence among individuals of both sexes admitted to the Regional Hospital of Barbacena, Brazil, and the record of the use of drinks in the medical records.

Methods: Cross-sectional study using the Alcohol Use Disorders Identification Test (AUDIT).

Results: We studied 177 patients of both sexes. 109 (61.6%) reported using alcohol consumption, 59 (33.3%) had scores equal to or greater than eight in the outcome of AUDIT. The variables associated with this cutoff were males, younger than 29 years, being single, low education, manual laborer and smoking. Registration on alcohol consumption was observed in only 38.5% of the records.

Conclusion: Although prevalent, the use of alcoholic beverages is not searched or diagnosed in patients in general hospitals. Alcoholism has a high risk of comorbidity with other psychiatric disorders and their detection in the hospital can help identify and refer patients with other mental disorders to specialized services.

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COGNITIVE IMPAIRMENT IN PATIENTS WITH ALCOHOL-USE DISORDERS: A DUAL PROBLEM

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Cognitive impairment is common in people with alcohol-use disorders and may persist after detoxification. Deficits range from subtle difficulties to dementia syndromes, and besides generating varying degrees of functional dependence, can interfere with interventions designed to promote abstinence. Neuropsychological assessment is not systematically performed with this population until damage is evident, although information from screening instruments can be useful for treatment planning and for assessing changes in cognitive status over time.

Objective: To present the results of a Delphi study that explored the suitability of the Montreal Cognitive Assessment (MoCA) as a screening tool.

Method: We selected 145 email addresses from the websites of centres offering drug dependency, mental health or social care services. A panel of 40 clinical experts in the area of neuropsychology and/or addictions responded to the questionnaire we sent out.

Results: Fifty per cent of the panel were psychologists (clinical or neuropsychologists), 44.7% were physicians [psychiatrists (18.4%), geriatricians (5.3%), neurologists (2.6%) and general practitioners (18.4%)], one was a social worker and one an occupational therapist. Regarding experience, 27.3% of the experts had more than 10 years and 20.5% had between 2 and 10 years' experience in their field. Memory and executive/attentional functions were perceived as sensitive functions by all (100%) respondents. However, between 25% and 41.7% also mentioned praxia, gnosis and language difficulties. All the physicians used screening instruments in their routine clinical practice, especially the Mini Mental State Examination (91.3%) and the Clock-Drawing Test (43.5%), neither of which has been shown to be sensitive to cognitive deterioration in people with alcohol problems. Seven professionals also used the MoCA.

Conclusions: Overall, 97.2% of respondents considered the MoCA adequate and 80.6% exhaustive for these patients, provided it does not replace a subsequent and full neuropsychological examination.

EFFECTIVENESS AND TOLERABILITY OF NALMEFENE IN ALCOHOL-RELATED DISORDER CO-OCCURRING WITH MAJOR DEPRESSIVE DISORDER

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Introduction: According to the Spanish Association for Dual Pathology (Sociedad Española de Patología Dual), one third of patients with dual pathology meet the diagnostic criteria for major depressive episode. Although antidepressants may improve symptoms of depression, they are not necessarily effective in improving substance abuse.

Objective: To assess the effectiveness and tolerability of nalmefene in alcohol-related disorder co-occurring with major depressive disorder.

Materials and Methods: The sample included six male patients aged 35 to 50 years diagnosed with alcohol-related disorder and depressive disorder in incomplete remission treated with sertraline 100-150mg/24h alone. The patients took nalmefene 18mg/24h when they perceived themselves at risk of using alcohol.

Patients were examined at baseline, at four and at eight weeks:

- Alcohol use (Timeline follow-back:TLFB)
- Alcohol craving (analogical visual scale, AVS)
- Hamilton Rating Scale for Depression (HRSD)
- Self-report of side effects

All patients received motivational interviewing and psychosocial support.

Results:

- The number of heavy drinking days (HDDs) decreased from 19 days/month to 5 days/month after one month and to 3 days after eight weeks of treatment. Total alcohol use (TAU) decreased from 108g/day at baseline to 32g/day after one month and to 12g/day after two months (two patients became abstinent from the first month of treatment).
- Alcohol craving decreased from a mean 9.8 to 2.6 after eight weeks.
- The score on Hamilton Rating Scale decreased from a mean 16.8 to 8.2 at week eight.
- A total of 75% of patients reported to have experienced slight side effects at initiation of the treatment (generally digestive problems).

Conclusion: In this case series, nalmefene proved to be effective in reducing alcohol abuse and was well tolerated by patients with dual pathology including depression. Thus, psychopathological improvement was achieved with this drug.

MOLECULAR TARGETS OF THE ORIGINAL ANTICONVULSANT IN THE TREATMENT OF ALCOHOL DEPENDENCE

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Educational Objective: Chronic exposure to alcohol causes neuroadaptive changes in the brain, which leads to the recurrence of the disease. Promising in this area is to find new safe and effective pharmacological agents acting on molecular targets of influence of alcohol in the CNS and are able to correct the neuronal and neuroimmune dysregulation.

Methods: Experiments were performed on male rats Wistar and male mice (CBAxC57Bl/6)F1.U. Experimental animals were formed chronic alcohol dependence, based on long-term use of alcohol solution. Animals in a state of chronic alcohol dependence were injected original anticonvulsant meta-chloro-benzhydryl-urea. We evaluated parameters orienting-exploratory behavior and emotional reactivity of the animals in the test "open field", the cellular and humoral immune response. Properties of benzodiazepine receptors of the brain examined radioreceptor method using selective ligands [³H]flunitrazepam and [³H]Ro5-4864.

Results: Chronic exposure to ethanol resulted in a significant change in the parameters of the experimental animal behavior and emotional reactivity in the test "open field", observed suppression of humoral and cellular immune response (~40%), a statistically significant increase in the number of receptors on 54.8-59.4% associated with reduced receptor affinity. Intragastric administration of meta-chloro-benzhydryl-urea led to the abandonment of the use of ethanol, recorded a correction of the above immunological and behavioral disorders due to chronic alcohol intoxication. Properties of benzodiazepine receptors in the brain of experimental animals receiving the drug at a dose of 100 mg/kg for 14 days, indicators affinity (Kd) and receptor density (Bmax) were close to the values in the control group. The drug increases the affinity of benzodiazepine receptors, leading to an improvement in the GABAergic brain function, restore the balance excitatory and inhibitory neurotransmitter systems in the brain.

Conclusions: The original anticonvulsant has a modulating effect on the functional activity of the nervous and immune systems, reduces compulsive craving for alcohol.

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THREE LIVES CONSUMED IN ALCOHOL'S HELL

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Objective: to make a reflection on the consequences of alcohol addiction, not only in the biological, psychological and social spheres of the individual himself, but also on the serious repercussions at family level regarding a case.

Material and Methods: description of a case of alcohol dependence with emphasis on the consequent family impact and brief analysis of the related literature.

Results: 60-year-old male patient with alcohol dependence, with no previous history of psychiatric follow-up. From his psychobiography, we highlight feelings of inferiority and jealousy towards his brother since childhood that the patient does not recognize. He starts sporadic OH consumption in youth, turning into a posterior maintained daily intake, and sporadic cocaine, at maturity. As the consumption of OH increases, the patient has episodes of verbal and physical aggressiveness towards objects and people, associating social isolation, introversion and delusional jealousy. After losing his family, the patient becomes aware of his disease, reaching posterior cessation of OH use.

Conclusion: the impact of an alcoholic family member is immeasurable. Family members often develop dysfunctional roles and behaviors in order to cope with the disease.

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ALCOHOL ABUSE AND DELUSIONAL DISORDER

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Introduction: Epidemiological studies have reported associations between alcohol consumption or abuse and occurrence of delusional disorder (F.22) rather than in general population. Alcohol has not been described as the main cause of the delusional idea, but is an enhancer factor which would inhibit behavioral brake and executive function in prefrontal cortex facilitating the development of the existing delusional idea.

Hypothesis: We want to confirm this association in our influence area so this study aims to report compared frequency of alcoholism in DD versus a control group published in andalusian population.

Aims: To review the literature on the potential links between alcohol abuse and delusional disorder and this relationship in general population.

Results: This poster presents a brief but updated systematic literature review on the associations between DD and alcohol abuse. We will also present data from a relatively large case-mix of some 800 patients with the diagnosis of delusional disorder resulting from a thorough retrospective, medical-record based, assessment of patients attended in our clinical catchment area and their control ones.

COMORBIDITY OF PSYCHIATRIC DISORDERS OF THE PATIENTS ADMITTED TO THE HOSPITAL ALCOHOLISM SERVICE OF PLASENCIA

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Introduction/Objective:

The Hospital Alcoholism Service (UAH) is a welfare department, integrated in the Drug Dependence Network of Extremadura and coordinated by the Dual Pathology Protocol with the Mental Health Centers (ESM) -parallel approach-, and Drug Dependence Centers (CEDEX).

The aim of this study is to determine the comorbidity of psychiatric disorders of the patients admitted to the Hospital Alcoholism Service of Plasencia, who have a primary diagnosis of Alcohol Use Disorder.

Methods and Materials:

A review of the medical records of all patients admitted to the UAH during 2014 has been performed. It has been analysed several socio-demographic variables (sex, age, number of hospital admissions, type of hospital discharge), as well as clinical variables (e.g., alcohol consumption, diagnosis of a mental disorder associated, type of alcohol detoxification and Psychopharmacological treatment plan at discharge).

Results:

The total number of inpatients during 2014 was 127. About 47,24% of patients had a diagnosis of a mental disorder associated with Alcohol Use Disorder. Almost a quarter of them (23,62%), had a diagnosis of an Affective Disorder, followed by Personality Disorders (22,84%), being the Unspecified Disorder (8,66%) and the Borderline Disorder (5,51%) the most common ones. The psychopharmacological treatment plan at discharge basically consisted on mood stabilizers (77,95%), interdictors (77,17%), and antidepressants (73,23%). Most of the hospital discharges were therapeutic (92,13%).

Discussion:

As observed on similar studies, the percentage of patients with dual pathology is quite high. In Extremadura, as a parallel approach between ESM and CEDEX can be found, we insist on the importance of a close coordination in the follow-up of these patients, in order to achieve greater effectiveness of the Protocol.

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CLINICAL CASE: EMERGENCIES MANAGEMENT OF PSYCHIATRIC PATIENT WITH AGITATION AND CONDUCT ALTERATIONS IN THE CONTEXT OF CHRONIC ALCOHOLISM

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Objectives: Emergencies management of psychiatric patient with agitation and conduct alterations in the context of chronic alcoholism.

Materials and methods: 58 year old woman who was brought in by ambulance due to agitation and behavioral disorders on the streets. Mechanical containment and pattern olanzapine and clonazepam were necessary to ensure her physical safety and that of health personnel. In the interview, the patient remained asleep and when she woke up, she showed confusion at first, reporting that the previous day she had won the lottery and someone wanted to take away her prize. She also wondered if her son was alive (he died 15 years ago) although she doubted these events at all times. She mentioned that she lives alone and maintains sporadic contact with her daughter; collects a pension plan and performs household cleaning. She indicates she has not drunk alcohol for 2 days. A psychopathological, conscious exploration, partially disoriented in time and space with subsequent complete orientation in the course of the interview, quiet and amnesic gaps. Collusion confirmed with daughter. No alterations of sensory perception. Global insomnia. Tests: Blood Ethanol: Undetectable, CBC without striking alterations, except signs of chronic alcoholism MCV 114. Background: Patient diagnosed with major depression and chronic alcoholism. Minimum social and family support. Similar episode 10 years ago. Provisional outpatient treatment with olanzapine and vitamin B with a recommendation of drug treatment in a drug dependence treatment center is decided.

Results: Patient is stabilized psychopathologically. Korsakoff's psychosis and behavioral disorders caused by alcohol withdrawal are diagnosed.

Conclusions: Alcohol abuse, depression and social isolation are factors that are closely related and can cause several both organic and psychiatric syndromes so they need multidisciplinary care. Hospital treatment given pattern of agitation, organic screening and psychiatric assessment was correct.

ALCOHOL DEPENDENCE IN MEDICAL STUDENTS AND BUSINESS STUDENTS. A COMPARATIVE STUDY OF THE PERSONALITY PROFILES

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Objective: The apparent opposition between medical students and business students led to hypothesise opposite personality profiles which would produce discordant scores in self-rating personality scales

Methods: A descriptive transversal study of two groups of medicine and business students was conducted. The samples were randomly selected. The first group consisted of 40 medicine students aged between 21 and 24 from a public university of Madrid, the second consisted of 40 business students aged between 21 and 27 from public and semi-private universities. Subjects completed personality and temperament questionnaires such as EPQ (version A) and Millon Clinical Mental Inventory-II. The results of the two groups were compared by taking into account the mean or the median of the distribution of every trait-variable.

Results: Business Studies students generally obtained higher scores in the following traits: hypomania ($p<0.05$), borderline ($p<0.05$), narcissistic ($p<0.01$), histrionic ($P<0.01$), compulsive ($p<0.01$), sincerity ($p<0.05$), phobic ($p<0.05$), antisocial ($p<0.05$), alcohol dependence ($p<0.01$), drug dependence ($p<0.05$), passive-aggressive ($p<0.05$), aggressive/sadistic ($p<0.01$), alterations ($p<0.05$) and other extreme clinical traits such as psychotic thought ($p<0.05$), paranoid ($p<0.01$), squizotypal ($P<0.05$) and psychotic delusions ($P<0.01$).

On the other hand, Medicine students showed higher values in the desirability scale ($p<0.05$) and in the dependent scale ($p>0.05$, statistically non-significant). Business Studies students also showed higher scores in self-defeating traits ($p>0.05$) and depression ($p>0.05$).

Conclusion: Notably, the results clearly show a higher degree of drug and alcohol dependence in Business Studies students. Moreover, Business Studies students have a higher incidence of cluster B personality traits (narcissistic, histrionic, borderline and antisocial), which shows an immature personality pattern, with greater impulsiveness and emotional instability. On the other hand, Medicine students show inferior values in cluster B personality traits, which may translate into higher self-control and emotional stability. Medicine students obtained high scores in desirability, which implies a great desire to create favourable impressions, appear mentally strong and socially virtuous by refusing to accept their own weaknesses and problems.

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ALCOHOL MISUSE AND TRAUMA: AN OBSERVATIONAL STUDY

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Educational Objectives: Post-traumatic stress disorder (PTSD) is a psychiatric condition that can develop following a traumatic event. Some of trauma exposed people showed a propensity to drink alcohol, while the role of alcohol as a predisposing factor related to the development of PTSD after trauma experience is still debated.

Purpose: The aim of this observational study has been to investigate the relation between alcohol assumption and trauma reaction.

Methods: The survey has been conducted from February 2012 to July 2014; 70 subjects exposed to a trauma are been evaluated in University "G. D'Annunzio" in Chieti and, according to the score obtained to the Clinician-Administered PTSD Scale (CAPS) and to the DSM-5 criteria. Subjects have been divided into subjects developing PTSD after trauma, and control subjects exposed to trauma but not developing PTSD. Alcohol use has been evaluated through Alcohol Use disorders Identification (AUDIT) and resilience through Connor-Davidson Resilience Scale (CD-RISC). After, it has been conducted an analyses among CAPS, AUDIT and CD-RISC scores using Pearson correlation.

Results: It has been found a negative correlation between AUDIT and CAPS scores in controls ($R=-0.23$ $p<0.05$) and a positive correlation between AUDIT and second CD-RISC factor ("self-confidence and negative emotional management") scores in PTSD patient ($R=0.38$ $p<0.01$).

Conclusions: In this study we observed that alcohol use was not correlated with symptoms of PTSD, whereas it is correlated to a low level of symptoms in subjects not developing PTSD. In the sample of PTSD patients the correlation between alcohol misuse and a negative emotional management showed that alcohol is used as a self-medication in those subjects unable to cope with traumatic experience. This study showed that alcohol use did not represent a predisposing factor to the development of PTSD, whereas it can represent a self-medication strategy, in the short-time. Longer follow-up are needed to understand the possible development of alcohol dependence.

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PSYCHOSIS SECONDARY TO CONSUMPTION OF HALLUCINOGENIC DRUGS (DATURA) AND CANNABIS

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Patient C.M., a 19 year old adolescent with history of psychoactive drug abuse since the age of 15. The patient presents the following clinical signs: delusions of prejudice and persecution, visual and auditory hallucinations, high level of aggressiveness and agitation after consumption of an hallucinogenic plant *Datura Arborea* and cannabis.

Discussion: Acute intoxication by alkaloid-containing plants such as *Datura Arborea*, also known as Angel's Trumpet, can cause anticholinergic symptoms like fever, optic disturbances, psychomotor agitation, delusions and hallucinations that frequently require treatment with high-potency neuroleptics and sedative tranquillisers. Despite rapid remission of the psychopathology, asymptomatic mydriasis and disturbances of memory can remain for some days

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COCAINE USE DISORDER AMONG PATIENTS ADMITTED TO A PSYCHOSOCIAL REHABILITATION UNIT

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INTRODUCTION

Previous literature widely supports the existence of comorbidity between cocaine 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 cocaine 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 cocaine use disorder, whereas 11 out of 59 male patients (18%) reported a comorbid cocaine use disorder.

CONCLUSION

Comorbid cocaine use disorder is frequent among male patients in our sample. Cocaine use disorders should be specifically assessed and specialized treatment that addresses both primary psychiatric and cocaine use disorder should be provided.

MANIC EPISODE: CAFFEINE-INDUCED ACTIVATION OF PRIMARY BIPOLAR DISORDER OR SECONDARY MANIA CAUSED BY CAFFEINE?

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Educational Objectives: At the conclusion of this presentation we would like the participants to debate and think of the importance of differentiate both diagnosis and the effect new legal drugs are causing.

Purpose: The consumption of high caffeine content energy drinks has increased markedly in recent years. Studies in adult twins show that life time caffeine intake, caffeine toxicity and dependence are significantly associated with psychiatric disorders such as major depression, generalized anxiety disorder, alcohol dependence, and cannabis and cocaine abuse dependence (1). With this clinical case we pretend to illustrate how the problem is affecting even in diagnosis and treatment.

Clinical case: Miss A is a 48 years old patient, with a diagnosed of unspecified personality disorder. She was hospitalized in the Acute Psychiatric Unit, because of suicide ideas and heteroaggressivity, 5 years ago. During these five years she has been followed up by an ambulatory psychiatrist. In this period of time she has not been attending to all her appointments, not taking the treatment correctly and in the last period started increasing the amount of energy drinks per day. Recently she was hospitalized in the Acute Psychiatric Unit again. In this hospitalization we observed different symptomatology, her speech was loud, rapid and difficult to interrupt; easily distracted, experiencing racing thoughts, very irritated and aggressive. She also decreased sleep and got difficulty to sleep in the first days of hospitalization. The medication was changed and treated as a maniac episode. Her symptoms improved when energy drinks were stopped and neuroleptics were administered. The diagnosed could be either caffeine-induced mood disorder with manic features or secondary mania caused by caffeine. Only long term follow-up will determine whether this manic episode was caffeine-induced activation of primary bipolar disorder or secondary mania caused by caffeine.

Conclusions: There are increasing reports of caffeine intoxication from energy drinks, and it seems likely that problems with caffeine dependence and withdrawal will also increase. Therefore, it is important to clinicians to be familiar with energy drinks and the potential health consequences associated with their use.

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EXTRAPYRAMIDAL SIDE-EFFECTS IN PATIENTS WITH MAJOR AFFECTIVE AND NON-AFFECTIVE PSYCHOSIS WITH CO-OCCURRING METHAMPHETAMINE USE DISORDERS

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Educational objectives: Alcohol, cannabis and cocaine use can lead to pathophysiological changes in basal ganglia structures, striatal dopaminergic down-regulation, and is associated with extrapyramidal side-effects (EPSE) in dual diagnosis. Participants will learn about the assessment and impact of methamphetamine use on the risk for extrapyramidal side-effects.

Purpose: Little is known about the effect of methamphetamine on the risk of EPSE's in patients with schizophrenia, bipolar and related psychotic disorders requiring treatment with antipsychotics. We aimed to determine the effect of methamphetamine on EPSE risk in dual diagnosis.

Method: Diagnosis was determined with the SCID-I for DSM-IV-TR, akathisia with the Barnes Akathisia Rating Scale, parkinsonism using the Simpson-Angus Scale and tardive dyskinesia using the Abnormal Involuntary Movement Scale. Patients with neurological disease and cocaine use were excluded. We constructed multivariable logistic regression models with the primary outcome the presence of any EPSE's.

Results: Of 102 participants, 54.9% had schizophrenia spectrum disorders, 20.6% bipolar disorder, 11.8% schizoaffective disorder and 12.7% substance induced psychotic disorder. As many as 38.2% had at least one EPSE, with 35.3% having parkinsonism, 8.8 % akathisia and 0.9% Schooler-Kane criteria defined tardive dyskinesia. Multivariable logistic regression models were adjusted for age, gender, diagnosis, antipsychotic dosage and type, anticholinergic and other substance use. Participants with methamphetamine dependence were significantly more likely to have EPSE's (OR=5.27, p=0.022, 95% CI=1.27-21.86). For methamphetamine abuse, this association remained non-significant (OR=1.17, p=0.898, 95% CI= 0.09-14.24). Cannabis, alcohol and methaqualone use were not significantly associated with EPSE's.

Conclusions: Patients with psychotic disorders and more severe methamphetamine use (i.e. dependence) have significantly more EPSE's. Clinicians should assess substance use severity and monitor side-effects on a regular basis in dual diagnosis patients. This may affect antipsychotic choice, dosage as well as treatment duration and underscores the importance treatment for methamphetamine use disorders in this population.

EARLY VERSUS LATE ONSET OF COCAINE DEPENDENCE: SOCIODEMOGRAPHIC AND CLINICAL DIFFERENCES

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Educational Objectives: At the conclusion of this presentation the participants should be able to recognize the clinical and sociodemographic differences between cocaine dependence patients with an early onset than later onset.

Purpose: Previous studies suggest that early onset of substance use disorders is associated with a higher prevalence of another psychiatric disorders, organic complications and a worse outcome^{1,2}.

With this study we want to determine if there are significant differences between patients diagnosed with cocaine dependence with early onset versus late onset, considering dual diagnosis, psychosocial severity and infectious complications.

Methods: From a prospective protocol for collecting data of all patients admitted in the Detoxification Unit of Hospital del Mar (Barcelona), we selected all patients with a diagnosis of cocaine dependence who were admitted between January 2008 and May 2014. Then we compared patients with an early onset (< 16 years) of cocaine use with patients with a late onset (≥ 16 years), regarding sociodemographic and clinical data.

Results: The early onset group had a lower social status ($p=0,049$) and more detentions ($p=0,003$) but not more imprisonments than later onset group. No differences were found in relation dual diagnosis. Early onset group did not show more overdose but did show a more dangerous route of. Finally, patients with early onset had significative more HCV infections ($p=0,039$) than patients with later onset but they did not have more HIV infections.

Conclusions: Our results support the fact that patients with an early onset of cocaine dependence have a lower social status, more legal history, use a more dangerous consumer via and have more HCV infections than patients with a later onset. These results are compatible with recent studies that show a worse outcome in these patients¹. Nevertheless, we not find more dual pathology in our patients with early onset, as shown by others studies².

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PSYCOSTIMULANT DEPENDENCE: A CASE WITH A SOMBER EVOLUTION

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INTRODUCTION: psychostimulant abuse is an increasingly common condition in our society, often with a torpid evolution where the subject replaces one substance with another and, this abuse of psychostimulants accentuates personality traits hindering change and clinical improvement.

METHOD: descriptive analysis of the medical history of a patient on follow up in our Addictions Treatment Unit under the diagnosis of cocaine and amphetamines dependence.

CASE REPORT: fifty years old male patient, on follow up since 2008 under the diagnosis of cocaine dependence. Childhood and adolescence characterized by maternal overprotection and an important difficulty to make decisions and live with autonomy. Obsessive personality traits with cognitive rigidity and resistance to change. The patient started to consume snorted cocaine at the age of 12, with a dependence pattern in an amount of 2-3 grams per day. Impaired interpersonal relationships. The patient keeps a bad evolution over the years, with short periods of abstinence, frequent intoxications and a compulsive pattern of consumption, being evident the worsening of his obsessive personality traits with many rituals and compulsive hoarding of objects. He was capable of maintaining abstinence during his admission in a therapeutic center, however once he was out, started to consume amphetamines regularly, with neglect of his personal caring and feeding, isolation, day and night consumption staying up all night surfing the internet with many electronic devices at a time with a compulsive pattern.

CONCLUSIONS: patients with cocaine dependence can achieve abstinence, however the replacement with another psychostimulant is a common behavior among these patients as a way of activate their reward system once again.

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AMPHETAMINE-INDUCED PSYCHOSIS: A CASE REPORT

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Introduction: Amphetamine is an indirect-acting sympathomimetic drug with a terminal elimination half-life of 10-30 hours. Symptoms of psychosis induced by amphetamines are similar to those of acute schizophrenia spectrum psychosis and include visual hallucinations, auditory hallucinations, delusions of persecution and lack of insight. To distinguish psychosis on the basis of acute symptoms is difficult, even more if patient is presenting also symptoms of delirium.

Material & Method: We report a case of a 37-year-old man brought by ambulance to the Emergency Services presenting psychomotor agitation, disorientation, insomnia, anorexia, disorganization of thoughts, persecutory delusion and visual hallucinations consisting in seeing bugs everywhere. He had previous history of stimulants and benzodiazepines abuse since he was 28 and a detox admission in 2003. Three weeks ago he had relapsed daily amphetamine consumption and started seeing insects and attempting to disinfest his house. His wife reported he's been presenting abnormal behaviour to her and been telling police was following him. Investigations in Emergency Services revealed rhabdomyolysis and renal failure. We discuss on the different possible diagnoses and which interventions should be first required.

Results: Patient was diagnosed with delirium, psychomotor agitation syndrome, substance-induced psychosis, amphetamine overdose, rhabdomyolysis and kidney failure. He required sedation, rehydration therapy, urine alkalinisation, diuretic agents and antipsychotics. Clinical course was satisfactory.

Conclusion: Amphetamines and methamphetamines are neurotoxic and toxic for other body organs. They can lead to complex syndromes with prominent psychopathology but clinicians should be cautious when assessing psychiatric symptoms, mainly when finding confusion and disorientation, and consider a substance aetiology.

AMPHETAMINE-INDUCED ANXIETY: A CASE REPORT

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Objectives: Misuse of amphetamines and psychopathological disorders are usually together in history of Psychiatry, since the 1960s, when uncontrolled anorectics abuses caused a toxic psychosis epidemic and depression, some of them resulting in suicide. New patterns of drug use and on substances consumed, especially with metamfetamine, MDA, MDMA, Speed and other syntetic drugs with different chemical structure than amphetamines but with same potential of causing mental disorders.

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Material and Mehods: Review of diagnostic criteria in relation to a clinical case

21 years old Male, that comes into Hospital with a panic attack consisting of heart palpitations, sudoration, fear of losing control, choking sensation or lack of air, and intense fear of things that are not usually

frightening to other people, he cannot do anything to stop it, uncontrollable crying, and see himself lonely. No family background, by the age of 16 he followed psychological treatment due to fear of acquiring an illness. By the age of 19 he started to use Speed.

Results: The diagnostic was Mental and behavioural disorders due to use of amphetamines and other stimulants: dependence (F15.2) and anxiety disorders due to use of amphetamines (F15.8). Despite psychopharmacological treatment with antidepressants (paroxetine) and Benzodiazepines during two months, the panic attacks did not go away completely until speed withdrawal was achieved.

Conclusion: Stimulants abuse are rising among young people. We should exclude toxic consumption in young people suffering a panic attack, besides organic pathology. When the dual disorder is being diagnosed, we should take on a two-thiered approach: psychiatric and drug addiction treatment.

WAITER, GET ME ANOTHER CUP OF COFFEE PLEASE! XANTHINES CONSUMPTION IN PSYCHIATRIC PATIENT

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Objectives: To analyze xanthine consumption in mental illness patients, regarding a clinical case.

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Material and Methods: Clinical case description. A brief review of existing data is performed on databases such as Medline and PsycINFO using the key words "caffeine" OR "consumption of xanthine" AND "psychiatric patient" OR "mental illness."

Results: the reviewed studies indicate that 90% of schizophrenic patients had consumed xanthine and 59% had daily coffee consumption. Besides, this consumption is more abusive than in people without mental illness. Caffeine is associated with fewer symptoms in schizophrenia and a decrease of pharmacological therapy side effects, while other studies defined clinical worsening with excessive consumption of caffeine.

Conclusion: Caffeine has positive reinforcing properties, produces tolerance and ceasing its consumption, specific withdrawal syndrome appears. Caffeine can lead to different substance use disorders. Including dependence not recognized neither on DSM IV-R or the new DSM-V, withdrawal syndrome and intoxication. Caffeine can be considered a pharmacological therapy, a nutrient, and an abuse drug depending on its use.

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CAFFEINE AND OTHER STIMULANTS CONSUMPTION IN SCHIZOAFFECTIVE DISORDER: REPORT OF A CASE

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Objectives: Consumption of coffee and other stimulants may be a factor in treatment failures and it can be understated in clinical practice. Caffeine has been reported to worsen psychosis in people with schizophrenia and to cause psychosis in otherwise healthy people. Besides, they usually appear concomitant to other toxics magnifying their effects.

Material and Methods: Discussion in relation to a clinical case.

25 years old Male, derived from his regular psychiatrist that have been following him since 5 years ago, for stabilization in Acute psychiatrist Unit. His disorder was refractory to many neuroleptic and antidepressant drugs, like olanzapine, risperidone, zuclopenthixol, haloperidol, palmitate paliperidone, sertraline and venlafaxine. He showed many psychosis symptoms, like Fregoli syndrome, delusion of control and auditory hallucinations that were aggravated by caffeine and Tetrahydrocannabinol consumption that started 14 years ago. He also showed affective symptoms and suicidal ideation

Results: The diagnostic was Other mental and behavioural disorders due to multiple drug use and use of other psychoactive substances (F19.8) and Schizoaffective disorder, depressive type (F25.1). Clozapine was introduced in ascending dose from 25 mg to 100 mg daily and withdrawal from addictive substance was treated through detoxification and counselling during the admission. The patient increased awareness to his disorder and the family improved support to him. At the follow-up he achieved THC and stimulants cessation and clozapine did not cause any side effect. At this time he only takes clozapine 300mg per day.

Conclusion: It is important to state and treat addiction to legal stimulants besides other drugs to achieve withdrawal in order to improve symptoms and achieve psychopathological stability, that we could not have achieved with a single psychiatric approach.

WHEN INTELLECTUAL DISABILITY IS IN BETWEEN

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Educational Objectives: At the conclusion of this presentation, we would like the participant to be able to think over the problem that we deal with every day and extent the amount of work on this field.

Purpose: There is very limited evidence on the patterns of recreational substance use, among adults with Intellectual Disabilities (ID) who have co-morbid mental health problems. There are studies that show illicit substance use was more likely among intellectual disable patients with schizophrenia spectrum disorders than without it (1). With this clinical case we pretend to illustrate the problem mental health professionals have to face.

Clinical Case: Mr A, is a 28 years old patient, with a diagnosis of unspecified psychosis at the age of 19. From this time to the present, he has been hospitalized several times (more than 20) in the Acute Psychiatric Unit, and has also been hospitalized in some other rehabilitation programs that the Mental Health service offers to patients with these disorders. Nonetheless hospitalization seems to be recurrent in this patient, and often for the same reasons, use of toxics that he always denies (cannabis), and not taking the treatment correctly.

Conclusions: The lack of studies on how to approach these cases where 3 different branches (drugs, intellectual disability and psychosis) converge claim to a deeper study on how to proceed in an effective way. There is a need to increase awareness within specialist of mental health services.

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CANNABIS USE DISORDER AMONG PATIENTS ADMITTED TO A PSYCHOSOCIAL REHABILITATION UNIT

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Introduction

Previous literature widely supports the existence of comorbidity between cannabis 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 cannabis 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 cannabis use disorder, whereas 23 out of 59 male patients (39%) reported a comorbid cannabis use disorder.

Conclusion

Comorbid cannabis use disorder is frequent among male patients in our sample. Cannabis use disorders should be specifically assessed and specialized treatment that addresses both primary psychiatric and cannabis use disorder should be provided.

THE ASSOCIATIONS BETWEEN MOOD, CRAVING LEVEL AND SYMPTOM SEVERITY IN PEOPLE WITH MARIJUANA USE DISORDER

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Educational Objectives: At the conclusion of this poster presentation, participants will have a better understanding of the factors that underlie symptom severity in people with Marijuana Use Disorders.

Purpose: Marijuana Use Disorder (MUD) is a prevalent and complex condition affecting approximately 4.3 million people in the United States (National Survey on Drug Use and Health, 2012). The purpose of this study is to examine the psychological mechanisms that underlie MUD symptom severity as an essential first step in developing effective treatments for addiction to marijuana, the most commonly used illicit drug.

Methods: The current study was a preliminary data analysis collected from a larger study on attentional bias and marijuana cue reactivity. 36 participants who were matched on age, race/ethnicity, years of education, and gender were screened for eligibility, diagnosed using the Structured Clinical Interview for DSM-IV and completed self-report measures of their mood and craving states, as well as a Modified Flanker Task, which measures inhibitory control

Results: There was a strong association between MUD symptom severity and age of onset for Past Major Depression and Past Alcohol Use Disorders. Higher MUD severity was associated with later age of onset for Past Alcohol and Past Major Depression Disorders. There was also a strong positive association between MUD symptom severity and depressive symptoms, marijuana craving level, and self-reported urge to smoke. The mood state of vigor (presence of energy/enthusiasm) was negatively correlated with symptom severity in people with MUD. A significant regression model ($F=2.432$, $p=0.038$, $R^2=0.625$) for MUD symptom severity showed that severity of symptoms was predicted by higher urge to smoke, higher purposefulness craving level, higher depression and lower vigor mood.

Conclusions: These findings suggest that interventions might be improved by better understanding or addressing cravings and mood states in people with MUD.

SYMPTOM AND BEHAVIORAL OUTCOMES IN VETERANS DUALY DIAGNOSED WITH POSTTRAUMATIC STRESS DISORDER AND MARIJUANA USE

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Educational Objectives: Because an increasing number of states have approved medical marijuana for posttraumatic stress disorder (PTSD), we sought to present empirical evidence on the question of whether marijuana improves PTSD symptoms.

Purpose: We examined the association between marijuana use and PTSD symptom severity in a longitudinal, observational study.

Methods: Veterans with PTSD (N=2276) were admitted to specialized VA treatment programs with assessments conducted at intake and four months after discharge. Subjects were classified into four groups according to marijuana use: those with no use at admission or after discharge ("Never used"); those who used at admission but not after discharge ("Stoppers"); those who used at admission and after discharge ("Continuing Users"); and those using after discharge but not at admission ("Starters"). Analysis of variance compared baseline characteristics and identified relevant covariates. Analysis of covariance then compared groups on follow-up measures of PTSD symptoms, drug and alcohol use, violent behavior, and employment.

Results: After adjusting for relevant baseline covariates, marijuana use was significantly associated with worse outcomes in PTSD symptom severity, violent behavior, and measures of alcohol and drug use. Stoppers and never users had the lowest levels of PTSD symptoms at follow up ($p < 0.0001$). Starters had the highest levels of violent behavior ($p < 0.0001$). After adjusting for covariates and using never users as a reference, starting marijuana had an effect size on PTSD symptoms at follow-up of +0.34 (Cohen's d = change/SD) and stopping marijuana had an effect size of -0.18.

Conclusions: In this observational study, initiating marijuana use after treatment was associated with worse PTSD symptoms, more violent behavior and alcohol use. Marijuana may actually worsen PTSD symptoms or nullify the benefits of specialized, intensive treatment. This is the largest controlled observational study of patients with marijuana and psychiatric illness yet completed. Cessation or prevention of use may be an important goal of treatment.

CANNABIS, PSYCHOSIS AND AMOTIVATIONAL SYNDROME: FOLLOWING THE PATIENT LONGITUDINALLY. CASE REPORT

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We propose a bibliographic revision on the controversial relation between cannabis and psychosis including the group of symptoms associated to the chronic consume of cannabis, named Amotivational syndrome.

To do this revision we present a clinical case of a patient with a previous diagnose of psychotic disorder produced by cannabis with delusions that didn't have a correct treatment. In the present the patient has acute psychotic symptoms not related to consume of cannabis or other drugs. This is why it is important to follow the patient in a longitudinal way and not being transversal in our diagnostic attitude and treatment.

In conclusion it is important to make a correct diferencial diagnosis based on vulnerability-stress model, the evolution of the patient, where time factor is necessary, and drug abstinence.

THE "ALLIANCE" OF DRUGS AND SEVERE MENTAL ILLNESS

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Introduction: It is known the association between cannabis use and psychotic symptoms developing (1) and other psychiatric disorders.

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Material and Method: In the case of a man 19 years is presented without medical history of interest. Psychiatric screening since March 2014, after 31-day psychiatric admission being diagnosed with Toxic psychosis and cannabis abuse. After discharge monitoring and abandoned psychiatric treatment in the past 10 months. At age 15 he began marijuana has remained ever since, returning to it after the last high (2.5-3 grams per day).

Family history: Father and paternal grandmother diagnosis of depression.

Discussion: The abuse of cannabis is associated with development of acute conditions or chronic psychotic developments (2). The patient presented initially was diagnostic of reactive psychosis in relation to cannabis, but subsequent developments and the presence of symptoms for years geared toward diagnosing schizophrenia, despite the presence of continuous consumption of toxic substances (marijuana) diagnosis difficult.

Conclusions: The presence of toxic consumption hinders and delays the prognosis of psychiatric disorders. The presence of dual pathology in patients with psychiatric diagnosis in turn hinders adherence to treatment, psychosocial adaptation and clinical course of patients with psychiatric diagnoses.

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DEPRESIÓN Y ABUSO DE CANNABIS, ¿QUÉ OCURRE EN PRIMER LUGAR?

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Objetivos:

Hacer una revisión teórica sobre la relación entre depresión y abuso de cannabis, mediante la presentación de un caso clínico.

Material y Método:

Se presenta el caso de un varón de 47 años diagnosticado de Trastorno Esquizoafectivo, que presenta sintomatología depresiva grave de unos seis meses de duración, sin mejoría pese a los diferentes ajustes en el tratamiento farmacológico. Patrón de consumo de cannabis diario de unos veinte “porros” diarios.

Se evalúa tanto la influencia del cannabis en la aparición o empeoramiento de la sintomatología depresiva así como la hipótesis de la automedicación en estos casos, según los estudios realizados y bibliografía existente.

Resultados:

Se asiste a la mejoría del paciente tras los ajustes en el tratamiento psicofarmacológico, con independencia del consumo de cannabis, que se ha mantenido durante su seguimiento.

Existen discrepancias en los datos obtenidos por los diversos investigadores, sin embargo las conclusiones de los trabajos de metaanálisis son que no está demostrado que el cannabis provoque la aparición de trastornos depresivos.

Existen estudios que demuestran la relación entre el inicio temprano de consumo de cannabis y la aparición de signos de depresión posteriormente en la vida del consumidor, sin diferencias de sexo significativas.

Conclusión:

No se ha demostrado la relación entre cannabis y depresión, aunque el inicio de consumo temprano se muestra como un factor importante.

Los autores concluyen que no existen evidencias suficientes para sostener la hipótesis del uso de cannabis como forma de automedicación en pacientes con síntomas depresivos.

Referencias bibliográficas:

Tziraki S. Trastornos mentales y afectación neuropsicológica relacionados con el uso crónico de cannabis. *Rev Neurol* 2012; 54: 750-60

TOURETTE SYNDROME AND CANNABINOIDS

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Objectives

To evaluate the use and efficacy of cannabinoids as compared to other drugs in treating impulsivity and tics, in patients with Tourette Syndrome.

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Material and Methods

We analyzed relevant studies (by searching in health information resources such as Cochrane, Medline and Uptodate) and interviewed ten patients with both Tourette Syndrome and use of cannabis.

Results

Only one of our patients showed some improvement in tics and impulsivity with the use of cannabis.

Conclusions

Our results do not provide any evidence that cannabinoids are more effective in the treatment of tics and impulsivity than other drugs such as neuroleptics or selective serotonin reuptake inhibitors.

PREVALENCE OF CIGARETTE SMOKING OR OTHER FORM OF TOBACCO IN UNIVERSITY STUDENTS

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Propósito. El objetivo del presente estudio fue determinar la prevalencia de consumo de cigarrillos u otra forma de tabaco en estudiantes de la Universidad Evangélica de El Salvador, San Salvador, El Salvador.

Métodos. Estudio descriptivo con un diseño transversal, con una muestra de 430 estudiantes, con un promedio de edad de 21,72 años. El análisis estadístico aplicado fue Chi cuadrado y Regresión Logística.

Resultados. La distribución de la muestra por sexo fue 33,3% hombres y 66,7% mujeres. El 34,8% había fumado cigarrillo alguna vez en la vida, que al relacionarlo con el sexo resultaron estadísticamente significativos ($\chi^2=219,44$, $P=0,000$). La edad promedio de inicio de consumo de cigarrillo, fue de 15,60 años, donde el género femenino mostró un inicio más temprano a los 11 años, con relación al masculino que fue a los 15 años. El 5,5% consumió cigarrillos por primera vez en los últimos 30 días, 2,6% lo inició hace más de un mes pero menos de un año y 25,3% lo hizo hace más de un año, al relacionarlo con el sexo se encontraron diferencias estadísticas significativas ($\chi^2=161,35$, $P=0,000$). Se encontró que el 5,8% de los estudiantes habían fumado al menos 100 cigarrillos durante la vida, siendo significativa al relacionarla con el sexo ($\chi^2=55,72$, $P=0,000$). Las variables que resultaron como predictoras de riesgo de consumo de cigarrillos u otra forma de tabaco fueron: Trabaja y estudia, Lugar donde compra los cigarrillos, Formas de consumo de tabaco, Observación o escucha de propaganda sobre consumo de cigarrillos y Fumar hace bajar de peso.

Conclusión. La prevalencia de consumo de cigarrillos u otras formas de tabaco entre los estudiantes universitarios resultó elevada, lo cual indica que es necesario realizar estudios de prevención para reducir el consumo y desarrollar programas de abandono del tabaquismo para consumidores definidos.

Palabras clave: Prevalencia, consumo de cigarrillos, tabaquismo, estudiante universitario, El Salvador.

Referencias

- Bautista-Pérez F. Policonsumo simultáneo de drogas en estudiantes universitarios de pregrado del área de la salud de una universidad, San Salvador-El Salvador. Texto y Contexto Enfermagem, Florianópolis, 2012; Brasil, N° especial 21:56-62.
- Comisión Nacional Antidrogas. Segundo estudio nacional sobre consumo de sustancias psicoactivas en población escolar de El Salvador SIDUC 2008. San Salvador, El Salvador. CNA/MINED/DIGESTYC/MINEC. Informe final.

PROFILE OF TOBACCO SMOKERS WITH SEVERE MENTAL DISORDERS AND DIFFICULT TO TREATMENT

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Purpose: To evaluate the profile of tobacco smokers with schizophrenia, schizoaffective disorder and bipolar disorder and evaluate the difficult to access to interventions to help to quit or to reduce smoking.

Methods: Cross-sectional study. The sample of psychiatric outpatients diagnosed with schizophrenia, schizoaffective disorder and bipolar disorder as ICD 10 who are treated in four mental health care centers Barcelona between January 2011 and June 2012. Socio-demographic and clinical data were analysed. The sample was obtained by randomization and data were analyzed using SPSS.

Results: A total of 281 cases we evaluated, 52% men, 61,1% diagnosed as schizophrenia, 23,2% schizoaffective disorder and 15,1% bipolar disorder.

We identified a smoking prevalence of 60%, mean age 44 years, mean consumption of 22.6 cigarettes day and 31.37 packages year. Smokers patients are younger, predominantly male and live with more consumers than non-smokers patients ($p < 0.05$). Smoking prevalence is higher in schizoaffective disorder, 80%. Smokers 10.2 % had diabetes, 36.5 % dyslipidemia, 7,27% chronic obstructive pulmonary disease (COPD) and 8.9% hypertension with a significant difference from the non-smokers (18%) in the last parameter. The 63.3% are in the precontemplation Prochaska and DiClemente's stage of change and 26.1% in contemplative stage. We note that 70% have tried to quit one or more times, 76.3% have done so without specific treatment, and to 81% were not advised to quit with treatment at the primary care.

Conclusions: Individuals with severe mental illness smoke more and have greater clinical severity than the general population. They are less motivated to quit smoking and they also have more difficulty following smoking cessation programs which worsens the prognosis. Emphasize the difficulty in accessing treatment in primary care, probably to stigma or lack of information. This study shows the need to develop specific treatments for patients with mental disorder.

Literature Reference

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Tsoi DT, Porwal M, Webster AC. Interventions for smoking cessation and reduction in individuals with schizophrenia. *Cochrane Database of Systematic Reviews* 2013, Issue 2. Art. No.: CD007253. DOI:10.1002/14651858.CD007253.pub3.

Revista de Patología Dual



TABAQUISMO EN PACIENTES INGRESADOS EN UNA SALA DE PSIQUIATRÍA

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Introducción y objetivo: La prevalencia del tabaquismo en personas con enfermedades mentales graves, es hasta 4 veces superior a la de la población general (1). El objetivo del estudio es constatar si los trastornos que motivan el ingreso en una Sala de Psiquiatría libre de humo, están relacionados con la prevalencia de consumo, con la gravedad de la dependencia a la nicotina y con la petición de tratamiento para seguir sin fumar al alta.

Materiales y métodos: Ingresos entre Enero 2012 y Octubre 2014. Durante ingreso, se recibe terapia substitutiva con nicotina y consejo breve sobre tabaquismo. Se evalúa dependencia con Fagerström breve.

Resultados:

Muestra Total

- 284 pacientes
- media de 12,54 días de ingreso (1-97, SD 11,32).
- 58,1% hombres (n=165)
- Media de edad 46,6 años (17-88, SD 15,28).
- Fuman: 61,3% (n=174)
- Fagerström breve: 3,98 (0-6, SD 1,34).
- Seguimiento post-alta: 12,6% (n=22)

TUS

- 121 pacientes.
- Fuman: 85,1% (n=103)
- Fagerström breve: 4,15 (0-6, SD 1,26).
- Seguimiento post-alta: 20

Tr. Psicótico

- 52 pacientes
- fuman 51,9% (n=27)
- Fagerström breve: 3,46 (2-6, SD 1,29)
- Seguimiento post-alta: 0

Tr. Estado del ánimo

- 56 pacientes
- Fuman 44,6% (n=25),
- Fagerström breve: 4 (0-6, SD 1,50)
- Seguimiento post-alta: 2

Otros Tr.

- 55 pacientes
- Fuman 34,5% (n=19)
- Fagerström breve: 3,84 (0-6 SD 1,57)
- Seguimiento post-alta: 0

Analizados los resultados, trastorno y prevalencia de consumo están relacionados ($\chi^2=54$, gl=3, p=0.00). No lo están, gravedad de la dependencia y trastorno (ANOVA 0,35, gl=3, p=0,789).

Conclusiones:

- Hay más fumadores, entre los que tienen un TUS y son mayoritariamente estos los que piden seguimiento tras el alta.
- Fumar está relacionado con el tipo de trastorno mental.
- El tipo de trastorno sin embargo, no está relacionado con la gravedad de la dependencia a la nicotina.

Referencias bibliográficas:

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TOBACCO AND MANIA

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Educational Objectives: At the conclusion of this presentation, we would like the participant to remember the importance of controlling smoking cessation in patients with mental illness, if they don't do it may have psychopathological decompensation that would not necessarily occur following a proper therapy.

Purpose: The relationship between mental illness and smoking is a fact. When we talk about addiction and side effects, we usually focus more on drugs like cocaine or cannabis than tobacco. In this case report we emphasize the importance of controlling patients with mental illness who want to leave tobacco habit.

Clinical Case: 42-year-old woman, diagnosed with bipolar disorder twelve years ago, good therapeutic adherence and outpatient mental health monitoring. Due to quitting cannabis and alcohol, she had psychopathological stability the last three years.

Regular smoker of twenty cigarettes per day, in manic episodes about sixty.

One year ago she said that she wanted to quit tobacco habit. Abruptly, she left tobacco consumption, reducing it completely. Four days later, she was brought by her family to the hospital requesting emergency psychiatric assessment.

The patient had a high level of anxiety, her family said that it had been increasing since she was without smoking. Verbose speech, self-referential and megalomaniac delusional, even when she was taking her treatment adequately. It was impossible to her family to control her in the house.

She required emergency hospital admission in mental health unit.

Upon arrival at the unit, blood test was performed with lithium levels (0.9 mmol / L) and toxic screen (all negative).

After symptomatological control, the patient was referred to her team where she began outpatient therapy group to leave tobacco habit.

For 6 months she assisted to a weekly therapy group where she was able to reduce consumption gradually and control her medication as she needed it.

She is currently stable of her mental illness and left the active consumption of tobacco.

Conclusions: It is necessary to control smoking cessation in people without mental illness because of its side effects, such as anxiety or emotional instability. In people with mental illness, emotional instability is a fact, these side effects can be very serious and it is very important to perform a close outpatient follow-up to get an adequate cessation.

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- Brown C. Tobacco and mental health: a review of the literature. Edinburgh: ASH Scotland; 2004.

COMBIENED USE OF VARENICICLINE AND COGNITIVE BEHAVIORAL TREATMENT FOR NICOTINE DEPENDENCE IN PATIENTS ADMITTED TO A PSYCHIATRIC CLINIC IN RIO DE JANEIRO - BRAZIL - IMPROVED TECHNIQUE

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Combined use of Varenicline and Cognitive Behavioral Therapy for treating nicotine dependence in patients admitted to a psychiatric clinic in Rio de Janeiro - Brazil - Improved technique.

Objective: Nicotine dependence is a worldwide health problem, and the second cause of death worldwide. This article aims to present the improvement in the technique used by us (1,2,3). The results of the implementation of the treatment program with the use of varenicline as a specific medicine for nicotine dependence during admission to a clinic for chemical dependency treatment. We also demonstrate that this treatment is possible and safe for patients with comorbid psychiatric disorders (anxiety, depression, personality disorders, bipolar disorder and schizophrenia) and drug use disorders (alcohol, marijuana, cocaine, crack, methamphetamine benzodiazepines).

Methods: Between August 2012 and August 2013, 98 patients were evaluated in a clinic for psychiatric and drug use treatment in Rio de Janeiro, Brazil. The treatment consisted of a smoking cessation therapy concurrently with the psychiatric treatment. These patients had used pharmacological therapy associated with intensive cognitive behavioral therapy, occupational therapy and moderate physical activity. In addition to the associated therapy, smoking was limited to three cigarettes daily beginning the first day of hospitalization. The medicine used for the treatment of smoking was varenicline as recommended by the manufacturing laboratory. The drug use disorders and psychiatric illnesses were treated as usual.

Results: Despite the sudden and drastic reduction to three cigarettes daily, the patients adhered to the treatment. 100 % of the treatment group were discharged from the clinic such as tobacco abstainers. The percentage of abstinence in patients after discharge according to previous assessments (2008-2009) with follow - up of 18 months was 51 %. Results of the current study are still under evaluation.

Conclusions: A high number of patients accepted the treatment, as well as patients abstinent after discharge. Behavioral group therapy and physical activities can be important allies for varenicline. It is important to remember that the high cost of this medicine continues to be a deterrent to extend its use to more people. Behavioral changes also exert great influence in the maintenance of abstinence.

PATTERN SEPARATION IN REGULAR CANNABIS SMOKERS

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Educational Objectives: At the conclusion of this presentation, participants should understand 1) the differences between pattern separation and pattern completion; 2) putative relationships between pattern separation and completion and psychiatric symptomatology; and 3) the potential implications of regular cannabis use in terms of these hippocampally-mediated cognitive capacities.

Purpose: Pattern separation is the hippocampally-mediated ability to isolate components of memories into distinct complexes that can be easily retrieved; whereas pattern completion is the capacity to complete memory from new environmental stimuli. Impaired pattern separation has been implicated in development of several psychiatric disorders, including psychosis. Pattern separation has been not been studied in drug users, however cannabis users have reduced whole hippocampal volume, suggesting the possibility of pattern separation deficits. Such pattern separation deficits may have implications for the apparent link between cannabis use and psychosis. The purpose of this ongoing study is to assess pattern separation and hippocampal subfield volume in regular cannabis users and healthy controls.

Methods: Following comprehensive psychiatric and medical screening, healthy non-treatment seeking regular cannabis smokers (>4x/week; N=20) and healthy controls (N=20) will undergo two standardized tests of pattern separation/pattern completion and T2-weighted structural Magnetic Resonance Imaging (MRI) to estimate hippocampal subfield volumes. MRI data will be subject to automated segmentation for hippocampal subfields.

Results: Data collection is ongoing. To date, 4 male cannabis smokers have completed the pattern separation tasks and MRI scanning. Results of this in-progress study are forthcoming.

Conclusions:

- Impaired pattern separation has been implicated in the development of several primary psychiatric disorders, including psychosis.
- Pattern separation may be impaired in regular cannabis users, who have reduced hippocampal volume relative to controls.
- Pattern separation difficulties may have implications for development of psychosis-like symptoms in cannabis users.
- This ongoing study will investigate pattern separation and associated hippocampal subfield volume in relation to regular cannabis use.

ADHD SYMPTOMS AND NICOTINE DEPENDENCE IN URBAN POPULATIONS

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Educational Objectives: At the conclusion of this presentation, the participants should be able to develop an understanding that in non-clinical populations, Attentional Deficit Disorder with Hyperactivity (ADHD) symptoms are more prevalent in heavy smokers than in never-smokers.

Purpose: The goal of this study was to compare ADHD symptoms between heavy smokers and never-smokers (matched by age, education and gender) from a non-clinical sample.

Methods: Participants were recruited using local advertisements. Using a structured telephone interview, demographic information and smoking habit behaviors were assessed. Participants were recruited to the smoking and never-smoking group after meeting the criteria for each of these individual groups. Participants were administered the Conners' Adult ADHD Rating Scales (CAARS).

Results: Smokers and never-smokers differed significantly in the hyperactivity/restlessness, Impulsivity/Emotional Liability, and DSM-IV Hyperactive-Impulsive Symptoms categories of the CAARS, with smokers showing higher scores among these categories.

Conclusions: The results in this study suggest that among non-clinical populations ADHD symptoms are associated with heavy smoking. This is consistent with the self-medication hypothesis.

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Ohlmeier, M. D., Peters, K., Kordon, A., Seifert, J., Te Wildt, B., Wiese, B., & ... Schneider, U. (2007). Nicotine and alcohol dependence in patients with comorbid attention-deficit/hyperactivity disorder (ADHD). *Alcohol And Alcoholism*, 42(6), 539-543. doi:10.1093/alcalc/agm069

PREVALENCE OF CIGARETTE SMOKING AND OTHER FORMS OF TOBACCO IN UNIVERSITY STUDENTS

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Objetivo y Propósito. El objetivo del presente estudio fue determinar la prevalencia de consumo de cigarrillos u otra forma de tabaco en estudiantes de la Universidad Evangélica de El Salvador, San Salvador, El Salvador.

Métodos. Estudio descriptivo con un diseño transversal, con una muestra de 430 estudiantes, con un promedio de edad de 21,72 años. El análisis estadístico aplicado fue Chi cuadrado y Regresión Logística.

Resultados. La distribución de la muestra por sexo fue 33,3% hombres y 66,7% mujeres. El 34,8% había fumado cigarrillo alguna vez en la vida, que al relacionarlo con el sexo resultaron estadísticamente significativos ($2=219,44$, $P=0,000$). La edad promedio de inicio de consumo de cigarrillo, fue de 15,60 años, donde el género femenino mostró un inicio más temprano a los 11 años, con relación al masculino que fue a los 15 años. El 5,5% consumió cigarrillos por primera vez en los últimos 30 días, 2,6% lo inició hace más de un mes pero menos de un año y 25,3% lo hizo hace más de un año, al relacionarlo con el sexo se encontraron diferencias estadísticas significativas ($2=161,35$, $P=0,000$). Se encontró que el 5,8% de los estudiantes habían fumado al menos 100 cigarrillos durante la vida, siendo significativa al relacionarla con el sexo ($2=55,72$, $P=0,000$). Las variables que resultaron como predictoras de riesgo de consumo de cigarrillos u otra forma de tabaco fueron: Trabaja y estudia, Lugar donde compra los cigarrillos, Formas de consumo de tabaco, Observación o escucha de propaganda sobre consumo de cigarrillos y Fumar hace bajar de peso.

Conclusión. La prevalencia de consumo de cigarrillos u otras formas de tabaco entre los estudiantes universitarios resultó elevada, lo cual indica que es necesario realizar estudios de prevención para reducir el consumo y desarrollar programas de abandono del tabaquismo para consumidores definidos.

Palabras clave: Prevalencia, consumo de cigarrillos, tabaquismo, estudiante universitario, El Salvador.

Referencias

Bautista-Pérez F. Policonsumo simultáneo de drogas en estudiantes universitarios de pregrado del área de la salud de una universidad, San Salvador-El Salvador. Texto y Contexto Enfermagem, Florianópolis, 2012; Brasil, N° especial 21:56-62.

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NICOTINE DEPENDENCE AMONG NIGHT WORKERS

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Educational Objectives: to assess the prevalence of smoking and the level of nicotine addiction among night workers.

Purpose: The aim of the study was to describe smoking behavior and the level of nicotine dependence among night workers in industrial environments.

Methods:

We conducted a descriptive cross-sectional study carried on among 50 employees in an industrial company.

Data collection was conducted via a questionnaire exploring the socio-professional details and smoking behavior.

The Fagerström Test for Nicotine Dependence (FTND) was used for assessing nicotine dependence among smokers.

Results:

The mean age of night workers was $32, 5 \pm 7, 83$ years.

The prevalence of active smoking among the night workers interviewed was 86, 5 and the mean tobacco consumption was $13,12 \pm 8$ cigarettes per day.

The majority of smokers (92, 3%) reported that they increase their smoking during night work in order to increase wakefulness.

The score of nicotine dependence varied between 0 and 7. Moderate to high nicotine addiction were found in 69, 2 % of cases.

Conclusion:

The prevalence of smoking remains high among night workers. Furthermore, an addiction raised was found at this population of workers. The night-labour seems to influence smoking behavior and the amount of cigarettes smoked as well.

Literature Reference :

Nicholson et al. Actualités pathologiques sur le travail posté, DMT no122 ; 1999.

DOPAMINERGIC AND SEROTONERGIC GENE VARIANTS INVOLVED IN DUAL SUBSTANCE ADDICTION, GAMBLING, AGGRESSION AND IMPULSIVITY IN INDIAN POPULATIONS

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Background: Among certain populations in India there are some culturally distinct ways of chewing tobacco along with betel quid (Areca nut and leaf), a mild stimulant. Like any other recreational drug, different forms of this combination produces euphoria by releasing dopamine in the nucleus accumbens within the brain's reward circuitry. Glial cell line-derived neurotrophic factor (GDNF) is an essential growth factor for the survival and maintenance of midbrain dopaminergic neurons. Several studies have demonstrated associations between various dopaminergic and serotonergic genes and addictions, however, there are very few studies with regard to GDNF and addictive behaviors, such as substance use or gambling.

Materials and Methods: The present study was carried out in a sample of 900 adults (age range 18-45) from four ethnic groups from the North Eastern region of India: Bengali (N=300), Hmar (N=200), Khasi (N=300) Nepali (N=100). Data on tobacco and betel nut and leaf consumption, impulsivity and aggression was collected using a structured questionnaire, as well as personal interview. DNA was extracted from buccal swabs and genotyping of six GDNF polymorphisms (rs2910704, rs3812047, rs2910702, rs1549250, rs2973033 and rs11111) and three serotonin receptor polymorphisms (5HTR2A rs7322347, 5HTR1B rs6311 and rs6296) was carried out by RT-PCR using TaqMan probes. Another set of 32 SNPs in 3' UTRs of genes implicated in various psychiatric disorders was also assessed in a culturally specific form of gambling sample (archery) vs. controls (N=200).

Results: In case of the rs3812047 A/G polymorphism the case-control analysis revealed significant differences between tobacco users vs. non-consumers (genotype-wise: $p=0.0021$, allele-wise: $p=0.00005$; $OR=2.4$) with A being the protective allele. Similar results were seen with betel quid consumption and one GDNF variant was more frequent in gamblers. Serotonin variants were found associated with different subtypes of aggression.

Conclusion: Our data indicates that GDNF – probably due to its involvement in development and function of dopaminergic neurons – plays an important role in tobacco/betel consumption and the level of addiction. The two substances are most often consumed together in these ethnic groups in different combinations. The effect of genetic variations in GDNF is most likely to be a general factor related to addictive behavior due to the dopaminergic neurotransmission involved in reward, rather than a substance specific polymorphism.

Revista de Patología Dual



PALIPERIDONE ER IN DUAL PATHOLOGY. CANNABIS DEPENDENCE DISORDER AND SCHIZOPHRENIA

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Objective: To examine the effectiveness, safety and tolerability of paliperidone ER in patients with schizophrenia and cannabis dependence disorder and the possible influence in cannabis consumption.

Method: Descriptive and observational study over 6 months. Follow up outpatient meet criteria for schizophrenia and cannabis dependence disorder (DSM-IV TR).

Paliperidone ER was administered (6-12mg/day) in patients who had discontinued treatment due to failure.

Assessments at baseline and months 1, 3, 6:

a) Effectiveness

Positive and Negative Syndrome Scale (PANSS)

Personal and Social Performance Scale (PSP)

b) Safety and tolerability

Side Effects Scale (UKU)

Physical exam and complementary examinations.

Recording of adverse events.

c) Cannabis consumption

Self-Report

Mannheim Scale for Craving (MaCS)

Results: 19 male patients. Average age: 23,3 years ($\pm 5,1$).

Reasons for the failure of previous treatments: Lack of adherence (55%), tolerability problems(24%), lack of effectiveness(21%)

Improve PANSS, from a mean of 72,9 ($\pm 15, 2$) at baseline, to 46, 6($\pm 10,7$) at endpoint, with significant differences ($p < 0,05$) compared to baseline, in the first month of treatment, until the end of the study ($p < 0,05$).

Significant improvement was observed at end point in PSP at month 6 ($p < 0,05$)

5 patients reported at least 1 adverse event. Insomnia and akathisia were most common.

Body weight, blood pressure and heart rate showed no significant increase.

MaCS reduced from a mean of 37,6 ($\pm 7,1$) at baseline to 10,5 ($\pm 3,4$). No reduction achieved, statistical significance ($p < 0,05$) until the end of the study.

The mean of basal consumption was 8,2 ($\pm 3,5$). At the end, 20% remained abstinent and 60% reduced consumption, with a mean of 2,7 units /day ($\pm 0,8$).

Conclusion: Paliperidone ER has proven to be effective, safe and well-tolerated alternative in patients with schizophrenia and cannabis dependence disorder, with improvement in functionality, achieving a reduction of craving and a reduction in the average consumption.

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CRAVING, FREQUENCY AND INTENSITY SUBSTANCE USE DECREASE IN PATIENTS UNDER PALIPERIDONE TREATMENT

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Educational Objectives: Patients with dual diagnosis have more complex treatment and a worse clinical outcome both of its substance use and its mental disorder. Several studies shown the efficacy of paliperidone in psychotic symptoms, but the effect on craving and substance use has not been study so far. Brain's reward system is a nervous system center that responds to specific stimulus; regulated by dopaminergic neurotransmitters and projections between ventral tegmental area and accumbens nucleus, allows the individual to develop learned behaviors that respond to pleasant or unpleasant facts and entails drug abuse or dependence. To block this process, it is required antipsychotic treatment with atypical drugs, since conventional increase the craving. The objective of the current study is to determinate the efficacy of paliperidone to reduce cocaine craving and substance use in these subjects.

Purpose: Study the efficacy of paliperidone to reduce cocaine craving and substance use.

Methods: An observational and retrospective study evaluates data from 55 patients meeting criteria for cocaine abuse or dependence treated at the outpatient Vall d'Hebron drug unit, for at least 12 weeks. The patients received treatment with paliperidone, between 3 to 15 mg, depending on the existence of a co morbid psychosis. The self-rated craving level and the frequency and intensity of consume were collected.

Results: All patients complete the 12-weeks follow-up. The analysis shows a craving reduction as well as a decrease in the intensity and frequency of consumption. The average levels of self-rated craving for the patients showed a gradual decrease, mainly during first 8 weeks. The frequency and amount of cocaine use decreased progressively, and the percentage of non-users gradually increased.

Conclusions: The study shows a reduction in craving, intensity and frequency of cocaine consumption and suggest that paliperidone may be useful for treating patients with this kind of disorder, associated or not to a co morbid mental disorder.

Literature Reference:

Callado L.F., Meana J.J.: Neurolépticos atípicos y consumo de sustancias. Bases farmacológicas. Trastornos Adictivos, 2001; 3 (monogr. 2): 7-18.

Batlle E., Andrés I., Cano M., Fernández T., Gironès V., Martínez J., Mola M., Roig J., Romero C., Vázquez G. Craving and substance use in dually diagnosed patients treated with Paliperidone. 23rd Congress of the European College of Neuropsychopharmacology. Amsterdam, 2010.

DRUG THERAPY OF OPIOID DIFFERENT TO HEROIN DEPENDENCE IN PATIENTS WITH DUAL DIAGNOSIS. A CLINICAL CASE REPORT

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Purpose: Exhibition of alternative variants in the treatment of addiction to opioids other than heroin in connection with the case of a patient with organic comorbidity, acute schizophrenia-like psychotic disorder triggered by alcohol and other toxic dependence associated.

Methods: The case of a patient with codeine (90 mg per day) and alcohol (120 g per day) dependence and benzodiazepine abuse (in varying amounts) who also presented clear episodes of psychotic symptoms triggered by alcohol. The patient rejected any pharmacological treatment and had abandoned his own care about his organic pathology.

Results: Treatment with 12 mg Buprenorphine / Naloxone 3 mg was proposed, which allowed a fast withdrawal and a good adherence to the treatment. This translated into active involvement in self-care, leaving alcohol and initiating treatment for his digestive diseases.

Conclusions: Buprenorphine / naloxone combination appears as an effective tool not only in the treatment of heroin addiction but also in the treatment of other opioids addiction. This alternative may be particularly useful in polymedicated patients or population with severe organic diseases, which are an important range within other opioid abuse populations. In this case arises the differential diagnosis of challenging and negativistic attitudes among traits of a personality disorder or episodes of intoxication and opiate withdrawal.

Bibliography:

Volkow ND, Frieden TR, Hyde PS, Cha SS. Medication-Assisted Therapies — Tackling the Opioid-Overdose Epidemic. New England Journal of Medicine May 29, 2014 370(22):2063

TOBACCO USE CESSATION IN SMOKERS WITH CHRONIC OBSTRUCTIVE PULMONARY DISEASE

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Introduction:

Smoking is one of the major risk factors in chronic obstructive pulmonary disease (COPD) patients. According to the Centers for Disease Control and Prevention (CDC), smoking cessation reduces the risk of developing COPD it is also an essential treatment for this disease.

Objective: This study aims to determine the level of tobacco dependence and the motivation to stop smoking in smokers with COPD

Method:

We conducted a prospective study enrolling 30 patients with COPD hospitalized in the pneumology department of HediChaker hospital .

Socio-demographic data were collected. We used the Fagerström test to evaluate the dependence to nicotine and the test of Lagrue and Leugeron to assess the motivation of smoking cessation.

Results:

The mean age was 64.1 . 10 % were illiterate and 80% had a primary school level .Our patients consumed 58.2 pack-years of cigarettes.

To the question “why do you smoke ?” 50 % responded that it is a gesture automatism, 25 % said it is distressing .

70% tried at least once to stop smoking: 42.9 % because of their health condition and 28.6% after a doctor’s advice. 30 % actually stopped smoking but no medication’s help was used.

The study of the degree of physical dependence to nicotine showed that :40% had low dependence to nicotine 40% had moderate dependence and 20% had high dependence .

The Assessment of the degree of motivation and self-efficacy to stop smoking shows that 40% were highly motivated to stop smoking , 20% were just motivated ;40% had not enough motivation .

Conclusion: According to many studies motivation seems to be an essential factor of the success of the attempt to quit in smokers with COPD. But it remains insufficient without the use of smoking cessation medications.

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M.Undernera,J.Perriot , G. Peiffer. Smoking cessation in smokers with chronic obstructive pulmonary disease. Revue des Maladies Respiratoires (2014) 31, 937—960

AFFECTIVE TEMPERAMENT IN A TUNISIAN SAMPLE OF ADDICTS

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EDUCATIONNEL OBJECTIVES: In Tunisia, drug addiction has emerged as a potential problem mainly after the revolution. This addiction is closely related to certain temperaments, which constitute a vulnerability factor for the development of such an addictive behavior.

PURPOSE: To determine the affective temperaments (AT) in a Tunisian sample of drug addicts compared to a control group, and to identify factors associated with AT.

METHODS: This was a case control-study carried out in the drug abuse prevention center "ATUPRET" of Sfax in Tunisia. Data were collected from the files of 30 men hospitalized there. The TEMPS-A questionnaire, 110 questions version, has been used, evaluating five AT.

RESULTS: The average age of patients was 33,6 years (19-59). They were single in 66.7%. Their school level didn't exceed the secondary one in 80% of cases and they were unemployed in 30% of cases. The average age of onset of drug use was 21.3 years (14 -52) and the average duration of drug use was 11.9 years (1-43). Among drug users, the average scores of cyclothymic, depressive, irritable and anxious AT were respectively 0.61, 0.6, 0.49, 0.5 and 0.4. These were significantly higher than in control group (p respectively: 0.00, 0.01, 0.00, and 0.03). The clandestine trip was correlated with anxious AT (p << 0.05). The alcohol dependence was correlated with irritable (p = 0.02) and cyclothymic AT (p = 0.04). The depressive AT was associated with an earlier age of onset of substance use (p = 0.00).

CONCLUSION: The results of our study, of the AT among Tunisian drugs addicts, join those found in other lands. The cyclothymic, depressive, irritable and anxious AT are more frequent among addicts compared to the general population. The systematic study of AT would optimize patient care and identify those most vulnerable in a risky population.

LITERATURE REFERENCE:.

The impact of temperament in the course of alcohol dependence. Journal of affective disorders 135 (2011) 177-183

RELATION BETWEEN CONSUMPTION OF TOXIC AND ANTIPSYCHOTIC TREATMENT: ORAL VERSUS INJECTABLE LONG-TERM

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OBJETIVOS

Evaluar si existen diferencias en el consumo de tóxicos y, secundariamente, en los reingresos de los consumidores, según los pacientes sigan tratamiento con Antipsicótico oral (AP oral) o inyectable de larga duración (AILD).

MATERIAL Y METODO

Se trata de un estudio descriptivo y retrospectivo, mediante la revisión de las historias clínicas de los pacientes ingresados en el periodo de un año en UHSM de Virgen de Valme, que traían prescrito algún antipsicótico al ingreso (se descartaron aquellos que incluían simultáneamente ambos grupos de antipsicóticos analizados).

La muestra final estaba constituida por 211 pacientes.

Las variables recogidas fueron sexo, edad, antipsicótico prescrito (oral o AILD), consumo y tipo de tóxicos y número de ingresos en ese año.

RESULTADOS

El número de pacientes que consumían tóxicos fue de 58. De estos, 12 eran mujeres (todas en tratamiento oral) frente 46 hombres. Los rangos edad donde había mayor consumo de tóxicos fueron de 18 a 30 años y 30 a 40. El porcentaje de consumidores entre los pacientes tratados con AP orales fue del 33,5%, frente al 20% en los tratados con AILD, dándose el doble de policonsumo en el grupo con AP orales. Los reingresos ese año fueron de un 34% entre los consumidores en tratamiento con AP oral y de un 20% en los consumidores con AILD.

CONCLUSIONES

Las diferencias existentes entre ambos grupos en el consumo (y policonsumo) de tóxicos parece indicar un relevante papel de los AILD (probablemente por su relación con la adherencia al tratamiento) en la disminución del consumo de tóxicos; muy posiblemente debido a una mayor estabilización clínica (también refrendado por el menor número de reingresos) que enlazaría con el concepto de la teoría de la automedicación.

PATOLOGÍA DUAL: CRAVING Y CONSUMO EN PACIENTES TRATADOS CON PALIPERIDONA DE LIBERACIÓN PROLONGADA (LP)

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Introducción: Los estudios describen a los pacientes con patología dual (PD) como sujetos con peor evolución clínica y peor respuesta al tratamiento.

La administración repetida de sustancias da lugar a un estado de hipodopaminergia. Cuando el consumo se detiene, la exposición a determinadas situaciones produce un aumento de DA, lo que induce un deseo imperioso de consumo (craving).

Dado que la regulación de DA y 5-HT_{2a} podrían ayudar a explicar el efector modulador sobre el craving, analizamos una muestra de sujetos con PD tratados con paliperidona LP.

Objetivos: demostrar la utilidad de paliperidona LP en la reducción del craving y el consumo.

Materiales y métodos: 18 pacientes en 4 grupos según la(s) sustancia(s) consumida(s) evaluados mediante entrevistas semanales en cuanto a craving y consumo. Se les realizaron controles toxicológicos de orina.

Resultados: la sustancia más consumida fue el cannabis (83.33%). Grupo 1.Cannabis (50%).Grupo 2.Cannabis y cocaína (16.66%). Grupo 3.Cannabis y otras dos o más sustancias (16.66%). Grupo 4.Cocaína y alcohol (16.66%). El 38.89% lograron la abstinencia. El 50% redujeron el consumo. El 77.78% verbalizaron una disminución en el deseo de consumir.

Discusión: El cannabis produce un bloqueo sobre las interneuronas GABA, por lo que dejan de inhibir a las dopaminérgicas y se libera mayor DA en el NAc.

La cocaína actúa de manera directa sobre el NAc. Paliperidona presenta una alta afinidad por los receptores D₂ y 5TH_{2a}, por lo que al antagonizarlos atenúa el efecto reforzador, lo que contribuye a la disminución del craving y al abandono del consumo.

Conclusiones: paliperidona LP supone una buena elección en PD. Su escaso metabolismo hepático supone una ventaja en sujetos con tratamiento con metadona y/o antirretrovirales y con complicaciones médicas (VIH,VHB,VHC). Todo ello, unido a una mejoría respecto al craving y el consumo, hace que se presente como una adecuada opción terapéutica.

ASENAPINE AS A NEW ELUCIDATION IN THE TREATMENT OF TRICHOTILLOMANIA WITH CO-MORBID BIPOLAR

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Introduction Trichotillomania is characterized by an increased impetus of hair pulling, which results in alopecia and low self-esteem. The occurrence of this disease is said to happen in childhood and adolescence, but is now also studied in various age groups.

Case Report The patient presented in 2003 with hair pulling episodes for one year. This habit precipitated into alopecia which gave her low-self-esteem, which led to a diagnosis of trichotillomania. Three years later, she had a sporting injury which caused her to have arthroscopic repair on the menisci of both knees. This led to her being sedentary for two years. During this time, she developed insomnia, poor appetite and low mood. These conditions were attributed to her being inactive after her surgery. She was started on escitalopram 10mg/daily. However, 3 years later, she started developing extravagant spending habits, bouts of elated and low moods and sleeping difficulties. Interestingly, during this time the hair pulling instances also intensified. She was then diagnosed with bipolar disorder. Her medications were revised to lamictal 175 mg, clonazepam 0.5 mg and escitalopram. Dismally, there was no marked improvement in the mood or the hair pulling, even after 10 months. Asenapine was added to her regime for the treatment of the bipolar disorder. Her trichotillomania and mood symptoms were remarkably improved with subsequent cessation of hair pulling and mood instability.

Discussion In this case presentation, trichotillomania is studied as part of the Bipolar Disorder diapason as per DSM 5. Hence, rationale behind the usage of asenapine is that it's high binding affinity to serotonin, histamine, dopamine and adrenoceptors, especially the 5HT2A receptor. Variations of the 5HT2A genes have been connoted in bipolar disorder. Thus, the use of asenapine tackles both trichotillomania and bipolar disorder simultaneously.

DESCRIPTIVE AND COMPARATIVE ANALYSIS OF THE INFLUENCE OF DRUG USE IN THERAPEUTIC ADHERENCE

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Introduction

In general it can be said that a non-compliance of the advised treatment has a negative impact on the course of the psychiatric disease.

Anyway, the purpose of the study is to examine the correlation between drug intake and therapeutic adherence. Considered as a non-therapeutic adherence is when the main reason for the patient's hospitalization was a disruption of the advised treatment. The approach is based on a statistical comparison of 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. 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

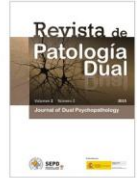
70.7% (n=94) of the probands with comorbid drug use disorder disrupted the treatment. However, among the probands without dual disorder diagnosis this pattern was observed from 29.3% (n=39) (p=0.000).

Conclusions

The results are exhibiting a clear pattern. The probability of a treatment disruption is among inpatients with dual disorders higher compared to probands not consuming any drugs.

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.

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LONG-TERM ANTIPSYCHOTIC TREATMENT FOR DUAL PATHOLOGY. A TWO-YEAR FOLLOW-UP STUDY

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Objectives

1. To assess clinical and functional improvement in patients with dual pathology (schizophrenia) treated with paliperidone palmitate versus patients treated with conventional depot antipsychotic therapy.
2. To analyze potential differences between the two groups in terms of craving.

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Materials and Methods:

This is a descriptive, observational, 24-month study.

Sample: Fourteen patients engaged in a community follow-up mental health program meeting the diagnosis criteria for schizophrenia (DSM-IVTR) and substance abuse/dependence (DSM-IVTR).

Two sub-groups were defined according to the psychopharmacological treatment received:

Group A: Seven patients received paliperidone palmitate

Group B: Seven patients received conventional antipsychotic therapy

Evaluations involved: Quarterly collection of:

Positive and Negative Syndrome Scale (PANSS)

Clinical Global Impressions Scale (CGI)

UKU-Side Effect Rating Scale and Psychotropic Related Sexual Dysfunction Questionnaire (PRSexDQ-SALSEX)

Subjective Well-Being Under Neuroleptic Treatment Scale (SWN-K)

Multidimensional Alcohol Craving Scale (MACS)/Cocaine Craving Questionnaire (CCQ)

Variables: Patients in remission, responding patients, coadjuvant drug therapy, adherence to treatment and hospital admissions.

Semiannual collection of: Personal and Social Performance (PSP), Anthropometric data, blood count and general biochemical analysis.

Between-group differences were assessed using SPSS 20.0.

Results: The patients treated with paliperidone palmitate showed:

A) Clinical and functional improvement evidenced by the following significant clinical differences:

A significant increase in: The number of patients in remission and of responding patients ($p < 0.05$); final score on PSP ($P < 0.01$); Final score on SWK-N ($p < 0.05$), number of patients on monotherapy ($p < 0.05$).

A significant decrease in: The final score on the CGI scale ($p < 0.05$), extrapyramidal symptoms ($p < 0.05$) and sexual dysfunction ($p < 0.05$)

B) Significant decrease in cocaine craving ($p < 0.05$). Alcohol craving decreased in the two groups, with no significant differences between them.

Conclusions: The results obtained suggest that paliperidone palmitate is an efficient, safe therapy that may improve the functionality, prognosis and clinical evolution of patients with schizophrenia as compared to conventional depot antipsychotic therapies.

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THE TIME IS RUNNING OUT! – MANAGEMENT OF WERNICKE’S ENCEPHALOPATHY

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Educational Objectives: At the conclusion of this presentation, the participants should be able to identify the early signs and symptoms of Wernicke’s Encephalopathy (WE) development and treat this condition adequately. Should also be able to recognize the importance of treating WE in time and the consequences of its failure.

Purpose: Review the current knowledge on WE, its clinic and its management and highlight and emphasize the importance of treatment institution in time.

Methods: A non systematic literature review in PubMed about Wernicke’s Encephalopathy (WE), Korsakoff syndrome (KS), its clinical features, management and treatment was performed. Only original articles in English were included with no time limits.

Results: Wernicke’s encephalopathy is the acute phase of a potentially fatal disorder resulting from thiamine (vitamin B1) deficiency. A clinic evaluation model is provided in the presentation. WE is a medical emergency that is reversible with timely administration of appropriate treatment. If left untreated, WE can have serious neurological consequences and can turn in to Korsakoff syndrome. It can also lead to long-term institutionalization or even death. Many controversies were found about the ideal immediate treatment of WE. It is presented and remembered the treatment options currently used according to main guidelines.

Conclusions: The authors concluded that signs and symptoms of WE should not be neglected due to its catastrophic consequences. Professionals will be more aware of WE features in order to intervene in time and adequately. A good knowledge about pharmacological treatment is therefore important to avoid more delays in the management of this condition.

So, the main goals were achieved once a better knowledge about the theme was gained.

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RISPERIDONE VERSUS OTHER ANTIPSYCHOTICS FOR PEOPLE WITH SERIOUS MENTAL ILLNESS AND CO-OCCURRING SUBSTANCE MISUSE: A SYSTEMATIC REVIEW OF RANDOMISED TRIALS

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Educational Objectives: Participants will gain up-to-date evidence-based knowledge of the efficacy of risperidone compared with other antipsychotics in the treatment of people with serious mental illness (SMI) and co-occurring substance use disorders.

Purpose: We aimed to conduct a systematic review of randomised trials (RCT's) investigating the efficacy of risperidone versus other antipsychotics in the treatment of SMI with co-occurring substance misuse.

Methods: We included RCT's of participants with both a substance use disorder and either a schizophrenia spectrum disorder, bipolar or unipolar mood disorder with psychotic features. We searched the Cochrane Schizophrenia Group Register of Trials. Results are reported according to the Cochrane Handbook, using Methodological Expectations for Cochrane Intervention Reviews (MECIR) and GRADE.

Results: Of the 50 references retrieved, 31 were excluded at abstract level, 16 at full-text level, with only 3 studies meeting inclusion criteria. Results were available for one study only, and we report a preliminary qualitative, narrative synthesis. This study included people (N=28) with both schizophrenia and co-occurring cannabis or cocaine use disorders and compared risperidone with olanzapine over 14 weeks. For review a priori outcomes of mental state improvement and substance use reduction, this study reported a significantly lower proportion of substance-use days for olanzapine vs. risperidone ($p=0.02$), but no significant differences in positive psychotic symptoms ($p=0.62$), negative symptoms ($p=0.07$) or depression ($p=0.76$). GRADE for primary outcomes: *very low quality* evidence. For secondary outcomes, there was a significant reduction in cannabis craving favouring risperidone ($p=0.04$). There were no differences in medication compliance ($p=0.64$) or extra-pyramidal side-effects reported.

Conclusions:

At present there is no evidence favouring the prescription of risperidone over other antipsychotics in this population. Despite limitations, existing evidence is encouraging for future ongoing research in this field. Suggestions are made for clinical practice and future trial design.

Literature Reference:

Temmingh HS, Amos-Williams T, Siegfried N, Stein DJ. Risperidone for people with serious mental illness and co-occurring substance misuse. Cochrane Database of Systematic Reviews 2014, Issue 4. Art No.: CD 011057. DOI: 10.1002/14651858.CD011057

NALMEFENO: A NEW TREATMENT APPROACH FOR ALCOHOL DEPENDENCE

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Alcohol dependence is a widely extended problem with high prevalence rates all over the world. This disease is associated to many secondary problems, such as a high incidence of alcohol-attributable harmful events and the correspondent health cost increase for most countries.

Most of the available drug treatments for this disorder aim at achieving total alcohol abstinence. Nalmefene is a substance used to get a reduction in alcohol consumption, instead of abstinence. But whereas naltrexone is a relatively pure mu and delta opioid receptor antagonist, nalmefene is a partial kappa receptor agonist. Studies have shown that the stimulation of these kappa receptors block the positive and reward reinforcement effects of alcohol and drugs by decreasing dopamine levels in the nucleus accumbens.

Several studies such as the ones by Mason et al, Anton et al, Karhuvaara et al, ESENSE 1, ESENSE 2 or SENSE, have shown a bigger decrease both for alcohol consuming days and for total alcohol consumption in patients treated with nalmefene versus placebo (both of them associating psychosocial therapy in most of them). Similar results were observed in patients treated with nalmefene plus BRENDA psychosocial intervention versus BRENDA alone. In another study, it was also noticed that, because of this decrease, there was also an important lessening of harmful morbidity and mortality alcohol-attributable events. After a 5 year follow-up for patients treated with both nalmefene and psychosocial support, it was estimated that 7179 alcohol-attributable diseases and 309 deaths per 100000 patients were avoided, compared with patients treated with psychosocial support alone. By calculating the cost-effectiveness after that, it was concluded that nalmefene was a cost-effective treatment with important public health benefits. The therapeutic indications for nalmefene are directed to alcohol dependence treatment, however, there are published cases in which it's been used for cocaine addition, showing amazing results.

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Treatment of cocaine craving with as-needed nalmefene, a partial k-opioid receptor agonist: first clinical experience. Grosshans M, Mutschler J, Kiefer F. *Int Clin Psychopharmacol*. 2015 Feb

NALMEFENO EFFECTIVENESS IN THE TREATMENT OF ALCOHOL DEPENDENCE: A NATURALISTIC RESEARCH

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Nalmefeno, opioid system modulator, is the first drug therapy approved in Europe for the alcohol abuse reduction.

Objectives: To assess the relevance of the reduction in outpatient alcohol dependent population with medium, high or very high consumption level through a naturalistic study with similar measurements as III Phase studies.

Material and Methods: 35 patients from two mental health centres during the period from September 2014 until 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. Medication intake is carried out on demand. All patients receive motivation therapy intervention. Response requirements: a) Days of Excessive Consumption: not less than 60 grams of pure alcohol a day for men and 40g for women; b) Total Alcohol Consumption determined from the average alcohol consumption in grams / day; c) Relevant liver and biological function tests: GGT, ALT, AST and VCM; d) Clinical Global Impression (CGI); e) Short Form 12 Health Survey (SF-12); f) Record of adverse reactions during treatment (RAT).

Results: Regarding the baseline data, after three months of treatment, a statistically significant change in alcohol consumption (both intensity and frequency) is observed: the CGI improves substantially, and also the eight dimensions of standard of living assessed with the SF 12 and their two summary rates of physical and mental health, approaching to normative values. Hepatic indicators show a stabilization towards normal values and VCM does not suffer remarkable changes. RAT (dizziness, headache and nausea) to one in four patients is observed.

Conclusion: Nalmefeno is shown as a useful drug in reducing alcohol consumption levels (especially high and very high ones). Most participants take daily intake but not on demand. There is a difficulty in collecting records, as they are recorded during follow-up visits. The SF-12 is a useful alternative when there is lack of time and/or cooperation. It is important to inform the patient about the adverse effects (nausea and dizziness) as these are common and would appear after the first intakes (8 days) and disappearing in short time (less than 4 days).

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TREATMENT OF A PATIENT WITH A PSYCHOTIC EPISODE IN CONTEXT OF CONSUMPTION OF SELF-MANUFACTURED DRUGS WITH HCV THAT SUFFERS DECREASE OF THE LIVER FUNCTION

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Objectives: Treatment of psychosis in context of consumption of toxic in a patient with HCV that suffers decrease of the liver function.

Material and Methods: The patient was a Male of 34 years. He came to emergency psychiatric services brought by ambulance. The boy called the police from a gas station seeking for help because they said it had escaped being kidnapped. The patient had self-referential psychotic symptoms. He was saying that in his house someone had placed microphones and cameras to watch him. He said that he was being forced to manufacture a drug (methamphetamine) and test it. He was abducted from his home and kidnappers watched what he did with those cameras and microphones that they had spread throughout the house. It Took several months to produce the drug in the bathtub of his home and consuming it daily. He does not remember when this all started. He was scared because he thought that the microphones could be secret policemen who wanted to report him for drug trafficking. He did not have any awareness of disease.

His History profile: Metamizol allergy. HCV without treatment. No other medical history. He had one hospitalization in our acute mental health unit five years ago with the diagnosis of acute psychotic episode. After he didn't go to mental health for treatment.

The patient was admitted to acute psychiatric unit at the hospital. The analytical results of the blood revealed that liver function was altered so it was decided to conduct treatment with paliperidone.

Results: During admission, the patient is stabilized psychopathologically. Blood tests were performed to monitor liver function which did not worsen after the prescribed treatment.

Conclusion: The decision to start treatment with Paliperidone was successful, both in terms of psychopathological stabilization and prevent the worsening of liver function.

EFFICACY OF PALIPERIDONE IN DUAL PATIENTS ADMITTED TO AN INPATIENT DETOXIFICATION UNIT

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Educational Objectives: To describe the demographic and clinical characteristics of patients receiving antipsychotic treatment during hospitalization for detoxification. To describe the profile of patients treated with paliperidone. To compare the efficacy of antipsychotic drugs in patients admitted to the Unit Hospital Detoxification in relation to the maintenance of abstinence after discharge.

Purpose: To describe the efficacy of paliperidone

Methods: Substance dependent patients admitted to the inpatient detoxification unit Vall Hebron Hospital from June 2008 to May 2013 were included. Outpatient follow was carried out for six months after discharge. Sociodemographic, clinical factors referred to consumption, clinical related to medical clinics and psychiatric comorbidity and therapeutic variables were collected. To diagnostic questionnaires and semi-structured interviews (SCID-I and II and CAADID) were used.

Results: 481 patients were included. 144 patients received antipsychotics (100 dual diagnosis and 44 addict patients). 39.6% were psychotic. 40.3% were addicted to cocaine. 41.2% of dual psychotic patients received paliperidone, especially alcoholic patients, dependent on benzodiazepines, polydrug patients and with medical comorbidity. Paliperidone prevent relapse at 6 months after hospital discharge (19.2% vs 33.8%, $p<0.02$).

Conclusions: Paliperidone is an effective antipsychotic in psychotic patients admitted for detoxification of alcohol and benzodiazepines and in polydrug patients and patients with medical comorbidity. Paliperidone was the most effective antipsychotic to prevent relapse within 6 months after hospital detoxification.

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GROUP THERAPY FOR RELATIVES OF PATIENTS WITH A DIAGNOSIS OF SUBSTANCE USE DISORDER

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Objectives

The aim of this study is to describe the experience of a group therapy for relatives of patients with a diagnosis of substance use disorder, who were followed up in the CAS of Hospital Universitario Vall de Hebron.

Materials and methods

The sample of 89 subjects was divided in 8 therapeutic groups. The intervention was completed after taken part in 10 sessions of an hour and a half. Before starting the group and after its end, the participants completed three questionnaires: the "State Anxiety Inventory", the "Beck Depression Inventory" and the "Zarit Burden Inventory".

Results

Results show a significant decrease in the data reported by the participants after group therapy in the "Beck Depression Inventory" ($t = 3.22$; $p = 0.003$), in the "State Anxiety Inventory" ($t = 2.16$; $p = 0.043$) and in the "Zarit Burden Inventory" ($t = 2.63$; $p = 0.016$).

Conclusions

Results indicate that the inclusion of a group therapy in relatives of patients with substance use disorder contributes to decrease the levels of anxiety and depression symptoms, as well as subjective burden. Considering these data, we can take into account the importance of including an intervention focused on psychoeducation and support for familiars.

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ANIMAL THERAPY WITH A PATIENT SUFFERING A DUAL PATHOLOGY DISORDER: A CASE STUDY

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Introduction: Description of the case, socio-demographic and clinical data.

Objective: To assess the benefits of Non-pharmacological therapies for patients with dual disorder pathology, in particular, Therapy Animal-esteem and general social functioning of inpatient.

Material and Methods: This is a descriptive, observational, retrospective study of a case where different scales were used to measure changes in the functioning and self-esteem: - SFS- Social Functioning Scale and Rosenberg Self-Esteem Scale.

Results: The patient is the subject of intervention with animals (abandoned dogs and horses) for 10 months, showing until now an introverted character with difficulty in initiating and maintaining conversations as well as in the establishment of sporadic social interactions; showing low self-esteem and self-confidence with few expectations of rehabilitation and healthy occupancy standard in the future. After obtaining a score of 25 points in the Rosenberg Self-Esteem Scale and Global Social Functioning Level Lower (91 points). After 10 months of work aimed at psychosocial rehabilitation animals, the score for the same scale of Rosenberg is 32 points and 102 (Operation Global Social Environment) to the SFS scale.

Conclusions: improvements in self-esteem, positive regard of himself, interaction and social withdrawal, leisure and interpersonal behaviors, so consider this therapy as an option to be valued in certain profiles.

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THE PSYCHOTHERAPY OF CARDIOVASCULAR AND CEREBROVASCULAR ALCOHOL DEPENDENCY COMORBIDITY

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The contemporary priorities is the development of new psychotherapeutic interventions programs of cardiovascular and cerebrovascular diseases patients with alcohol dependency comorbidity at different stages of their treatment and rehabilitation.

Totally 204 patients has been examined. According to the nosology of somatic diseases, patients been dispersed as follows: 106 patients with coronary heart disease (CHD) and angina attacks, 37 patients with myocardial infarction (MI), 61 patients with transient ischemic attacks (TIA).

During study had been used the following methods: clinical-psychopathological and psychodiagnostical questioning the style of interaction between patient and physician, statistical.

Analysis of clinical allowed to allocate at least 3 major variants of disorders that have been presented in patients:

- 1) the reaction of psychological maladjustment (RMA) 98 patients;
- 2) asthenic syndrome complex (ASC) 57 patients;
- 3) stress reactions (SR) 51 patients.

The above is typical in particular, for persons not married, middle and secondary special education, does not work, disease duration 16-25 years, with concomitant coronary heart disease, the presence of side effects of drug therapy, with a body mass index >30 and frequent alcohol consumption.

A correlation analysis was determined degree relationship between the level of compliance of patients, type of therapeutic alliance (TA) and the degree of trust in the doctor. The level of compliance positively correlates with the partner type TA ($r_s = 0,39$, $p \leq 0,05$), charge type TA ($r_s = 0,38$, $p \leq 0,05$), empathetic type TA ($r_s = 0,41$, $p \leq 0,05$), and with a high degree of trust to the physician ($r_s = 0,37$, $p \leq 0,05$).

Main principles of psychocorrectional programs have been systematic, staging and sequence of psychocorrectional events. Applied integrative approach incorporating elements of cognitive-behavioral therapy, rational psychotherapy, AT, individual and group personality-oriented psychotherapy, family therapy.

The evaluation found that, after the program number of patients with a high level of compliance become - 61%, average - 31%, 8% had the low level of compliance. Proposed complex of psychocorrectional activities showed high efficiency of compliance improvement, increasing level of responsible attitude to their own health, which led to improvement in the underlying disease, raising the level of social functioning and quality of life of patients.

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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).

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PSYCHODYNAMIC APPROACH TO ADDICTIONS IN DUAL DISORDER PATIENTS

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Treatment of patients with dual diagnosis is challenging due to many difficulties caused by the characteristics of these patients and the influence, for instance, in establishing the therapeutic relationship or involving in treatment.

Some of the therapies used in the treatment are: drug treatment, individual, family and group psychotherapy, cognitive behavioral therapy and psychoeducation. Some of them are widely used and are considered as evidence-based techniques.

Nevertheless we support, as complementary, a psychodynamic approach as a help to the understanding of some features related to addiction in patients suffering from dual disorders. Thus, we review some concepts used by this psychology theory as ego deficit, psychological defense-mechanisms and primary and secondary gain, as well as their applications in these patients.

MULTIPLE COMORBIDITIES AND DREADFUL COURSE. IS THE DIALECTIC BEHAVIOR A GOOD CHOICE IN THESE CASES?

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Purpose: To review the course of illness and treatment approach of dual bipolar patients, with multiple mental comorbidities, as substance use disorder, pathological gambling and personality disorders.

Method: Systematic review of the literature in English (Medline) and clinical history of the patient. Keywords: “bipolar disorder”, “psychotherapy”, substance use disorders”.

Text: Bipolar patients with comorbidities such as addictive behavior, including substance use disorder and pathological gambling, have a worst control of illness and a slower recovery of the episodes.

We present the case of a 27-year-old man with bipolar disorder, chronic cannabis abuse and pathological gambling. He showed unstable personality traits, impulsivity and low frustration tolerance. Many psychiatric hospitalizations, in context of affective dysregulation with manic and psychotic symptoms and cannabis abuse added. He receives psychiatric outpatient follow up with erratic fulfillment of pharmacological treatment. Multiple emergency room visits, due to drug binge, with no autolytic intentionality, in context of severe anxious symptoms in stressful situations, also with mild affective alterations not requiring hospitalization. During the last year, he accepts to initiate Dialectic Behavior Therapy, so far with positive results. He has achieved self-control on impulsivity, pathological gambling and cannabis abuse, showing some affective instability improvement, which, at the same time has had a good impact on bipolar disorder.

Conclusions: The approach on dual bipolar patients must be multidisciplinary, mixing pharmacological and psychotherapeutic treatments. Dialectic Behavioral Therapy (DBT), works on self-reflection and attention control over impulsivity. In the present case, we show the impact of this therapy in a bipolar patient with multiple comorbidities and dreadful functional adjustment. These are promising therapeutic strategies, however it still has to demonstrate long-term positive results.

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PILOT STUDY: AN INTEGRATED INTERVENTION ON A DUAL PATHOLOGY GROUP

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Introduction: Numerous studies validate the strong relationship between substance consumption and psychiatric disorders, as well as the suitability of integrated treatment. The Badia del Vallès Mental Health Unit since its foundation has intervened, in an integrated way, in dual pathology. It carries out integrated group therapy with patients with both diagnoses.

Objective: Measure the integrated treatment efficacy both in withdrawal maintenance and variables associated with the psychiatric pathology.

Method: Quasi-experimental and transversal design. The sample is composed of 16 patients with a psychiatric disorder comorbid with a substance use disorder.

The evaluation consists of a clinical interview and the administration of different questionnaires (BAI, BDI, TMMS-24, CRAVING QUESTIONNAIRE from WEISS, URICA and TECVASP) to evaluate the PRE-POST change. It consists of two groups of 8 participants each. The treatment duration is 8 sessions of 60 minutes each. The components of management of the craving and relapse prevention are included, through Cognitive Behavior Therapy techniques and mindfulness, a third generation technique.

Results: The average age of the sample is 45.37 and the typical deviation is 10.77 (range: 23-61). 75% are men. 50% suffer an affective disorder, 37.5% a non-severe personality disorder, 6.3% (one participant) suffer a severe personality disorder and another participant suffers ADHD. The majority of the participants are in the maintenance phase or consume sporadically. The preliminary results of the therapy are pending, and will be available on the date of publication of the poster.

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COMMUNITY BASED RECOVERY ORIENTED SERVICES TO PEOPLE LIVING WITH DUAL DIAGNOSIS

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Introduction: In the research literature there seem to be little documentation of local based and recovery oriented services to people living with dual diagnosis in the community. This qualitative study investigates service users' experiences of such services from one outreach team in Oslo, Norway.

Methods: Based on individual research interviews with 13 service users, we describe by systematic text condensation their experiences of the recovery orientation in the local based outreach team.

Results: We found four important elements of recovery orientation, which we summed up in a new description as *Here, they get a grip on things and do something about it*.

Discussion: The new description is discussed in the light of two of the principles for health promotion in the WHO's Ottawa declaration; To create supportive environments and to develop personal skills.

Conclusions: From the experiences of service users living with dual diagnosis receiving services from a local based outreach team, we suggest the recovery orientation to be related to the relationships and co-operation of the multidisciplinary team within areas and with goals the service users regard as important.

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AN INTEGRATED APPROACH TO DUAL DIAGNOSIS IN A PSYCHOSOCIAL COMMUNITY REHABILITATION CENTER

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Objectives: To describe 2014's assistential data from Granollers' *Servei de Rehabilitació Comunitària* (SRC- a psychosocial community rehabilitation centre) in regards to dual diagnosis prevalence, keeping special attention to the amount of patients that don't receive an integrated (mental health and addictions- Community Mental Health Team/ SRC/Substance Use Team) treatment approach.

Purpose: To stress the importance of an integrated approach in those patients recovering from a range of psychotic disorders, and who also present a comorbid substance abuse disorder.

Method: Quantitative analysis of the annual (2014) data, considering the following categories: psychiatric diagnosis, substance use disorders, drug preference in this population, and number of patients who receive an integrated approach (CMHT/SRC/SUT).

Results: 153 patients have been attended during 2014 in Granollers' SRC, all of them referred by the local CMHT. Speaking of diagnostic prevalence, 42% of the patients have a schizophrenia related diagnosis (paranoid schizophrenia, etc.), 26% present a squizoffective disorder, 12% bipolar disorder, and 20% present other type of diagnosis classified in the DSM-IV-TR.

33% of these patients present a substance use disorder. 52% of the patients who present a substance use disorder use more than one drug, being cannabis (75% prevalence), alcohol (73%), cocaine (42%) and others (34.6%) the most common.

Out of this pull of patients who use drugs, just a 44.2% receive an integrated treatment, combining the expertise of mental health and substance use professionals.

Conclusions: In view of this data, we must stress the importance of an integrated approach to mental health and substance use disorders. The therapeutic work done by Granollers' SRC multidisciplinary team potentiates the recognition of a stadium of change in the patients, recognition that allows them to access specialised services to fully treat their multiple difficulties.

CASE REPORTS IN DUAL DISORDER PATIENTS

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Introduction:

Dual pathology is defined as the coexistence of addiction problems in patients suffering another mental disorder. It is known that co-morbidity of substance use disorder determines worse prognosis and greater clinical severity of bipolar disorder (BD), schizophrenia and schizoaffective disorder (SAD) with higher levels of impulsivity, agitation and aggressive behavior during the course of the disease. The treatment plan needs to be customized to address each particular case; after the patient is stabilized by managing the agitation episode and the long-term treatment it can include psychosocial treatments and medication.

Objective and method:

To present case reports of management of dual pathology patients in our clinic.

We have selected representative case reports from our acute unit characterizing patients' history and the circumstances of present admission, the management of these episodes and its implication during the admission. Loxapine provides also a good safety margin in agitated patients with co-morbid substance use disorder.

Conclusion:

During the past decade, substantial progress has been made in the field of addiction medicine in Europe, particularly regarding the development of new treatment interventions, resulting in a wide range of long-term therapeutic options for patients with substance use disorders, including the intake of new psychoactive substances (NPS). Regarding the acute treatment in case of agitation and aggression in these patients can have different repercussions in long-term treatment.

Any innovation that helps improving the management of the acute and risky situations, by reducing the use of coercive measures, as forced medication, mechanical or physical restraint can facilitate the therapeutic alliance between the patient and physician and improve their outcomes. More studies are required to quantify these results.

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MORE FREQUENT MEDICAL COMORBIDITY IN PSYCHIATRIC INPATIENTS

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To be hospitalized psychiatric patients, or not, chemical dependency presented, in addition to diseases that led to hospitalization, medical comorbidity uncompensated. This was the motivation of the study.

Throughout the period during which data were collected and analyzed with a view to conducting this study, the aspect that drew the most attention was the rapid adherence of patients to the treatment of their medical conditions.

This study discloses a clinical experience of the treating physician of clinical comorbidities of these patients during hospitalization, showing the ability to provide greater adhesion to the proposed treatments.

The main objective is to discuss the most frequent pathologies and establish a study protocol for future laboratory investigations on newly admitted patients.

The results showed that this approach achieved one hundred percent of the cases that have completed hospitalization for an average period of ninety days, to stabilize glycemic indices of lipid levels and blood pressure levels and normalization of liver and pancreatic enzymes. Finally, it considers that the achievement of these outcomes in inpatients is much higher than those obtained in outpatient treatment, given the ability to monitor adherence to treatment implemented in the clinic. This suggests that the indication for treatment by hospitalization in psychiatry should also consider the need for treatment of clinical comorbidities. However, more studies are needed to corroborate our findings.

COORDINATION BETWEEN MENTAL HEALTH AND ADDICTION TREATMENT CENTERS IN THE SIERRA DE CÁDIZ (SPAIN)

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Educational Objectives: Knowing the coordination protocol that exists in Andalusia and evaluate their applicability.

Purpose: Evaluating the parameters of coordination we do with the corresponding Treatment Centers Addiction and considering the type of patients who are eventually diagnosed dual patients and treated simultaneously in both networks.

Methods: The existence of two different healthcare networks in our region to care for patients with drug addiction and mental health disorders, led in time to the development of a coordination protocol in which to treat patients who share pathology in both services. The last protocol developed is 2012 and posed a referral patterns and specific attention to the dual patients. The study has been conducted throughout 2014, registering patients are coordinated in joint meetings of both services and making a descriptive study of patients seen in both networks (dual considered) simultaneously.

Results: Finalize plans for evaluation in December, so the data is still being developed. In advance, these patients are almost completely to form group C patients from Ries' tipology.

Conclusions: Besides the configuration of the sample demographic and clinical data, we provide the difficulties that have been found to develop this activity and possible improvements to the currently existing protocol.

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STRATEGY FOR IMPROVE CARE QUALITY IN DUAL PATHOLOGY

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Educational objectives: At the conclusion of this presentation, the participants should be able to:

- Prevent chronicity and disability in patients with dual pathology
- Improving the quality of care for dual diagnosis
- Improving the efficiency of health care for patients with this condition

Purpose: Improving the treatment efficiency of the patients with dual diagnosis.

Methods: We started from strategies for action for management of chronic disease in the spanish national health system in 2012 to develop a comprehensive plan of care for dual pathology in the health department Xativa – Ontinyent.

LINES OF ACTION	HEALTHCARE SERVICES INVOLVED	STRATEGY
1,Health promotion	Addictive Beahaviors Unit (UCA) Public Health Service	Conference on health education
2.Prevention of chronicity	UCA Primary health care	Awareness workshops for primary care health professionals
3.Continuity of patient care	UCA Psychiatry department	Training workshops on dual pathology Development of a protocol for health care coordination of dual diagnosis patients Monthly meetings between psychiatry and UCA Development an individualized medical plan of care for most critical dual pathology patients
4.Reorientation of the health care system	UCA Primary care pharmacy	Behavior change Family therapy Supervision and distribution of the depot antipsychotics administration
5. Health equity and equality	UCA	Wait time for first care appointment : 10 days maxim

Conclusions: Since..

- The High prevalence of dual diagnosis
- The Severity and chronicity of patients suffering from this disease.
- The Existence of two health care networks for this patients

It is necessary to develop strategies to increase efficiency in the health care dual pathology patients.

Preliminary results show an increase in satisfaction of professionals and patients, but we need more time to analyze the quality improvement in health care.

NON-PSYCHOTIC MENTAL DISORDERS IN PATIENTS WITH HYPERTHYROIDISM AND PSYCHOLOGICAL MECHANISMS OF THEIR FORMATION

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Thyroid is a unique body among the glands of internal secretion, in which non-psychotic mental disorders occur very often. Therefore, the application of a comprehensive, integrative, systemic approach to the examination of patients with abnormal thyroid gland has to lie in the basis of planning strategies and tactics of medical programs such patients. On this point of view we consider that non- psychotic mental disorders are developing on the basis of both organic and adaptation levels. According today investigations psychiatrists distinguish both psychological and intrapsychic levels of adaptation. Population researches showed that the majority of patients with endocrinological pathology suffer from at least one of the three DCPR syndromes: irritant mood, demoralization thrown in (desperation), persistent somatization. However, still it is believed, that patients with thyroid pathology is not a group that requires screening for mental disorders in the general population. The task of our work was to investigate mechanisms of psychological defense in patients with hyperthyroidism with non-psychotic mental disorders. 125 patients were examined. Non-psychotic mental disorders with different syndromologic structure were found in 76% of patients (study group), among which anxious-asthenic (38.95%), anxiety and depression (23.16%) were dominant. The control group consisted of 30 (24%) patients with hyperthyroidism without mental disorders. In the study the adopted method of assessment typology of psychological defense was used. It was the method of Robert Plutchik adapted by L.I.Wasserman, O.F.Eryshev, E.B.Klubova for assessment of the next mechanisms of defense: negation, projection, regression, displacement, repression, intellectualization, reactive formation, compensation. In asthenic syndrome we found excessive functioning of negation and regression, inadequate functioning of intellectualization. In patients with astheno-anxious syndrome inadequate functioning of negation, intellectualization, compensation, and excessive repression contributed to the formation of the sensations of anxiety. Excessive compensation, projection, reactive formation generally affected the structure of the asteno-depressive syndrome. The lack of displacing of reactive formation, repression and excessive intellectualization in a complex influenced to the structuring of anxious-depressive syndrome. In hypochondrical syndrome projection, regression and negation were the basis of the formation of clinical picture. Thus, meaningful relationships between intrapsychic level of functioning and syndromological structure of non-psychotic disorders were installed and highlighted the basic mechanisms of protection, that affect the formation of a clinical picture.

CANNABIS USE, PSICOPATHOLOGY AND CRANEOENCEPHALIC TRAUMATISM

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Objectives: The aim of this work is to focus on the neuropsychiatric manifestations happened in people who have suffered a craneoencephalic traumatism.

Methods: Case report.

Results: We report the case of a 21 years old man, who was hit by truck at the age of 13 (cerebral hemorrhage), taking place a biographical rupture. He began to have difficulty academic difficulties and reject by his classmates, starting early cannabis use as a way of integrating into a social group. Throughout its evolution has presented affective disorders, a amotivacional episode and cognitive deficits on which develops megaloides ideas, unrealistic plans, elevated mood, heteroagressivit and motor hyperactivity. These symptoms are related with times of increased cannabis abuse or withdrawal. He is receiving psychopharmacological treatment to avoid it.

Conclusions: It is common toxic use as mecanism to reduce anxieties, fears and achieve adaptation to the social environment that could be difficult. The treatment of mental disorders due to brain injury is extremely complex. It takes a multidisciplinary team that works with families and patients face to achieve rehabilitation and normalization of their lifes.

PATIENT WITH DUAL DISORDER IN PRISONS

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Introduction: In recent years there has been a progressive increase and overcrowding of the prison population in Spain, one of the highest rates per capita of European countries around. . The number of people detained in the prisons, the Spanish territory is 75,874 people in January 2012. Existing studies of psychiatric prevalence, include the high rate of mental illness in the prison population.

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Objectives: In this paper we review the status and needs of these patients, as well as proposed programs and interventions through a multidisciplinary team.

Material and Method

Bibliographic and legal review, and psychosocial rehabilitation programs for people with severe mental disorders in Spanish prisons.

Conclusions: Current situation of persons with severe mental illness in prisons or prison psychiatric hospitals in Seville and Alicante is considered as the major problem of prison health, by various associations of medical, legal and social staff, also by associations human rights and the General Secretariat for Penitentiary Institutions own.

In the "Study on mental health in prisons" prepared by the General Secretariat the following conclusions were drawn:

- 25.6% of inmates have collected one or more psychiatric diagnoses in their medical history.
- Currently over 18,000 people are estimated with a psychiatric diagnosis of all patients admitted to prisons
- The 3.4% of the prison population suffers from a psychotic disorder than the general population figure, which over 3000 people with severe mental illness remain hospitalized in correctional institutions is estimated.

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CLINICAL EXPERIENCE ON AGITATION IN DUAL PATHOLOGY PATIENTS

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Introduction:

Agitation and aggression in patients with psychiatric disorders has several possible causes, but one of the most important causes may be comorbid substance abuse, dependence, and intoxication. These symptoms can be often recognized in “Dual Diagnosis” patients and the management can include different measures from specific medication to physical or mechanical restraint. Agitation requires an acute treatment to rapidly stabilize the patient and proceed with further investigations for each particular case.

Objective and method:

To present clinical 5 cases of dual pathology patients in our clinic. All of them were Addicted- patients and were suffering an agitation episode. We have selected representative clinical cases from our unit to characterize the patient's management and evolution during these episodes of agitation.

Conclusion:

When acute agitation or aggression presents, the clinician may not have adequate time to conduct a thorough evaluation and, thus, may need to use a targeted treatment approach with medications that have a rapid calming effect with no over-sedation and good safety profile in order to continue with further needed procedures. The antipsychotic drug loxapine, in IM formulation is the first choice in psychiatric emergencies in countries where it is still marketed (i.e. France). With the non-invasive route and quick calming effect, similar to an intravenous injection, demonstrated by the new route of administration, inhaled loxapine confers significant advantages in controlling the agitation.

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INTEGRATED DAY TREATMENT (IDT) FOR PERSONS WITH DUAL DIAGNOSIS (DDPS)

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Educational Objectives

At the conclusion of this presentation, the participants should be able to recognize the effect of Integrated Day Treatment (IDT) on the prevention of admissions and relapse to psychoactive substance use in persons with dual diagnosis (DDPs).

Purpose

To evaluate the efficacy of IDT in prevention of readmissions and relapse to substance use in DDPs.

Methods

We offered all DDPs with a psychotic disorder (schizophrenia, schizoaffective disorder, bipolar disorder, and drug induced psychosis) at the Yaffo ambulatory clinic IDT. About 50% agreed to try the treatment. Of the 60 patients who agreed 50% stayed in treatment more than 65 days.

Results

Readmissions and relapse to substance use rate were reduced in DDP who remained in treatment. Fifty percent of DDPs stopped treatment in less than 65 days, those who remained in treatment were 3 times less likely to be readmitted or relapse to substance use compared with DDPs who received treatment as usual or left treatment.

Conclusions

IDT is an effective treatment for DDPs in reducing readmission or relapse to substance use.

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EVALUATION OF A COGNITIVE REHABILITATION PROGRAM IN DUAL PATHOLOGY PATIENTS IN BENIDORM'S UCA

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Main purpose: It is a well-known fact that Dual Pathology patients present a evolution with different degrees of cognitive deterioration which makes their therapeutic handling harder and results in a worse evolution of their disease. We propose ourselves the adhesion to a Cognitive Rehabilitation Program (CRP) in Benidorm's UCA.

Design: Descriptive Prospective Study

Materials & Methodology: We perform a prospective analysis during a 6 months period of 20 patients (17 men and 3 women). All of them with a dual diagnostic: Disease of Axis I and Upheaval by the Use of Substances and included in a CRP.

They were initially valued by means of Barcelona's Test and they had to assist to three 45 minutes sessions per week as well as receiving a total of 6 training workshops.

Results:

- 2 patients (10%) abandoned early the program.
- 12 patients (60%) completed the program.
- 6 patients continued with the program but in a more irregular manner.

Conclusions: A high percentage of the patients included in the CRP completed all the sessions and a 30% did it irregularly. In further phases of this patient follow-up we will be able to analyse the clinical repercussion of this procedure.

WHERE THERE IS A WILL THERE IS A WAY “I WAS CALLING FOR PAIN... I WANTED TO BE IN PAIN IN ORDER TO TAKE FENTANYL”

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Introduction: The abuse of prescription opioids is a reality and it requires immediate attention. We will describe a case of a patient with a disorder related to the dependence on fentanyl.

History: This is a 56 year old patient who suffers from spastic paraplegia after undergoing surgery of a thoracic slipped disk in 1999. She has been treated with opioids since 2004.

In 2012, after having to endure the passing of her parents in a short 13 day period, she is seen at a mental health practice a few times. She shows emotional instability and sadness, deep anguish, and complains about lack of appetite and insomnia. At times, she refers to have passive ideas of death, a faulty memory, and partial disorientation in time.

In September 2013, after a confusional clinical manifestation related to self-administering of fentanyl, diagnosed at an emergency room, she is referred to the Pain Unit at National Hospital for Paraplegics (HNP). It is decided to eliminate the opioids and admit the patient to the Addictive Behaviour Unit (U.C.A.)

Assessment by U.C.A.: Dependence on fentanyl is confirmed and the use of buprenorphine/naloxone (BPN/NLX) is presented as a substitute treatment.

Progress and treatment: An out-patient treatment for disintoxication is not viable. An in-patient treatment is planned by the Pain Unit at HNP, the patient is admitted at the UVI to perform an induction with BPN/NLX. After stabilizing the drug and an adequate pain management with non-opioids drugs, the patient shows significant overall improvement. This result allows a re-evaluation of the previous events.

Diagnosis: Post-traumatic stress disorder (main). Dependence on opioids disorder. Depressive disorder induced by opioids, with symptoms of complicated grief.

Conclusions: Managing dependence in patients with chronic pain that are treated with opioid drugs is complex and difficult. A treatment with BPN/NLX could be a good alternative. Moreover, it is very frequent to observe the coexistence of other mental pathologies that have to be taken into account to achieve a proper diagnosis and treatment. The multi and interdisciplinary work is fundamental.

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WHO SAYS THEY ALL GO WRONG? IMPACT OF MULTIDISCIPLINARY FOLLOW UP IN DUAL DISORDERS PATIENTS: CASE REPORT

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Purpose: To highlight the importance and impact of an individualized and multidisciplinary treatment, on a patient with Bipolar Disorder and Substance Use Disorder, on its clinical evolution and its functionality.

Methods: Systematic review of the literature in English (Medline) and patient's clinical history. Keywords: "bipolar disorder", "amphetamines", substance use disorders".

Case: Bipolar disorder usually correlates with a Substance Abuse Disorder. Many authors had claimed, the coexistence between these pathologies compromises the patient's therapeutic and functional prognosis. Hence, an adequate approach is critical to its clinical evolution.

We present the case of a 24-year-old male patient, with bipolar disease, cannabis use, and sporadic use of cocaine and amphetamine derivatives. He showed impulsive traits of personality, low frustration tolerance and difficulty in limits acceptance. He has close psychiatric follow up and toxic monitoring on an outpatient basis. He has an accurate pharmacological treatment fulfillment with valproic acid and paliperidone palmitate. On the other hand, he is on psychotherapy treatment, through an Addictions Unit, also having an accurate fulfillment. Nowadays, the use of cannabis has ceased; he occasionally takes amphetamines derivatives, which has always been followed by anxious and mild maniform symptoms. During these episodes, he usually receives a short and low-dose anxiolytic treatment, thereby improving the symptoms. He keeps functionally adjusted.

Conclusions: The comorbid use of cannabis and stimulant drugs has been related with the development of manic, mixed and psychotic symptoms, on patients with bipolar disease. We highlight the importance of establishing a multidisciplinary therapeutic planning in these patients, which like in the present case, translates on a satisfactory evolution on both bipolar and substance use disorder.

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PIONEER PROGRAMME FOR THE MULTIDISCIPLINARY THERAPEUTIC APPROACH IN GENDER-BASED VIOLENCE

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Educational Objectives: Nowadays we can still read almost everyday news about gender-based violence. Apart of the legal field, are the women, who are victims of maltreatment, receiving the appropriate and specific psychological treatment?

Purpose: Working since 2005, our programme ATIENDE is trying to offer to these specific kind of patient a suitable approach with trained professionals.

Methods: Located in the department of Psychiatry of the Hospital General Universitario Gregorio Marañón (Madrid), the team is composed by two psychiatrist, two psychologist, a social worker and an administrative. From different specific places of the local government the women are referred to us.

Results: During this time 1129 female outpatients have been benefited through this programme. They receive a special service, with weekly appointments, diagnosis and medical treatment in case of need and coordination with other organizations, like police or judicial service.

Conclusions: According to Instituto de la Mujer (Spain), in 2011 10.9% of the women in Spain have been at least once maltreated, fact that makes us provide a suitable service. The pathologies that can be found after this kind of trauma are very specific and they cannot be treated as other diseases in our work field. The request and needs that can be required should be provided for a multidisciplinary and qualified team.

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PATOLOGÍA DUAL EN LA INTERCONSULTA PSIQUIÁTRICA. A PROPÓSITO DE UN CASO

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Objetivos: Varón de 27 años que ingresa para observación por TCE, tras consumo de cocaína para estudio e inicio de desintoxicación. Con este caso clínico se pretende demostrar la frecuencia con la que nos encontramos con casos de pacientes con patología dual en la Interconsulta Psiquiátrica dentro de hospitales generales, siendo necesario realizar un completo diagnóstico diferencial de los pacientes y un buen manejo multidisciplinar.

Metodología: Se estudia la evolución del paciente a través de la evaluación clínica del paciente y la solicitud de diferentes pruebas complementarias durante su ingreso.

Resultados: El paciente es un varón de 27 años de nacionalidad española. De sus antecedentes orgánicos destacar una meningitis adquirida en la incubadora a los pocos días de su nacimiento. Niega ningún antecedente psiquiátrico personal. Su madre recibe tratamiento por un cuadro depresivo, probablemente secundario al consumo de alcohol un tío materno mayor presenta una historia de consumo de tóxicos, al parecer encontrándose en estos momentos abstinente. Entorno familiar complicado, con relaciones disfuncionales entre sus padres.

El paciente desde su infancia ha presentado problemas de conducta, que se intensificaron en adolescencia, llegando a mostrar episodios de agitación con heteroagresividad hacia terceros, interés desmesurado por videojuegos con alta carga de violencia y a mostrarse inadecuado sexualmente con familiares de sexo femenino. Recibió seguimiento de forma irregular en la Unidad de Salud mental Infantil. En este contexto inicia consumo de cocaína, en patrón de dependencia con un hábito compulsivo.

En la primera entrevista tras el ingreso el paciente expresa deseos de abstinencia pero su desintoxicación se complica por los rasgos de personalidad del mismo. Su familia se muestra reticente a visitarlo en el centro por conflictos en domicilio, viéndose obligado a abandonar el mismo los días previos a la hospitalización. Según evoluciona el paciente se objetivan rasgos paranoides y actitudes en el pasado que impresionan de lesión frontal, por lo que se sospecha de posibles secuelas de la infección de Sistema Nervioso Central sufrida en período perinatal. Se solicitan pruebas complementarias necesarias para el diagnóstico diferencial (Wais, RMN Cerebral y analíticas completas).

Conclusión: En un principio la causa principal de sus alteraciones de conducta parecía ser el consumo de cocaína, tras el estudio por nuestra parte y la evolución del paciente todo impresiona a que se trata de una secuela de un problema orgánico que pudo facilitar el inicio de consumo y potenciar los comportamientos disruptivos. El paciente, a su vez, buscaba calmar su malestar emocional a través del consumo, fenómeno que se explica a través de la hipótesis de la automedicación.

PREDICTORS OF POLY SUBSTANCE USE DISORDERS IN YOUNG ADULTS – A LATENT CLASS ANALYSIS

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Educational Objectives: At the conclusion of this presentation, the participants should be able to recognise family and individual factors which may contribute to the development of poly-substance use.

Purpose: Substance use and mental disorders are each associated with significant health burdens, while poly-substance use and comorbidity add complexity to symptoms and treatment; this study assesses family and individual factors which may contribute to the development of poly-substance use.

Methods: A birth cohort of mothers (n=6703) and their offspring was recruited in pregnancy to the Mater-University of Queensland Study of Pregnancy (MUSP) at the Mater-Misericordiae Public Hospital, Brisbane, Australia. Mother/offspring dyads were followed over 21 years. We used the Composite International Diagnostic Interview to obtain lifetime diagnoses of mental health and substance disorders. We used latent class modelling to predict membership of a poly-disorder group. We then fitted the resulting estimates in a multinomial logistic regression models with adjustments for maternal smoking, mental health, adolescent drinking, smoking and behaviour and mother-child relationship.

Results: Four disorder groups were identified: low-disorder (73.6%), mental health/low substance disorder (10.6%), alcohol/cannabis/low mental disorder (12.2%), and poly-substance use/moderate mental disorder (3.5%). Adolescent drinking predicted poly substance use (OR 3.34; CI₉₅ 1.42-7.84) and adolescent externalising predicted membership of both substance use groups (alcohol/cannabis OR 2.04, CI₉₅ 1.11-3.75; poly-substance OR 2.65, CI₉₅ 1.1-6.08). Maternal smoking predicted mental health (OR 1.53, CI₉₅ 1.06-2.23) and alcohol/cannabis disorders (OR 1.73; CI₉₅ 1.22-2.45). Low maternal warmth predicted mental health disorders only (OR 2.21, CI₉₅ 1.32-3.71).

Conclusions: Young adults with substance use disorders are not a homogeneous group. Predictors of poly-substance disorders in young adults are distinct from those for alcohol and cannabis disorders, and are detectable during adolescence.

MENTAL DISORDERS, SUBSTANCE-MISUSE AND OTHER ADDICTIVE CONDITIONS. A DESCRIPTIVE ANALYSIS ABOUT THE CO-OCCURRENCE OF THESE SITUATIONS AMONG A SAMPLE OF INPATIENTS FROM AN ACUTE-CARE PSYCHIATRIC UNIT OF A GENERAL HOSPITAL IN SOUTHERN SPAIN

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Introduction: some studies show that substance-related and other addictions worsen mental disorders. This statement is supported by a higher number of psychiatric emergencies and consultations in routine psychiatric care of patients with this dual condition. Despite the previous fact, only a few related epidemiological studies have been done, so we see the need of increasing the data about the interrelatedness of addictive disorders and psychiatric conditions.

Objectives: to study the co-occurrence of addictive disorders and mental illness, focusing in how they interact one another.

Method: descriptive study based on the analysis of admissions medical records in the Acute-Care Psychiatric Unit of Hospital de Valme (Seville, Spain) during 2014.

Results: among a total of 607 individuals admitted to ACPU in 2014, 183 (30.15%) had consumed regularly drugs in the last 6 months, and 27 (4.45%) met criteria for non-substance related addictive disorders. 81% of the first group and 74% of the second group had previous psychiatric records.

Conclusions: the results claim that mental illness is more severe coexisting drug abuse. This interrelation between mental illness and substances abuse show the need of an integrated treatment that would include both disorders.

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EFFECTS OF ACUTE SOCIAL STRESS AND CONSUMPTION OF “ECSTASY” IN DISORDERS SUCH AS DEPRESSION AND MEMORY IMPAIRMENT

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Drug addiction is a multifactorial disorder resulting from an interaction between genetic and environmental factors. Environment can alter responsiveness to addictive drugs, and adverse life experiences such as social stress may make an individual more vulnerable to developing addiction to drugs, to relapse into drug seeking after periods of abstinence, and to suffer mental disorders associated with drug consumption. Thus, stress is a common contributing factor to the high rate of comorbidity between substance abuse and mental disease. The aim of the present work was to evaluate the effects of stress induced by acute social defeat combined with the administration of Methyl-3,4-methylenedioxymphetamine (MDMA, "Ecstasy") on depression-like behavior and memory function in adult male mice. Two groups of mice were exposed to acute social defeat (SD) consisting of four encounters on alternate days in which the experimental mouse was confronted with an aggressive co-specific in a neutral cage with the result of the experimental mouse being defeated. Immediately after the social stress encounters, animals were treated with saline or MDMA 10 mg/kg (SD+SALINE and SD+MDMA). In another two groups used as social defeat controls, each mouse was placed in the neutral cage without an opponent (NSD) and then treated with saline or MDMA (NSD+SALINE, NSD+MDMA). The following week, the animals performed memory tasks such as passive avoidance and memory recognition and the tail suspension test, which is a model of depression-like behavior. Exposure of adult mice to acute social defeat and consumption of MDMA produced cognitive impairment and increased immobility in the tail suspension test (depression-like behavior). As we had hypothesised, a combination of social stress and consumption of MDMA is a dangerous condition that increases the risk of developing mental disorders.

BINGE-EATING DISORDER AND VULNERABILITY TO THE REWARDING EFFECTS OF COCAINE

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The excessive intake of food has become a serious problem for our society. A specific form of overeating is known as binge eating, which is the manifestation of a dysfunctional appetite characterized by intermittent excessive eating. Drug addiction and binge eating disorders are both characterized by a loss of control over consummatory behaviors and are associated with high comorbidity; for example, people seeking treatment for alcohol or cocaine abuse present high rates of binge eating. Adolescence is a period of great brain plasticity and of vulnerability to eating disorders and drug abuse. Animal models of binge eating allow similarities and differences between drug addiction and eating disorders to be clarified.

Thus, the aim of this study was to evaluate the effects of a high-fat diet consumed in a binge pattern and its consequences on the reinforcing effects of cocaine.

A total of 30 adolescent male mice of the OF1 strain (21 postnatal days on arrival at the laboratory) were assigned to either a standard or a high-fat diet to which they were allowed access for 2h, 3 days a week.

There was a significant escalation in consumption of the high-fat diet between the first and last week (before conditioning) of access, which represented a binge eating pattern. On PND 69 the reinforcing effects of a subthreshold dose of 1mg/kg cocaine on Conditioning Place Preference (CPP) were evaluated.

Our results indicate that the group receiving a high-fat diet in a binge pattern developed preference for the drug-paired compartment and presented reinstatement with 0.5 mg/kg and 0.25 mg/kg of cocaine, while the control group did not develop preference. Therefore, we propose that exposure to a high-fat diet consumed in a binge pattern during adolescence increases sensitivity to the reinforcing effects of cocaine, suggesting that dietary fat modulates the mechanisms of the brain reward system.

DUAL DIAGNOSIS AND MEDICAL COMORBIDITY AT BRIEF PSYCHIATRIC IN-PATIENT UNIT

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OBJECTIVE: Previous research on the prevalence of medical disorders among adults with dual diagnosis (DD) has been inconclusive. The purpose of this study was to assess this comorbidity at the Brief Psychiatric Inpatient Unit of Infanta Cristina Hospital, Badajoz (UHB-HIC) in October 2014.

MATERIAL AND METHODS: 93 patients admitted at UHB - ICH in October 2014 were analyzed retrospectively. Of whom 62 (66.7 %) met criteria for DD. We collected sociodemographic variables, consumption of toxic , mental pathology, and treatment received.

RESULTS: The mean age of the sample was 42,95 years (± 14 DS) with a male:female ratio of 1.8:1 (no significant differences by gender). The hypertension is more prevalent among patients without dual pathology (22,5%) against the patients with dual diagnosis (6,5 %) ($p<0,005$). This can be explained by the fact that patients without dual diagnosis have a higher mean age (47 years) than the patients with dual diagnosis (42 years). We not found statistically significant differences between both groups respect to diabetes mellitus, circulatory brain disease, HIV and dyslipidemia.

CONCLUSIONS: The hypertension is more prevalent among patients without dual pathology.

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DELUSIONS, HALLUCINATIONS AND SUBSTANCE EXPOSURE: A REVIEW AND CLINICAL CASE-MIX REPORT

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Introduction: Several previous epidemiological studies have reported associations between drug consumption or abuse and occurrence of psychotic symptoms rather than psychotic disorders.

Hypothesis: Indeed, if drugs were aetiologically related to psychosis they would most likely act on specific brain circuit wiring which, in turn, is progressively linked to psychotic symptoms rather than full-blown disorders.

Aims: To review the literature on the potential links between drug abuses and distinct psychotic symptoms such as delusions and hallucinations.

Results: This poster presents a brief but updated systematic literature review on the associations between drug abuse and psychotic symptoms, i.e. delusions and hallucinations. We will also present data from a relatively large case-mix of some 620 patients with such psychotic symptoms resulting from a thorough retrospective, medical-record based, assessment of psychotic patients attended in our clinical catchment area.

INTERACTION BETWEEN ADHERENCE TO MEDICATION AND BELIEFS IN PSYCHIATRIC PATIENTS

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Educational Objectives: The problem of poor adherence to medical treatment is a well-recognized problem in the literature and research has consistently demonstrated that patients' understanding of their conditions and treatments is positively related to adherence and that adherence, satisfaction, recall, and understanding are all related to the amount and type of information given, so the objective of the study is to find out if this condition applies to psychiatric patients as well

Purpose: To find out if beliefs in psychiatric patients interact with positive adherence to medication.

Methods: 71 psychiatric inpatients participated in the study, 23(32.4%) males and 48(67.6%) females, with a mean age of 48.2 ± 13.1 . Data were analysed with chi square and Pearson r with the use of SPSS.

Results: 20.5% of the patients thought that they didn't need their medication and 33.3% thought that they didn't need hospitalization. There was no significant difference between the patients beliefs concerning the need of hospitalization and medication with compliance to therapy ($\chi^2=0.859$ $p=NS$). 41.4% ($N=12$) of patients resubmitted into the hospital during the last 6 months, believed they did not need to stay hospitalized. Nevertheless, no statistical difference was found between beliefs about the need of medication and compliance, since even the patients that believed that they had no need of medication, had either great or moderate compliance. Finally compliance had a strong negative correlation with anxiety symptoms ($r = -.622$, $p=.001$) as well as with negative emotions ($r = -.589$, $p=.001$).

Conclusions: Our results suggest that even if we can keep a schedule about medication while patients are hospitalized, we still need to educate them in order to perceive themselves to be at risk due to lack of adoption of healthy behaviour, perceive their medical conditions to be serious (perceived severity) and believe in the positive effects of the suggested treatment (perceived benefits) as well as to have channels to address their fears and concerns.

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REDUCTION OF ANXIETY-LIKE BEHAVIOUR AND IMPAIRED RETENTION OF AVERSIVE MEMORY IN MICE WITH LOW-PPI

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Pre-pulse inhibition (PPI) is the normal reduction of the amplitude of the startle reflex in response to an intense startling stimulus (pulse) when this intense stimulus is shortly preceded by a weaker, non-startling sensory stimulus (pre-pulse). Deficiencies in PPI have been displayed in a wide variety of psychiatric diseases indicating the presence of sensorial, motor and cognitive disorders, as well as, anomalies in the dopaminergic pathway. It has been suggested that PPI can serve as a measure of individual dopamine function. Previous studies in our laboratory demonstrated that low-PPI mice presented less sensibility to the reinforcing effects of cocaine in the conditioned place preference paradigm, which lead us to investigate the role of PPI as a predictor of the reinforcing effects of this drug. For this purpose, the present study evaluate the behavioral profile of high- and low-IPP mice. After classifying the animals according to their high- and low-PPI response using two pre-pulse (75 and 85 dB) and two inter-stimulus interval (30 and 100 msec), the mice were tested in the Passive Avoidance Conditioned Task (PACT), a model used to assess short and long-term memory; and Open Field Test (OFT), which is used to evaluate the locomotor activity and anxiety levels in rodents. Our results revealed that mice with low-PPI presented less memory of aversive stimulus testing one week later than animals with high-PPI in PACT, though all mice exhibited the conditioned response at 24h. Males with low-PPI displayed a lower anxiety level than high-PPI males and low-PPI females in OFT. Further research is necessary to specify the cognitive-behavioral differences of the animals categorized according to their response in the PPI, and thus contributing to confirm the usefulness of the PPI as a biological marker of the reinforcing effects of cocaine and vulnerability to mental disorders.

HIGHER PERSISTENCE OF CONDITIONED PLACE PREFERENCE INDUCED BY COCAINE IN MICE WITH LOW-PPI

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Pre-pulse inhibition (PPI), measure of acoustic sensorimotor gating, has been considered a relevant index for translational research in psychiatry. Deficiencies in PPI of startle response have been observed in a wide variety of mental disorders. Previous studies in our laboratory demonstrated that mice with low PPI did not acquire the conditioned place preference (CPP) induced with low doses of cocaine (1 and 6 mg/kg). These results indicated less sensitivity to the reinforcing effects of this drug in low-PPI than in high-PPI mice; which led us to investigate the role of PPI as a predictor of the reinforcing effects of cocaine. The aim of the present work was to evaluate the capacity of PPI of the acoustic startle response as predictor of the reinforcing effects of a higher dose of cocaine in the CPP. Fifty-two mice from both sexes (26 males and 27 females) were classified in high- or low-IPP; and later they were evaluated in the acquisition and reinstatement test of CPP induced by 12.5 mg/kg of cocaine. All groups acquired cocaine-induced CPP and later extinguished the conditioned response, except the low-PPI male group, where the place preference did not decrease. Furthermore, after the reinstatement test of the CPP with drug priming (6.25 mg/kg) and their next extinction test, only low-PPI females reinstated the CPP with a priming dose of 3.12 mg/kg. These results demonstrate that low-PPI mice showed a stronger and longer persistence in cocaine-seeking behavior in absence of the drug than high-PPI mice, since the low-PPI males did not get to extinguish the cocaine-induced CPP and the low-PPI females reinstated the preference with progressively lower priming doses of cocaine than high-PPI females. Therefore, taking into account our current and previous results, we conclude that the PPI response could be considered a physiologic marker of vulnerability for cocaine-use disorder.

ESTIGMA EN HIJOS ADULTOS DE ALCOHÓLICOS UNIVERSITARIOS

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Objetivos: El propósito de esta investigación fue comparar el estigma personal y público hacia la disposición y uso de los servicios de salud mental que presenta una muestra de hijos adultos de alcoholicos universitarios.

Materiales y Método: Esta investigación utilizó un diseño exploratorio-descriptivo y desarrolló un cuestionario que fue evaluado por doce (12) jueces en el área de salud mental para determinar la validez de contenido del mismo a través de la prueba de Lawshe (1975). El instrumento consistió de 58 reactivos. Además, se utilizó el *Children of Alcoholics Screening Test* (Hodgins, Maticka-Tyndale, El-Guebaly & West, 1993).

Resultados: El análisis de validez de contenido de la escala se desarrolló utilizando la técnica de Lawshe (1975). Los resultados demostraron un coeficiente de validez de contenido de (IVC) en el estigma personal fue 0.84; en el público 0.90; en la disposición y el uso de servicios de salud mental 0.92; y en los datos socio demográficos 0.93. Se incorporaron los cambios sugeridos y pertinentes, y se obtuvo un instrumento que consta de 58 reactivos.

Conclusión: El estigma se ha identificado como una barrera importante en la búsqueda de servicios de salud mental. Esta se manifiesta como interpretaciones, prejuicios y comportamientos discriminatorios hacia las personas que presentan trastornos mentales. Esta investigación está en la fase de un estudio piloto con una muestra de estudiantes universitarios en donde se evalúa las propiedades psicométricas del instrumento.

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OPIOID RECEPTOR ANTAGONIST ODELEPRAN DOES NOT CAUSE ADDICTION IN WISTAR RATS

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Educational Objectives: antagonists of opioid receptors are widely and safely used for the relief of symptoms of alcohol and drug abuse. However, they can provoke risk of self administration and further drug dependence. Studying of addictive properties of such substances is an extremely important part of the pre-clinical testing.

Purpose: the investigation of the drug addiction properties of the opioid receptor antagonist Odelepran in a free choice model, and Odelepran deprivation effect in Wistar rats. Odelepran is a new pan opioid receptor antagonist for the treatment of alcohol dependence. Odelepran demonstrates high in vitro binding affinity (K_i) and antagonist potency (K_b) at all 3 classic human opioid receptors (μ , κ , and δ).

Methods: the research was performed on 7 week-old Wistar male rats (SPF, n=24). Animals were kept one rat per cage under conditions approved by ethics committee. In the first part of the study rats were offered the free choice between the Odelepran at doses 10 or 50 mg/kg and water for two weeks. In the second part, Odelepran was provided with saccharin, which was used to mask the taste of substance making it more palatable. The concentration of Odelepran was increased either from 1 to 5 mg/kg or from 10 to 50 mg/kg in saccharin. At the same time the saccharin concentration was weekly reduced from 0,2% to 0%. The highest doses of Odelepran (5 or 50 mg/kg) were given to the animals without saccharin for the last 14 days (Eastwood EC, 2014). One week before the end of the experiment the rats were deprived from Odelepran for one day and their behaviour was assessed the same day in the Open field test using Noldus Ethovision XT.

Results:

The Wistar rats did not choose Odelepran solution at doses 10 to 50 mg/kg over water. Addition of saccharin to the Odelepran solution did not cause Odelepran preference. Deprivation of Odelepran did not cause such symptoms as anxiety, hyperactivity, or exploratory and locomotor activity changes in Open field test, which are the signs of the withdrawal syndrome.

Conclusions: Our data indicate that the voluntary intake of Odelepran at doses 10 and 50 mg/kg does not induce addiction to this drug. Also, Odelepran deprivation didn't induce the withdrawal syndrome in Wistar rats.

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SYNTHETIC CANNABINOIDS AND THE SEROTONIN SYNDROME: AN UNFORESEEN ASSOCIATION

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Educational Objectives: Use of synthetic cannabinoids (SCs) has been increasingly associated with severe adverse effects, including deaths. SC intoxication is very different to cannabis one and shows common features with the serotonin syndrome.

Purpose Synthetic cannabinoid compounds belong to a new psychoactive class of substances misused as an alternative to marijuana (MJ). These compounds have been developed for research purposes and have never been tested in clinical human studies. Currently, SCs can be easily bought on a global level, both online and in local stores. We aimed here at identifying SC pharmacodynamics, effects/symptoms of intoxication and neurobehavioral sequelae in humans, with a focus on findings compatible/common to the serotonin syndrome.

Methods: A search was carried out on PubMed/Medline for the terms “synthetic cannabimimetics”, “synthetic cannabinoids”, “synthetic cannabis” in order to identify effects/symptoms of intoxication, neurobehavioral sequelae related to SC intake in humans.

Results: SC compounds are structurally dissimilar and incorporate indole moieties, not present in MJ. SC are full agonists on cannabinoid receptors (CB-rs) while cannabis main psychoactive, tetrahydrocannabinol (THC), exerts partial agonism on cannabinoid receptors. SCs visual hallucinations are described as fractals/trails/flushes of colour/geometric patterns [1]. Signs of intoxication are elevated heart rate; hallucinations; mydriasis; agitation; vomiting; and seizures; these signs are common in the serotonin syndrome. Indole is structurally similar to serotonin (5-HT), has activity on 5-HT receptors and is typically identified within indoleamine hallucinogens such as DMT. While 5-HT_{2A} receptors are the primary site of action for DMT (typically producing visual geometric hallucinations in the users), the agonism of 5-HT_{2A} receptors contributes substantially to the development of the serotonin syndrome.

Conclusions: Beside the well-known cannabimimetic properties, SC drugs could have additive hallucinogenic effects due to the indole moieties incorporated in their structures. SCs intake/intoxication can produce acute signs/symptoms/clinical findings belonging to the serotonin syndrome.

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SUBCORTICAL BRAIN ABNORMALITIES IN HEAVY LONG-TERM CANNABIS USERS REVEALED BY Voxel-BASED MORPHOMETRY

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Objective: Cannabis is the most widely used illicit drug worldwide, with it being estimated that between 2.8% and 4.5% of the general population have used it, especially young people. Growing concern about potential effects of cannabis on cognitive function and the brain has led to an increasing number of neuroimaging studies being carried out on cannabis users (1). In the present study we examined a sample of heavy long-term cannabis users without other substance abuse to determine whether long-term use is associated with brain structural changes.

Method: The sample consisted of 14 long-term heavy cannabis users and 28 controls matched for sex, age and estimated IQ. Structural data were analyzed with FSL-VBM, an optimized voxel-based morphometry style analysis that yields a measure of differences in local grey matter (GM) normalized volumes. Group comparisons were carried out using a voxel-wise general linear model and permutation-based non-parametric testing, and using the cluster-based thresholding method; the cluster mass option was used. Results were corrected at a p-value of < 0.05 using family-wise error (FWE).

Results: The cannabis users showed increased GM volume in the basal ganglia, involving the caudate, putamen, pallidum and nucleus accumbens bilaterally, compared to the controls.

Conclusion: This study provides new evidence of exposure-related structural abnormalities in the basal ganglia in long-term heavy cannabis users. We did not replicate the findings of a recent similar study by Lorenzetti et al which found reduced hippocampal and amygdala volume in heavy long-term cannabis users (2).

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COMPARISON OF ORGANIC DISEASE IN A SAMPLE OF PATIENTS WITH SEVERE MENTAL DISORDER WITH DUAL AND NO DUAL DIAGNOSIS

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Patients with a severe mental disorder (SMD) have a higher prevalence than the general population of medical illness. Add to severe mental pathology one substance use disorder (SUD) can lead not only a worsening of psychiatric disorder and addiction, but also a greater organic complication. The Unidad de Salud Mental de Badia del Vallés has treated in an integrated way dual diagnosis, but also is has in the same device a primary care team.

Objectives: To describe the prevalence of medical conditions in patients with SMD with and without SUD. The advantages and disadvantages of an integrated model within primary care team are analyzed.

Material and method: We describe a sample of 180 patients evaluated by the Unidad de Salud Mental and Centro de Atención Primaria of Badia del Valles who are served from a comprehensive and integrated model. Sociodemographic and clinical (diagnosis according to DSM-IV-TR) variables are collected. The data is analyzed using the statistical program SPSS15.0

Results: Of the patients assessed, 44.6% had dual diagnosis of SMD and SUD. The prevalence of medical illness were generally higher than those found in the population. Comparing both samples, SMD and SUD patients showed more digestive and hepatitis diseases, while obesity was significantly higher in the single SMD.

Conclusions: The care of patients with dual diagnosis must take into account the increased presence of medical conditions. Proper coordination with primary care services is necessary. A situation that favors this coordination is the presence of own primary care team within the same device, as well as regular meetings on specific dual diagnosis.

THERAPEUTIC ADHERENCE IN A SAMPLE OF DUAL DIAGNOSIS OF INTEGRATED DEVICE OUTPATIENT CARE

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Adherence in patients who have a substance use disorder (SUD) and a psychiatric disorder, is less than the individual presence of each of these diagnoses separately. At the same time, it is considered that an integrated approach is the right thing in allowing dual pathology more appropriate assessment and intervention.

Objectives: The aim of this work is to establish the degree of therapeutic adherence in a sample of patients with dual diagnosis, in an ambulatory integrated device.

Material and method: We describe a sample of 153 patients evaluated by the Unidad de Salud Badia del Vallés during the period July 2013 to July 2014 in sociodemographic, clinical and therapeutic adherence variables (diagnosis according to DSM-IV-TR). The data are analyzed using statistical software SPSS15.0.

Results: Of the patients evaluated, 73.2% were male, with a mean age of 45.5 years (standard deviation 12.51). 51% had a severe mental disorder (SMD) coupled with a SUD. The adhesion measured in terms of attendance of visits was higher in psychiatry, nursing and social work, being lower adherence in clinical psychology. Levels of adherence were lower in general when there was a diagnosis of TMS. General level of adherence were superior to other ambulatory devices that did not use an integrated model.

Conclusions: increasing adherence has been shown as a fundamental element in the dual pathology intervention. Integrated devices can facilitate the linking of patient treatment. In particular, a challenge is patient with SMD and SUD.

IS THE STIMULUS-RESPONSE MODEL A VALID CONSTRUCT IN DUAL PATHOLOGY?

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The notion of habit has acquired an important role within studies of drug addiction and dependence. Classical models of addiction conceive of learned compulsive behaviors in terms of a unidirectional stimulus-response model, for which habits are behavior patterns based on studies of animals and are considered to be purely automated (Tyffani 1990, Miles et al., 2003). For this approach, learning converts behavior into an automatism, or what some have termed an addictive habit (Hogarth et al., 2013). Some of these models have been expanded to incorporate motivational aspects of addiction. Such models regard reinforcement (positive or negative) as the initial and central drive for drug abuse and are situated in a context of a larger, goal-directed, decision-making framework. However, while these approaches offer important clues for understanding addiction, they do not appear to account for important aspects of long-term chronic dependencies such as cravings. Accordingly, it has been proposed to expand the habit formation model by distinguishing between motor habits and motivational habits (Sjoerds et al., 2014). In the case of motor habits, behavior is based on a stimulus-response model, while motivational habits refer to compulsive behavior that is controlled by an emotional/motivational state and seems to be at least partially goal-directed. This distinction is a marked improvement over a strictly motor-habit notion of addiction, but we believe that it still falls short of the full context in which the notion of habit acquires its full significance. Our suggestion is that only by taking into account the fuller, the liberating dimension of habit that is revealed in the therapeutic context can we break free from the stimulus-response model.

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HOPE AND RECOVERY: A SCOPING REVIEW

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Educational Objectives: Hope is central to recovery processes. The phenomenon, along with its implications for research and practice has however, gained limited attention within the fields of mental health and substance use. This poster will present findings based on searches in peer reviewed literature.

Purpose: The aim of the study is to explore how first person experiences of hope, and what may inspire it, is described within the literature.

Methods: The method applied when conducting this literature review was a scoping study. This allows for a broad approach, aiming to examine research activity and identify potential gaps within existing research literature.

Results: We including five articles and one book. None of these presented first hand experiences of hope and there seems to be a gap in the literature.

Conclusions: Hope seems as important to people experiencing co-occurring problems as to anyone else. Hope, and what people hope for, take many forms and can arise unexpectedly. Practitioners need to take into account the diversity of the phenomenon and find ways of inspiring hope in collaboration with those in need of support. There appears to be a need for further research on how persons experiencing co-occurring problems perceive hope and what might inspire it.

PERCEPTION OF SPECIAL NEEDS REQUIRED FOR MANDATORY TREATMENTS

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Introduction

Forced or involuntary treatment comprises an integral, often positive component of treatment for addictive disorders. For this reason, coercion in health care raises numerous ethical, clinical and legal issues. In order to apply coerced care effectively, health care professionals should appreciate the indications, methods, advantages, and liabilities associated with this important clinical modality.

Objective

Observational, descriptive study of patients attending an outpatient drug addiction center of treatment, required by an alternative penal measure, an administrative penalty for a crime against public health or specialized services of the Government Department childhood and adolescence attention (DGAIA).

Material and Methods

Data N = 72 patients undergoing treatment in a specialized center of drug addiction outpatient (CAS), attached to a Psychiatric Hospital were collected. Registration of patients who are under a court order for six consecutive months in 2014 was performed.

Results

These patients referred by any of these three institutions, 81% are male. All of the women (19%) were treated for monitoring DGAIA. 47% of patients were included in methadone maintenance program. Crimes against public health, were related to cannabis smokers in full. The main substance detection and control was cocaine, followed by alcohol.

Conclusion

The different profile of patients referred to a drug treatment center, by any judicial institution, is a challenge for the professionals who serve them. For offenders who have drug and/or alcohol abuse problems, their rehabilitation always requires more than treatment. Many need extra support and encouragement to take their first step into the treatment, stay in the program and maintain their new lifestyle after completing the programs.

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PERSONS WITH DUAL DIAGNOSIS AS PERPETRATORS OF ACTS OF VIOLENT BEHAVIOUR

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The aim of this presentation is to show the organizational model of treatment of persons with dual diagnoses (alcohol and/or other substances dependence combined with personality disorders or psychoses), who have committed one of the acts of violent behavior in the domain of the Misdemeanors Act, the Law on Prevention of Domestic Violence and Criminal Law. Those who have committed acts of violent behavior and have pronounced protective or security measure of addiction treatment, in our clinic indicate the competent courts or probation offices. In the last 10 years, number of perpetrators, and imposed measures of treatment, continue to grow steadily. During those years, treatment models have been enhanced several times, but from 2010. structured interdisciplinary treatment of such persons have been conducted within the Forensic psychosocial program (FPP). In FPP, along with specialist psychiatrists and nurses, also participate psychologists, social pedagogues, social workers and occupational therapists. Each person is provided with an individual approach, and it is switched on by his condition and treatment needs in stationary treatment, daily hospital for addiction treatment or intermittently group therapy.

Comparing the period from 2010 to nowadays, there is significant reduction in repeating acts of violence in those who have had previously pronounced measure of treatment and finished successfully FPP. Subsequently, we conclude that FPP is successful treatment for individuals with dual diagnoses who have committed acts of violent behavior.

JUDICIAL ORDERS IN DUAL DISORDER INPATIENTS ADMITTED TO A PSYCHOSOCIAL REHABILITATION UNIT

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PURPOSE

Research over the last decade has consistently shown high levels of substance misuse among the mentally ill. The chances of having an addictive disorder are increased almost three-fold by the presence of a mental disorder. The situation is similar for mentally disordered offenders.

The main aim of this study is to describe the psychiatric inpatients admitted to a Psychosocial Rehabilitation Unit with legal measures due to dual disorders during a 3-year period.

METHODS

This is a descriptive study that collects the sample of inpatients admitted to a psychiatric rehabilitation treatment, from 2010 to 2013, having legal problems associate with the consumption of drugs. The sociodemographic, psychiatric and legal variables were compiled in a database. Descriptive statistics were performed using SPSS Software.

RESULTS

82 patients were admitted during the evaluated period. More than three quarters of the sample reported ever having used drugs. 31 patients (37.8%) reported current drugs problems, and had a dual disorder. 12 patients (14.6%) had current judicial orders, and 10 of them had a mental disorder and substance misuse that represents 32'3% of dual disorder group. Schizophrenia was the most prevalent diagnoses (66%).

The most common judicial order was safety order followed by restraining order, and just one patient had a work to benefit the community order. Just 2 patients had a safety order and didn't report drug consumption.

CONCLUSIONS

Previous studies have shown the association between drug misuse and higher rates of violence, other offending and hospitalization. Patients with mental disorder and substance misuse have worse clinical implications for prognosis and they are linked with increased judicial orders.

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ACCIDENTABILIDAD EN PACIENTES EN TRATAMIENTO POR ADICCIÓN A COCAÍNA

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Antecedentes: La accidentalidad tiene un elevado coste social. Las adicciones y especialmente el consumo de cocaína aumentan el riesgo de accidentes. (Monras, 2011; Fierro, 2011). Sin embargo la accidentalidad ha sido escasamente estudiada en dependientes de cocaína.

Objetivo: Analizar los antecedentes de accidentes y conductas de riesgo al conducir en pacientes dependientes de cocaína.

Metodología: participaron 139 pacientes dependientes de cocaína, atendidos durante 2014. Se recogieron variables sociodemográficas y relacionadas con la accidentalidad, también se administró el cuestionario MDBQ sobre conductas de riesgo de accidentes viarios. Se realizó un análisis descriptivo y un análisis bivalente mediante Chi-cuadrado para variables categóricas y t de Student para cuantitativas.

Resultados: el 25% mujeres y 75% hombres, edad media 38 años (DT= 10.6). El 64.7% conducía en la actualidad o anteriormente. El 22% presentaba adicción a la cocaína como motivo principal de tratamiento, el 47.8% alcohol, 13% cannabis, 11.6% opiáceos y 5% otras drogas.

Al comparar las variables de accidentalidad en función de la dependencia de cocaína, se observa una tendencia de estos pacientes a haber sido multados con mayor frecuencia (80 v/s 63,6%). Los pacientes adictos a la cocaína presentaban significativamente más accidentes a lo largo de la vida (85,2 v/s 67,1%), y referían con mayor frecuencia realizar conductas de riesgo, como conducir (74,1 v/s 42%), bajo los efectos del consumo y con síntomas de abstinencia del mismo (47,2 v/s 17,5%). En los resultados del MDBQ no se observan diferencias en la frecuencia de errores, infracciones y lapsus identificados por los pacientes.

Conclusión: Los pacientes con dependencia de cocaína reconocen cometer errores, infracciones y lapsus al conducir con similar frecuencia que los pacientes en tratamiento por otras sustancias. Sin embargo, presentan más accidentes. El consumo de cocaína implica un riesgo elevado en la accidentalidad viaria, en comparación con el consumo de otras sustancias.

Agradecimientos: Plan Nacional sobre Drogas 2013I044:"Complicaciones Clínicas y accidentalidad Asociadas a la Presencia de síntomas psicóticos en Consumidores de cocaína"

Monras M, Aparicio A, Lopez JA, Pons I. Prevalence of alcohol consumption related disorders in a prison population convicted of crimes against road safety. Actas Esp Psiquiatr. 2011 May-Jun;39(3):163-7. Epub 2011 May 1.

Fierro I, Morales C, Alvarez FJ. Alcohol use, illicit drug use, and road rage. J Stud Alcohol Drugs. 2011 Mar;72(2):185-93.

REVIEWING NATIONAL LAWS AND REGULATIONS FOR AGONIST TREATMENT OF OPIOID DEPENDENCE

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Background and aim : On the edge of the «Third Francophone Conference on the Treatment of Opioid Addiction», the Neuchatel Institute of Health Law compared regulations for opioid substitution treatment (OST) in Switzerland, France, Canada, Belgium and Tunisia. Most standards described appear to be linked to a historic repressive framework. It was decided to limit the scope of future recommendations for treatment with opioid agonist medication to the benefit of a marketing authorisation for medicinal products (mainly: buprenorphine, methadone, in certain countries slow-release morphine). We present the rational for creating an interdisciplinary panel from the concerned countries, in order to prepare recommendations about how a regulative system of OST should be based on scientific evidence and right to health.

Methods: Following a literature review identifying barriers to best practice from an addiction medicine point of view, a DELFI technique will identify the domains requiring removal or implementation of regulations, as a priority.

Results: The first meeting allowed the group to validate concrete routes for recommendations in the following domains: (1) regulation within market authorisation regimes, (2) structural financing for the availability of care, (3) legal bases for supporting consultation and monitoring procedures, in order to detect overly restrictive provisions affecting care benefits, (4) legal bases ensuring the delivery of treatments under supervision when such supervision is medically indicated, (5) structural mechanisms encouraging pre-grade education (basic training) of concerned future professionals, (6) legal bases ensuring free care, if care is not fully covered by health insurance.

Conclusions: Current regulations appear heterogeneous, opinion based and, in the majority of cases, very rigid and not able to evolve according to scientific knowledge. It is important to rebalance provisions relating to controlled medicines by prioritising health law. This is particularly true for the matter of access to care and respect for autonomy. Discrimination should be better prevented and the availability, accessibility, acceptability and quality of care ensured.

DANGEROUSNESS-VIOLENCE RISK ASSESSMENT & MENTAL DISORDER

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Violence prediction in the forensic setting is helped by tools allowing an estimation of the risk for recidivism of violent acts. For mentally disordered patients and violent subjects we use HCR-20.

Purpose. 1. To compare HCR-20 scores of subjects accused of violence versus a control group. 2. To assess the relationship between psychopathological variables and HCR-20 scores in violent subjects.

Patients and methods. Two forensic samples were studied: a clinical-forensic group (n=65; 38,6 ± 10,5 years, 94% males), which included persons accused of violent crimes and/or suffering a mental disorder, and a control group of persons accused of non-violent crimes (n=16; 42,31 ± 18,3 years, 75% males), which had neither mental disorder nor drug addiction. They were assessed using HCR-20, which includes 10 historical, 5 clinical and 5 risk management items; each item is rated 0,1 or 2 and the global score ranges from 0 to 40.

Results. The risk of future violence in the control group was very low (mean HCR-20 total score: 2,75) when compared to the clinical-forensic group (mean total score 19,88 (p<0,001)). In this group, the risk level (*low, moderate, high*) was significantly proportional to the summation of the HCR-20 sub-scales scores. Also in the clinical-forensic group, we highlight the significant association of substance use problems or cluster B personality disorders with high risk. Age, alcoholism and mental disorder were not associated with the levels of risk of violence.

Conclusions. 1. HCR-20 discriminates between a forensic group of violent subjects and a control group. 2. We found a significant association of substance use problems or cluster B personality disorders and a high risk of violence. 3. Mental disorder was not associated with a high risk of violence.

PREVALENCE OF DUAL DIAGNOSIS IN PATIENTS USERS OF MOBILE UNITS FOR SUPPLY OF METHADONE

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Objectives: Carry out estimation of prevalence of dual pathology in these devices.

Material and Methods: descriptive study of cross section. Diagnoses have been extracted from the patient's clinical history

Results: A total of 115 patients, 20% have a dual diagnosis. It is evident that 13 % have no diagnosis or in favour or against which highlights the difficulty of diagnosis in these patients. The major diagnoses are equal prevalence of personality disorders (35%) and mood disorders (35 %).

Conclusion: The mobile units are methadone dispensing devices methadone treatment approach for patients who for various reasons do not go to a fixed center to pick up your medication. But sometimes this approach is an added difficulty performing any other psychiatric diagnosis and therefore may represent an additional barrier to optimal treatment. It is known as dual pathology patients have greater complexity than patients with single disorder by uso-abuso of substances, worse prognosis, increased frequency of autolytic attempts and in general worse evolution. It is necessary, especially in this type of resources from less supervision a longer follow-up of patients with this diagnosis, follow-up that often is difficult because of the resistance of the patient to keep their scheduled appointments.

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DUAL PSYCHOPATHOLOGY IN THE LAST TEN YEARS IN A CITY IN SOUTHERN SPAIN: ¿INTERDISCIPLINARY APPROACH OR THERAPEUTIC REDUNDANCY?

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Introduction: the high rate of co-occurrence of addictive disorders and other psychiatric conditions is well established. Despite this, in some regions of Spain the approach of addictions depends on Social-Care Network, whereas treatment of psychiatric disorders depends on Public Mental-Health Services.

Objectives: to describe the comorbid psychiatric situations most frequently observed in a sample of outpatients during the follow-up period at a Centre for Addictive Disorders, stratified by gender, age, addiction and referrals from and to Community Mental-Health Centres.

Methods:

Design: observational, retrospective, descriptive analysis

Sample: 104 outpatients with dual psychopathology in regular treatment at a Centre for Addictive Disorders in Dos Hermanas (Spain), who began follow-up during the last 10 years.

Results: 21% women, 79% men. Mean age 36.5 years [SD=7.2]. Only 27% were receiving specific treatment for their mental condition.

PSYCHIATRIC DIAGNOSTIC CATEGORIES	PREVALENCE AMONG SAMPLE
Schizophrenic Disorders	43%
Bipolar Disorder	58%
Other Mood Disorders	37%
Anxiety Disorders	21%
Personality Disorders	84%

Conclusions

Patients with dual psychopathology not always receive the same attention. Some only receive treatment at 1 of the 2 Care Networks, while others are treated simultaneously in both. Even among this group, the attention they perceive is not always equally: some are treated interdisciplinary while others are treated simultaneously without coordination.

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ADDICTION IN-PATIENT REDESIGN

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Educational Objectives: At the end of this presentation, the learner will understand redesign methodology. They will understand how this was effectively applied to an in-patient addiction service to develop a model of care for patients with complex Drug, Mental and Physical co-morbidity.

Purpose: The purpose of this project was to develop a model of care for an in-patient addiction treatment service that will facilitate care of patients with complex co-morbidity.

Methods: Clinical redesign methodology was applied to a 24 bedded in-patient Addiction service. The goal was to modify the service to develop capacity to care for patients with complex co-morbidity. Steps were (a) developing a project management plan and schedule (b) performing a diagnostic evaluation (c) from this developing solutions (d) developing an implementation plan and (e) evaluating outcomes. Strategies used included staff, patient and community provider interviews, process mapping and “Change Management” strategies.

Results: A model of care was developed that facilitates flexible, individualised accessible care for patients with complex co-morbidity. 2 new group programmes have been developed for patients with and without cognitive impairment. Nursing care has been formalised with the nursing care plans. Educational initiatives have been delivered to upskill staff in areas as diverse as management of the deteriorating patient, intravenous therapy, Dialectical Behavioural Therapy and Motivational Interviewing. Staff confidence is improved. Care is increasingly streamlined. Full implementation and evaluation will proceed over the next 12 months.

Conclusions: A model of care has been developed for patients with complex co-morbidity that facilitates acute in-patient care and stabilisation, and subsequent transition to other services for longer term care. This has been partially implemented. Interim evaluation identifies enhanced structure of nursing care, development of 2 new group psychotherapy programs and more streamlined care processes for patients. Staff feel more confident in delivering care. This novel model of care could be implemented in other in-patient services.

"O QUE FAZEMOS?" O TRABALHO NUMA EQUIPA DE TRATAMENTO NA ÁREA DAS DEPENDÊNCIAS. ORGÂNICA FUNCIONAL

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Objetivos: Pretendemos com o presente poster apresentar o trabalho de uma equipa de tratamento, prevenção, reinserção social, redução de riscos e minimização de danos, na área das dependências, bem como a orgânica funcional do serviço. Através do trabalho em equipa e dos seus resultados, cada um de nós terá algo de significativo a ganhar. E o inverso também é verdadeiro, só através do contributo individual de cada um, mobilizado ao serviço coletivo da equipa, poderemos concluir que o todo é maior que a soma das partes.

Resultados continuamente positivos, incluindo satisfação dos profissionais e dos utentes, serão grandes potenciadores do futuro sucesso de uma equipa.

Tais resultados, dependem de forma clara, das competências técnicas e comportamentais de todos os elementos do serviço, de uma eficaz gestão da prática clínica de todos os profissionais de saúde e do empenho e entusiasmo com que intervenha cada membro da equipa.

SERVIÇO SOCIAL E REINserÇÃO NOS COMPORTAMENTOS ADITIVOS E DEPENDÊNCIAS. PVE- 2010-2015, REFLEXÕES SOBRE A NOSSA PRÁTICA

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Purpose: O PVE criado através da Resolução do Conselho de Ministros n.º 136/98, foi recentemente extinto. Constituiu-se como uma mais valia na inserção laboral de pessoas com comportamentos aditivos e dependências, que merece destaque.

Objetivo: Importa refletir sobre os números e sobre a especificidade da medida, nomeadamente na existência do mediador e do trabalho de proximidade feito com as entidades acolhedoras. Este trabalho pretende assim, apresentar e refletir sobre os resultados dos últimos 5 anos de implementação do PVE no CRI de Coimbra.

Resultados: Dos 125 utentes integrados em PVE, 82 são acompanhados na Equipa de Tratamento da Figueira da Foz e 43 na Equipa de Tratamento de Coimbra

O PVE constituiu-se como medida de emprego de 16,4% dos utentes acompanhados na Figueira da Foz e 3,3% dos utentes acompanhados em Coimbra

Método: análise descritiva dos últimos 5 anos de PVE, através de SPSS. Avaliação de impacto de medida de emprego

Conclusões: Dos utentes que frequentaram medidas de PVE no CRI de Coimbra, apenas 29,6 % não mantêm acompanhamento social nas ET's (abandono, 6,4% ou alta social, 23,2%), dos restantes, 50,4% estão empregados, 4% foram reformados por invalidez e apenas 16% estão em situação de desemprego.

Tendo em conta as particularidades da população com comportamentos aditivos e dependências, os resultados, parecem-nos francamente positivos.

Bibliografia:

Linhas orientadoras para a mediação social e comunitária no âmbito da reinserção de pessoas com comportamentos aditivos e dependências, SICAD, 2015, Biblioteca Nacional de Portugal

EXCLUSION CRITERIA IN HEALTH RESOURCES

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Purposes: We sought to give a brief description of the design that exists in our country on patients diagnosed of a mental disorder and a substance use disorder. This association produces a worse evolution, a poor quality of life, high morbidity and mortality. These patients are rejected by all medical devices and can not use mental health and social resources in the same way as other patients diagnosed of a mental disorder.

Method: Review of the design in the Health National System about these special patients, and make a reflection about the exclusion that these patients suffer in daily practice.

Conclusion: The approach of dual diagnosis in patients in order to specific care circuit is very limited. Exclusion criteria to receive help from different health and social problems are too wide to addicted patients. In many autonomous communities, these patients are managed by the social services, so they not participate in the network of mental health. In communities where they are included at the mental health network, there is a shortage of specific devices in dual diagnosis such as complete or partial hospitalization.

There are not general models of coordination between different assistive devices for these patients. There are not regulated procedures for establishing the professionals who can work. It should be considered that exist two kind of different disorders. However, they should be integrated and worked by the same professional team. It ought to be avoided working at different teams where everyone takes care of each pathology.

SEX ADDICTION: MYTH OR REALITY

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Educational Objectives: Since the concept of sexual addiction was first introduced in the 1970's, two schools of thought have emerged amongst sexologists and mental health providers regarding whether hypersexual behavior should be characterized as an addiction, or if it is part of a co-existing psychiatric disorder. The objective of this study is to help clarify this debate.

Purpose: To determine whether hypersexual behavior can appropriately be characterized as an addiction, or rather, a symptom or manifestation of a co-existing psychiatric disorder.

Methods: A literature review was conducted to explore these opposing viewpoints. Articles published from the year 2000 to present relating to the topic of sex addiction, hypersexuality, sexual compulsivity/impulsivity were reviewed to determine whether or not hypersexual behavior can be characterized as an addiction or if it can only co-exist with a current psychiatric disorder.

Results: From a biological standpoint, there are neurochemical changes associated with hypersexual behavior: the limbic system is activated in a manner similar to the reward system in drug addiction. The activities of sexual behavior are pleasurable due to the release of endorphins and enkephalins, and the receptors in the brain that bind these neuropeptides are the same ones that bind exogenous chemicals that produce the euphoric feelings described in addiction. This eventually promotes physical tolerance which ultimately leads to a repetition and increase in sexual behavior or drug use. At the same time, sex "addicts" can experience a psychological withdrawal (ie marked dysphoria, anxiety, sweats, and increased heart rate) as experienced by those addicted to cocaine or amphetamines. Some proponents of sex addiction have even advised a 12 step treatment program because it is an addiction characterized by patterns of compulsive sexual behavior despite adverse consequences--relationship difficulties, neglect of work obligations and social/family responsibilities to pursue or participate in sexual behaviors, and excessive amounts of time seeking these opportunities.

Conclusions: Despite standard, and even increasing use of the term "sex addiction" in media and popular culture, mental health professionals remain divided in regards to this subject. The proposed inclusion and subsequent rejection of hypersexual disorder in DSM-V highlights this existing debate. The notion of hypersexual behavior as an addiction warrants further exploration, especially since how it is defined may dictate treatment moda

PSYCHIATRIC COMORBIDITIES IN TREATMENT SEEKING VIDEO GAME PLAYERS

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Purpose: Within Switzerland, Internet users seeking specialised treatment are usually referred to gambling addiction services. The Centre du Jeu Excessif (CJE) is a specialised gambling addiction service in Lausanne University Hospital. Between 2003 and 2012 the service received 75 adults seeking treatment for Internet disorders. This included video gaming (57), sexual contents (8), shopping (8) and others (2). According to international literature, Internet disorder treatment programmes have been developed. However, little is known about clinical profile of users seeking treatment. Studies into Internet or gaming disorders typically employ internet survey methods or use student samples. The current presentation will outline demographic and clinical features of video gamers receiving treatment at the CJE.

Method: Data were collected from the medical records of 57 video gamers seeking treatment at the CJE between 2003 and 2012.

Results: The sample includes 93% men, mostly single (91%), with an average age of 25 years ± 7 . On average the sample spent 9 hours ± 5 per day playing video games. A disorder had emerged an average of 3 years ago ± 3 . The crisis preceding the first consultation was familial (50%), emotional (29%) or professional (16%). 65% of the sample had a mood disorder and 20% reported suicidal ideations.

Conclusions: Our results suggest that the treatments should address comorbidities and family problems associated with video game disorders. Further research is needed to evaluate clinical features of individuals with Internet disorders. Studies should include clinical and general population samples.

NEUROBIOLOGICAL CHARACTERISTICS OF TEENAGE INTERNET ADDICTION: A RESTING STATE EEG STUDY

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Educational Objectives: Internet addiction(IA) is considered as a subcategory of addiction disorders, analogous to substance use disorders or pathological gambling. Frontal lobe is known as the region where associated with addictive behaviour. In the present study, we should be able to demonstrate similarity between brain activation pattern of IA and addiction.

Purpose: In the present study, we purposed to investigate resting state EEG pattern of teenage IA group without any other psychiatric disorders including substance usage problem in order to identify whether they show similar EEG pattern of patients who has substance use disorders or behaviour addiction disorders.

Methods: Ten adolescent patients with IA(mean age 14.5, SD=0.92) and age, sex matched 10 healthy controls participated this study. Resting state EEG record was obtained at 30 sites of whole scalp. Resting state EEG was recorded on both eye opened and eye closed condition.

Results: In comparison with control group, IA group shown significant higher beta(15~30Hz) and gamma(30~40Hz) amplitude in frontal and temporo-parietal area. Also, parieto-occipital gamma amplitude of IA was significantly higher than control group.

Conclusions: In the present study, adolescent IA group shows elevation of beta and gamma EEG amplitude at frontal, temporo-parietal, and parieto-occipital scalp areas. This activation pattern is similar to substance use disorder and pathological gambling. Thus, the results suggest that IA could be regarded as a subcategory of addiction disorder.

COMPARATIVE PSYCHOPATHOLOGICAL PROFILE OF AFFECTIVE DEPENDENCE DISORDER PATIENTS WITH OR WITHOUT COMORBID SUBSTANCE ABUSE

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Educational Objectives: At the conclusion of this presentation, the participants should be able to recognize the differences between the psychopathological profiles of patients diagnosed with Affective Disorder with or without substance abuse.

Purpose: The purpose of this work is to compare the pathological profile of a sample of patients diagnosed with Affective Dependence with and without substance abuse (cannabis and/or cocaine).

Methods: We analysed the symptomatic profile of a sample of 16 women consecutive patients diagnosed with Affective Dependence without substance abuse, compared with 12 women consecutive patients diagnosed with Affective Dependence with substance abuse (cannabis and/or cocaine). The patients were assessed with the Symptom CheckList-90 items-Revised (SCL-90-R) and a semistructured clinical interview.

Results: Patients with substance abuse present higher scores on all SCL-90-R scales. The scales Hostility and Paranoid Ideation differ significantly in both groups. Other scales (namely Anxiety and Global Severity Index) are near signification.

Conclusions: The literature shows that in most of psychopathological cases the presence of comorbidity with addictive disorders is crucial, because it worsens the symptoms and course of both disorders (Hanna & Grant, 1997). The results of our work are in concordance with these data. Women diagnosed with Affective Dependence and comorbid substance abuse had greater psychopathology than patients without it. Clinical treatments should be designed taking that variable into account.

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DEPENDENCIA EMOCIONAL: LA ADICCIÓN COMPORTAMENTAL QUE PODRÁ INTEGRARSE EN LA PATOLOGÍA DUAL ?

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Objetivos: El estudio que presentamos se enmarca en el entorno de adictos que sufren adicciones y se compararan con mujeres que padecen también estas adicciones y contrastando con las parejas de los adictos. Y además encontramos que manifiestan parámetros de Dependencia Emocional, Trastornos de personalidad y Depresión en algunos casos. Analizaremos la presencia de Trastornos Psicopatológicos relacionados con la Dependencia Emocional en adictos (hombres y mujeres) y parejas de adictos. Relacionaremos e indagaremos sobre el constructo de Trastorno de la Personalidad y Depresión interrelacionado con Dependencia Emocional, en estos grupos.

Material y método: En la investigación se pasan tres Test, TDS-100 (mide Dependencias Sentimentales), SCID-II (mide Trastorno de Personalidad), CES-D (mide Depresión), en dos sesiones de dos horas. La muestra fue de s. Se realizó un análisis de contingencias entre los grupos.

Resultados: A lo largo de nuestra investigación hemos podido comprobar que la Dependencia Emocional se da más en mujeres Adictas que en parejas de adictos. Y que la mujer adicta padece más Dependencia Emocional que el hombre adicto. En los diferentes grupos ha sido analizada la existencia o no de Trastorno Depresivo. Entre las personas con diagnóstico de Depresión la relación es estadísticamente significativa. Así encontramos que en el grupo de Adictas hay mayor Trastorno Depresivo que en el grupo de parejas de adictos. En el grupo de adictos encontramos que hay menos Trastorno Depresivo que en mujeres adictas. En cuanto al Trastorno de la Personalidad encontramos que existe menos Trastorno de la Personalidad en adictos que en adictas. Además existe menos Trastorno de la Personalidad en parejas de adictos que en mujeres adictas.

Conclusiones: En mujeres Adictas existe mayor Dependencia Sentimental. En mujeres Adictas existe una mayor prevalencia de Depresión. La comorbilidad de los Trastornos de personalidad y Depresión es mayor en mujeres Adictas. La comorbilidad entre Dependencia Sentimental y Depresión es mayor en mujeres Adictas. La dependencia emocional es una adicción comportamental que se encuentra integrada dentro de la patología dual.

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Comorbid depression interferes with emotional regulation in adolescents with internet gaming disorder

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Purpose: Internet gaming disorder is a pattern of excessive and prolonged internet gaming that results in a cluster of cognitive and behavioral symptoms, analogous to substance use disorder and gambling disorder. The high comorbidity between internet gaming disorder and other psychiatric disorders has been repeatedly reported, including substance use disorder, attention-deficit hyperactivity disorder, depression and anxiety disorder. We investigated the effects of depression on emotional regulation in adolescents with internet gaming disorder.

Method: We developed an emotion stroop Match- to-Sample task for use in functional magnetic resonance imaging (fMRI) paradigm to investigate how emotional stimuli (angry faces) interfered the performance and blood oxygenation level dependent (BOLD) neuronal activity in adolescents with internet gaming disorder and depression.

Results: In emotionally interfered conditions, there was no difference of reaction time between the internet gaming disorder group and the healthy control group; however, the effect of depression was significant. The healthy control group demonstrated significant BOLD responses to emotionally interfering angry faces in the dorsal anterior cingulate cortex (dACC) and posterior parietal cortex. By contrast, the internet gaming disorder group showed significant BOLD responses to in the anterior insula and fusiform gyrus. Higher depressive scores correlated with higher impulsivity scores and demonstrated negative correlation traits with the strength of the dACC-insular functional connectivity.

Conclusions: These results indicate that comorbid depression contributes to impulsivity and faulty emotional regulation in adolescents with internet gaming disorder.

GAMBLING DISORDER AND CANNABIS ABUSE AS EMOTIONAL COPING STRATEGIES. CASE REPORT

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A literature review is pretended from a Cannabis Abuse and Gambling Disorder diagnosis. The goal of the investigation is to analyze the relation between dysfunctional behavior patterns in addictions and emotional variables, using a vulnerability-stress model. On the one hand, a emotional coping strategy focused on “scape-avoidance” will be evaluated (gambling and cannabis abuse, specifically). On the other hand, several personality features as impulsivity, extroversion, sensations seeking, low problem solving skills and affective disorders will be assessed.

SUBSTANCE USE AND MENTAL HEALTH DISORDERS ARE LINKED TO DIFFERENT FORMS OF INTIMATE PARTNER VIOLENCE

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Educational Objectives: At the conclusion of this presentation, the participants should be able to recognise which forms of intimate partner violence victimisation are associated with comorbid substance and mental health disorders.

Purpose: Substance and mental health disorders convey significant health burden and impair interpersonal relationships; here we test associations between comorbid substance and mental health disorders and different forms of intimate partner violence experienced by young adults.

Methods: A birth cohort of mothers ($n=6703$) and their offspring was recruited in pregnancy to the Mater-University of Queensland Study of Pregnancy (MUSP) at the Mater-Misericordiae Public Hospital, Brisbane, Australia. Mother/offspring dyads were followed over 21 years. MUSP offspring with complete data on psychiatric diagnoses at 21 years and relevant covariates over the life course who reported having had an intimate partnership ($n=1781$) were included. *Emotional*, *physical* and *severe combined* abuses were assessed at 21 years using a summarised form of the Composite Abuse Scale. We used the Composite International Diagnostic Interview to obtain lifetime diagnoses of mental health and substance disorders. Multivariable logistic regression models of each form of abuse were adjusted for family and neighbourhood factors experienced during adolescence, and then for other forms of abuse.

Results: After accounting for other abuse forms, emotional abuse was associated with alcohol ($OR_{AUD}=1.86$; 1.21-2.86), mental health ($OR_{MHD}=1.66$; 1.20-2.30) but not substance use disorders. Physical abuse was associated with substance use disorders ($OR_{SUD}=2.07$; 1.25-3.43) and mental health disorders ($OR_{MHD}=1.56$; 1.11-2.20) but not alcohol disorders. Severe combined abuse was associated with mental health disorders only ($OR_{MHD}=2.68$; 1.16-6.15). These relationships were not gender specific.

Conclusions: Different comorbidities between substance use and mental health disorders are associated with different forms of intimate partner abuse, after adjustment for relevant adolescent confounding factors.

TOXIC HEALTH EFFECTS OF LEAD EXPOSURE IN ADDICTION DISORDERS: A FLUORESCENT X-RAY STUDY (THE LEAD FXS)

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Educational Objectives:

22 million persons are diagnosed annually with substance abuse. Children register lead levels that exceed allowable limits, often sequestered in bone through adulthood. Lead exposure reduces sensitivity in dopaminergic reward circuitry, resulting in increased drug dosage to achieve desired effects. The presentation illustrates connections between lifelong levels of lead toxicants and susceptibility to drug addiction.

Purpose:

This study investigates whether levels of bone lead (using X-Ray Fluorescence or XRF) among cocaine users and a history of lead exposure is associated with increased propensity to drug addiction.

Methods:

Current adult cocaine addicts – (categorized into three groups 25-to-34-year-olds, 36-to-45-year-olds and 46-to-55-year-olds) -- underwent X-Ray Fluorescence to measure lifelong levels of cumulative lead in bone matrix. Each participant also was tested in an extensive neuropsychological battery conducted by a trained clinical psychologist to measure severity of addictive behaviour and history of lead exposure. The procedure was completed in two separate testing sessions.

Results:

Using X-Ray Fluorescence, a measure of long-term lead exposure, we expect lead concentrations will be detectable among these subjects and that lead concentration will be positively associated with the severity of cocaine addiction.

Conclusions:

The proposed objective of this study is to determine the feasibility of measuring bone lead in adults using XRF. Implications of the current study point to the hitherto unknown relationship between environmental exposure to toxicants from childhood and substance use disorder in adulthood. Results from this pilot study will inform a larger study of 240 individuals with alcohol and/or cocaine use disorder and 240 matched controls to examine the risk of addiction associated with cumulative exposure to lead.

Literature Reference

Fishbein, D. H., Todd, A. C., Ricketts, E. P., & Semba, R. D. (2008). Relationship between lead exposure, cognitive function, and drug addiction: pilot study and research agenda. *Environmental research*, 108(3), 315-319.

PSYCHIATRIC COMORBIDITY AMONG INPATIENTS IN AN ADDICTION CLINIC AND ITS RELATIONSHIP WITH THE PROCESS OF ADDICTION

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Purpose: Epidemiological studies find that another axis I and axis II disorders highly comorbid with substance use disorders among adults. This study examined comorbid axis I and axis II disorders in order to investigate their association with sociodemographic variables and relaps among inpatients with substance use disorders.

Methods: Among 403 inpatients, medical record and sociodemographic data of 323 were enrolled to this retrospective study between January 2012-December 2013 in an addiction clinic. Patients were all diagnosed as alcohol and substance abuse/dependence according to DSM-IV TR by two different psychiatrist and comorbidities were also diagnosed by two different psychiatrist and a consultant professor of psychiatry.

Results: Among 323 inpatients with substance use disorder, 240 (%74,3) had another axis I comorbidity and 238 (%73,7) had an axis II disorder. No statistical difference was found between patients with and without an axis I or axis II comorbidity in terms of age, year of education, marital status, occupation, duration of drug use, rate of relaps in 6 months and rate of drop out. Comorbidity of an axis I and or axis II disorder raised the number of hospitalization, comorbid axis I disorder prolonged the duration of hospitalization where as axis II disorder effected inversely. Also inpatients with an axis II comorbidity had more illegal issues and shorter duration until first use after treatment than inpatient without the comorbidity.

Conclusions: Comorbidity of substance use disorders and other axis I and axis II disorders are very common. Patients with dual diagnose use health services more often and have legal issues than patients with substance use disorders only. Comprehensive care and treatment is needed for dual diagnosed patients.

Keywords: Substance use disorder, addiction, comorbidity, axis I, axis II

References

1. Buckley PF, Brown ES. [Prevalence and consequences of dual diagnosis.](#) J Clin Psychiatry. 2006;67(7):e01.
2. Flynn PM, Brown BS. Co-occurring disorders in substance abuse treatment: issues and prospects. Journal of Substance Abuse Treatment, 2008;34(1): 36–47.

IMPACT OF HEPATITIS B (HBV) / C (HCV) VIRUS CO-INFECTION ON THE SURVIVAL OF SCHIZOPHRENIC PATIENTS WITH CO-OCCURRING SUBSTANCE USE DISORDERS FOLLOWED FOR 12 YEARS

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Educational Objectives: At the conclusion of this presentation, the participants should be able to recognize that schizophrenic dual disorders patients with HBV/HCV coinfection are at particularly low risk of long term survival.

Purpose: The study objective was to determine the impact of HBV/HCV co-infection on the long-term survival of schizophrenic patients with co-occurring substance use disorders.

Methods: Charts of 223 subjects admitted from January 1, 2002 to May 31, 2006 were assessed. The Kaplan-Meier survival analysis was used to estimate the cumulative survival rates. The association between HBV/HCV and mortality was estimated using the Cox proportional-hazard regression models, with adjustments for potential confounders. The main outcome was all-cause mortality. Median observation time was 10.3 years.

Results: Total all-cause 11-year, unadjusted mortality was 18.0% in population with no viral hepatitis (VH) infection (n=185; 83.0%), 66.7% in population with HBV monoinfection (n=3; 1.3%), 50.0% in population with HCV monoinfection (n=28; 12.6%), and 64.3% in population with HBV/HCV co-infection (n=7; 3.1%), $p<.00001$, log rank test.

In Cox regression, the adjusted hazard ratio was 4.22 (95%CI 1.00-18.63; $p<.05$) for the HBV, 4.24 (95%CI 2.13-8.47; $p<.00001$) for the HCV, 6.18 (95%CI 2.01-19.01; $p<.0015$) for the HBV/HCV, all vs. no VH-infection.

Conclusions:

- The high mortality of schizophrenic dual disorders patients with HBV/HCV necessitates new approaches to secondary and tertiary prevention to reduce the burden of chronic liver disease and to improve survival for those who already have evidence of liver disease.
- The strong adverse effect of HBV/HCV on survival should encourage clinical trials including schizophrenic dual disorders patients on whether patients benefit from treatment choices.
- It is essential that adequate resources and strategies are targeted to the schizophrenic dual disorders patients with HBV/HCV.

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CLINICAL IMPROVEMENT ON DUAL PATIENTS: WHAT CHARACTERISTICS IT DEPENDS?

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Objectives: According to psychopathological severity improvement measured by Global Assessment of Functioning (GAF) scale we firstly differentiate two groups in a sample of dually diagnosed patients: those who had 16 or more points on GAF variation score during hospitalization (higher improve or HIGH) and those who had less GAF variation score (lower improve or LOW). Then we describe differential characteristics between both groups.

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. All analyses were performed using SPSS software (SPSS Inc, Chicago, Ill).

Results: The overall sample included 769 subjects (400 of HIGH group and 369 of LOW group). Predominantly male (71,69%) with a mean age of 39,24±9,9 years and duration of admission of 19,03±18,9 days.

Most prevalent non-SUD psychiatric disorders were psychotic disorder (41,64%), personality disorder (38,67%) and depressive disorder (8,31%). Main drug of abuse was alcohol (40,41%), closely followed by cocaine (31,79%).

Most frequent dual diagnosis were psychotic disorder + alcohol (14,15%) and personality disorder + alcohol (13,64%). Main reason for admittance were hallucinations/delusions (34,77%) and conduct disorder (24,72%).

LOW subjects had some significant differences versus HIGH group (Table 1 and Table 2). Higher proportion of unemployment (90,5% vs. 79,4%; $p < 0,001$) and a higher length of stay were observed (17,6±23,8 vs. 22,4±15,1; $p < 0,001$). Hallucinations/delusions were the most prevalent condition at admission (54,8% vs. 37,9%; $p < 0,001$).

LOW group was also characterized by superior prevalence of personality disorder and upper scores in spiritual acceptance as personality profile. No differences were seen on other psychopathological conditions.

With regard to substance use, in the LOW group had higher prevalence of opioid SUD (23,5% vs. 16,3%; $p = 0,012$). Problematic alcohol use started earlier in these subjects (20,9±7,3 vs. 22,7±8,8; $p = 0,013$) and cocaine maximum time of abstinence (45,9 ± 60,6 vs. 32,7 ± 46,3 ; $p = 0,012$) and cocaine cumulative abstinence (57,7± 67,1 vs. 39,9 ± 51,6; $p = 0,003$) were higher in LOW group patients.

In relation to treatment characteristics, LOW subjects were characterized by a prescription pattern at discharge showing upper doses of benzodiazepines (29,2 ± 47,3 vs. 20,6±39,5; $p = 0,006$) and also a higher number of psychotropic drugs at release (2,4±1,0 vs. 2,2±0,9; $p = 0,002$).

Conclusions: Those patients admitted in a dual diagnosis unit with lower improvement on clinical severity along an inpatient care program showed higher prevalence in personality disorder, opioid use disorder and hallucinations or delusions were the psychopathological most frequent presentation at admission, staying finally longer in hospitalization. They also needed upper doses of benzodiazepines and higher number of psychotropic drugs at discharge.

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DUAL PATHOLOGY IN SPECIALIZED EMERGENCY CARE IN A RURAL AREA

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Objectives: To identify the toxic substances -tobacco excluded- found in patients with dual pathology disorders admitted to the emergency psychiatry unit of a rural area in Spain.

Material and Methods: A retrospective, descriptive epidemiological study of patients with dual pathology admitted to the emergency psychiatry unit of a hospital of rural area in Spain between 2009 and 2014.

Diagnosis was performed basing on the patient's clinical and medical history and on examination at the emergency unit performed according to DSM-IV TR diagnosis criteria.

Results:

1- Of the total patients admitted to our hospital during the study period, as many as 306 had a dual pathology:

- Two or more substances: 42.5 % (including alcohol in 80% of cases)
- Alcohol: 38.88 %
- Cannabis: 13.4 %
- Cocaine: 5.22 %

2- Substance-related disorders grouped by pathology are distributed as follows:

a) Schizophrenia and other psychotic disorders: 22.55% of the total sample.

- Two or more substances: 47.82 (including alcohol in near 80%)
- Alcohol: 14.5 %
- Cannabis: 36.23 %
- Cocaine: 1.44 %

b) Mood disorders: 62.74%

- Two or more substances: 42.7% (including alcohol abuse in near 80%)
- Alcohol: 46.4 %
- Cannabis: 5.2 %
- Cocaine: 5.7 %

c) Adjustment disorders and anxiety disorders: 14.7%

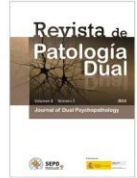
- Two or more substances: 33.33 % (including alcohol abuse in near 80%)
- Alcohol: 44.44 %
- Cannabis: 13.33 %
- Cocaine: 8.88 %

Conclusions: The patients with dual pathology admitted to our emergency unit were more likely to have disorders related to the abuse of alcohol alone or in combination with other substances. Patients with mood, adjustment and anxiety disorders were generally alcohol abusers. However, schizophrenia was found to be more frequently associated with the use of cannabis (1)

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EPIDEMIOLOGIC ANALYSIS OF TRAFFIC ACCIDENTS AND THE CONSUMPTION OF SUBSTANCES BY COLOMBIAN DRIVERS

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¹ Universidad Nacional de Colombia

² Universidad El Bosque

The World Health Organization's report on The Prevention of Trauma Caused by Traffic declares that injuries from traffic accidents are a global public health problem. Statistics project that by the year 2020, traffic accidents will be the third leading cause of death worldwide (PNSV, 2013). The objective of this research was to identify through a mental and physical health questionnaire, the number of accidents and traffic violations, certain levels of anger, stress, and indicators of physical health, which were then compared with self-reported habits like smoking and/or alcohol consumption. The sample consisted of 500 Colombian drivers, which were professional (146), occasional professional (76), and particular driver (248). Of these, 407 were male and 75 were female. Those involved participated in a cross-sectional study in the second half of 2014. A correlational analysis showed significant positive associations between alcohol consumption and reported levels of stress and global scores in aggressiveness. Additionally there was a relationship between alcohol consumption and cigarette smoking. Also, more penalties in the last two years were correlated with more accidents, worst scores in health and higher levels of stress.

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PNSV, Plan Nacional de Seguridad Vial (2013-2021). Policía Nacional, Ministerio de Transporte, Secretaria de Movilidad.

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EPIDEMIOLOGICAL PROFILE OF USERS OF ALCOHOL AND OTHER DRUGS IN BARBACENA, MINAS GERAIS, BRAZIL

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Objectives: To identify the epidemiological profile of users of alcohol/other drugs in the city of Barbacena, Minas Gerais.

Methodology: Cross-sectional study, using the information obtained from the records of patients seen in a public psychosocial service. Results: 204 records were evaluated, with 82.4% of male patients. The age ranged from 14 to 74 years (41.6 ± 12.5 years); 70% of users started using alcohol in adolescence. Regarding marital status, 42.6% were single, followed by married (25%). With regard to schooling and profession, 87.5% had less than eight years of study and 41.2% were unemployed, retired or were beneficiaries of social security. The majority (65.5%) were using only alcohol and the remainder used multiple substances (25.3% of crack users). Regarding psychiatric history, 32.8% reported some type of treatment (outpatient or hospital). More than 80% of patients were receiving drug treatment and the majority (61.3%) were taking two or more psychotropic drugs. For all the variables studied, there was no significant differences between genders.

Discussion: drug addiction is a major problem of public health. About 10% of the population in urban centers around the world make abusive use of some psychoactive substance, regardless sex, age, social background and education. The most commonly used are alcohol and tobacco, because they are seen as legal drugs, encouraged by the media, and of easy availability and acquisition. Three-quarters of patients started to use alcohol in youth, a vulnerability period for heavy alcohol use in the future and for the development of psychiatric disorders. With regard to social status, studies shows that people of low social status have increased risk of consuming alcohol. Because the most of patients make use of alcohol indicates the need to strengthen public policies on the issue, not only prioritize the issue of crack as has been happening in the country.

IS SUBSTANCE MISUSE EQUIVALENT IN PERSONALITY DISORDERS AND SCHIZOPHRENIC PATIENTS? FINDINGS FROM A HIGH SECURE HOSPITAL AND CLINICAL IMPLICATIONS

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Educational Objectives: Substance Misuse (SMU) is widely prevalent in mentally disordered offenders. It is linked with violence and offending. However, there is a scarcity of literature that focusses on patients within a high secure setting. This is the first study comparing SMU and its clinical correlates in PD with that of MI. This study's educational objective was to determine the magnitude and identify different treatment needs in patients with a primary diagnosis of personality disorder (PD) as compared with mental illness (MI) and treat accordingly

Purpose: To determine the extent and severity of SMU and corresponding treatment need in patients with a primary diagnosis of personality disorder (PD) as compared with mental illness (MI) in a high secure hospital.

Methods: Extent and severity of past substance use, its role in mental disorder and offending and SMU treatment history and future need was ascertained via a questionnaire, completed for each patient by the responsible clinician.

Results: A return of 230 questionnaires (95% response rate) revealed 88.6% of patients had a history of SMU, with alcohol and cannabis the most common. At least one substance had been abused by 74.3%. In two-thirds, SMU was linked with onset of mental health problems and symptom exacerbation including violence. Interestingly, those with a diagnosis of MI as compared with PD were more likely to have used substances (93.3% vs 81.9%) and more likely to need treatment for SMU (64.3% vs 36.8%). In MI, SMU was more likely to be linked with violence and index offence (74.3% vs 59.0%).

Conclusions: This study substantiates existing evidence that SMU contributes to mental health problems and criminogenic behaviour. However our findings are novel; they characterise differences within this context between PD and MI and furthermore, in a forensic setting of high security. The importance of assessing and treating SMU is clear but it is imperative that this is adapted to the needs of the patient, both to successfully rehabilitate as well as reduce risk. This will necessarily impact on service provision

A STUDY OF THE RELATIONSHIP BETWEEN PREMENSTRUAL DYSPHORIC DISORDER AND MATERNAL PSYCHIATRIC STATE IN POSTPARTUM PERIOD

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Educational Objectives: Researchers in perinatal mental health have hypothesized that some women who have premenstrual dysphoric disorder will be prone to the development of depressive symptoms during early postpartum period. But there are few prospective studies which support these associations between premenstrual dysphoric depression and the development of postpartum mood state.

Purpose: We compiled a longitudinal assessment of maternal depression at three times in pregnancy and postpartum period for women who were also asked if they had experience any premenstrual dysphoric disorder before pregnancy.

Methods: A prospective questionnaires survey of 93 women was carried out in three points (late pregnancy, 5 days postpartum and 1 month after delivery) at Mie University hospital. They were assessed by self-rating questionnaires (Hospital Anxiety and Depression Scale, HADS), Edinburgh Postnatal Depression Scale, EPDS). In addition, Stein' maternity blues scale has been also distributed during the first 5 days after parturition. Premenstrual dysphoric disorders were assessed using the premenstrual symptom screening tool (PSST).

Results: The incidence of women with PSST was 6.5% (8/93). The subjects were divided into PMDD group and non-PMDD group. There were no significant differences in age, occupation, and parity between those two groups. Although the women with PMDD group before pregnancy showed significantly higher HADS scores ($p < 0.05$) and EPDS scores ($p < 0.05$) in late pregnancy than those without it. In addition, women with PMDD group in 5th day postpartum showed significantly higher Stein's scores ($p < 0.05$), HADS scores ($p < 0.05$) and EPDS scores ($p < 0.05$). There was no difference of HADS & EPDS scores after one 1 month postpartum between two groups.

Conclusion: This suggest that premenstrual dysphoric disorder might significantly increase as women's opportunity to developing depressive or anxiety state in late pregnancy and immediate after delivery.

Literature Reference:

Melissa M et al: Examination of premenstrual symptoms as a risk factor for depression in postpartum women. Arch Womens Ment Health. 16:219–225, 2013

SUICIDAL BEHAVIOUR AND OTHER PSYCHIATRIC COMORBIDITIES AMONG PEOPLE WITH BORDERLINE PERSONALITY DISORDER IN INDONESIA

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Educational Objectives: At the conclusion of this presentation, the participants should be able to identify suicidal behaviour and other comorbidities among people with borderline personality disorder (BPD) and manage treatments to optimize their quality of life.

Purpose: To determine suicidal behaviour, other psychiatric comorbidities, and the management among people with BPD in Indonesia.

Methods: Literature review using “suicidal behaviour”, “psychiatric comorbidities”, and “borderline personality disorder” as keywords.

Results: It is reported that the number of suicide victims in Indonesia attained 1,6 to 1,8 per 100.000 people. BPD is an obvious risk factor for suicidal behaviour. The number of suicide death in BPD varies between 3-10%, higher than general population. The common models of this suicidal behaviour are drugs overdose, speeding, cutting, burning, head banging, biting, hair pulling, and acting dangerously. The intention of the behaviour is to feel physical pain, relieve tension, establish control to self, ensure security, and search for ecstasy. Mood disorders, anxiety, eating disorder, dissociative disorder, somatoform disorder, and other personality disorders often accompanied as comorbidities, making the diagnosis for BPD is hard to be defined. In eastern culture, particularly in Indonesia, assessing BPD could be more difficult. Suicidal behaviour is often considered only as accident. Treatment is focused on suicidal behaviour first. Comprehensive treatments include pharmacotherapy and psychotherapy, particularly dialectical behavioural therapy.

Conclusions: It is important for clinicians not only to focus on the suicidal behaviour itself but also to view the possibility of BPD and its comorbidities underlined the behaviour.

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EVALUATION OF SUICIDE ATTEMPTS IN DUAL DISORDER PATIENTS AT GETAFE UNIVERSITY HOSPITAL

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Purpose: Suicide is a major public health concern. This study is aimed to describe the different factors related to suicide attempts in dual disorder patients and to compare suicide attempts with other psychiatric diagnoses.

Methods: Observational, descriptive, transversal, retrospective study from October 2012 to February 2014. A total of 214 suicide attempts were evaluated in that period by the psychiatric emergency service at Getafe University Hospital.

Results: 25 patients met criteria for a diagnosis of a dual disorder, 18 of them were male (72%). The most frequent method was drug overdose (64%), followed by defenestration (16%), self-cutting (12%) and burning (8%). Five of them (25%) were admitted to the acute psychiatric ward whereas twenty patients (75%) were discharged.

Conclusions: Many studies have focused on the risk factors of suicide and the association with different psychiatric illnesses. Our study shows a low number of cases, nevertheless the results are similar to other, finding higher rates of suicide attempts in dual disorder patients as well as higher lethality of their suicide methods and more psychiatric hospitalization rates after the attempt.

CREENCIAS SOBRE LA CONDUCTA SUICIDA EN UNA MUESTRA DE PROFESIONALES SANITARIOS

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Objetivos: El objetivo del presente estudio fue evaluar si las creencias y las actitudes de una muestra de profesionales sanitarios diferían de las aportadas por una muestra de la población general.

Material y Método: Realizamos un análisis descriptivo, para evaluar las diferencias existentes en las actitudes hacia la conducta suicida de dos muestras de la población: Profesionales sanitarios. Población general/ no sanitarios. Para ello se administró una escala ordinal sobre los factores de riesgo de la conducta suicida y el Cuestionario de Creencias Actitudinales sobre el Comportamiento Suicida (CCCS-18) que evalúa cuatro aspectos diferentes relativos a las actitudes del encuestado sobre: La legitimación del suicidio. Suicidio en enfermos terminales. Aspectos morales de la conducta suicida. Propio suicidio.

Resultados: Sólo se encuentran diferencias significativas en relación a la actitud que presentan profesionales sanitarios y no sanitarios frente al suicidio en enfermos terminales, siendo menos aceptado entre los primeros. En el resto de factores evaluados las diferencias no son significativas, aunque existe mayor aceptación de la legitimación del suicidio entre la población general que entre los profesionales sanitarios.

Conclusión: Se observa mayor aceptación del suicidio en enfermos terminales por parte de la población general que por los profesionales sanitarios, lo que podría explicarse por la tendencia provida de estos últimos, determinada por su labor profesional. En relación al propio suicidio, los datos no indican diferencias significativas.

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¿CUÁLES SON LOS FACTORES CON LOS QUE RELACIONA LA POBLACIÓN GENERAL EL SUICIDIO?

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Objetivos: El objetivo del presente estudio fue evaluar las creencias actitudinales relativas al comportamiento suicida en una muestra de la población general.

Material y Método: A los participantes del estudio se les administró el CCCS-18. La participación fue voluntaria y los sujetos se identificaron mediante claves numéricas, manteniendo una estricta confidencialidad en el tratamiento y uso de los datos obtenidos. Los psicólogos responsables de la evaluación dieron las instrucciones y aclararon las dudas a los sujetos. Se insistió en la sinceridad de las respuestas, con el fin de maximizar la validez de la información obtenida. Tras recoger la información se realizaron los análisis estadísticos mediante el SPSS.

Resultados: La puntuación más alta se ha presentado en el factor “suicidio en enfermos terminales”, seguido de “legitimación del suicidio” y factor “propio suicidio”. La más baja fue la obtenida en el factor “dimensión moral del suicidio”.

Conclusión: Los datos obtenidos corroboran la existencia de una actitud generalizada desfavorable hacia el suicidio. Los resultados también son consonantes con lo recogido en la literatura acerca de la aceptación de la conducta suicida condicionada a ciertas situaciones específicas. El estudio alerta acerca de la importancia de conocer el posicionamiento de los sujetos respecto al suicidio como un factor de alto poder predictivo para la propia ideación y tentativa suicida.

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SUICIDE BEHAVIOUR HISTORY IN PATIENTS ADMITTED IN A DUAL DIAGNOSIS INPATIENT UNIT

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Purpose

Suicidal behavior is the most common and serious psychiatric emergency and hospitalization should be taken in consideration. Psychiatric illness is the major contributing factor, in special major depression and alcohol or other substance use disorders. Patients with previous history of suicidal behavior have a great risk to re-attempt.

The objective of this study is to describe the characteristics of the dual diagnosis patients admitted who had history of suicidal behavior in comparison to patients without self-harm history.

Methods

Setting was a Dual Diagnosis inpatient Unit. Data on demographic, family, and clinical factors was collected among subjects admitted at the Unit between September 2007 and 2012. Psychiatric diagnosis was obtained according to DSM-IV-R criteria. Descriptive statistics and group comparison were performed using SPSS software (SPSS Inc, Chicago, Ill).

Results

A total of 975 patients were included and divided in two groups depending on previous history of suicidal behavior (342 vs 633). Those with history of previous attempts had: great proportion of women (38% vs 23%), more family history of any psychiatric disorders (53% vs 39%) and substance addiction (59% vs 38%). A 35% of these patients were admitted for new suicidal behavior (11% in the other group). Personality disorders (48% vs 24%) and substance use disorder for cocaine, cannabis and opioids were significantly major in this group. They have more prescriptions of antidepressants and anticonvulsives. Fewer days of hospitalization and GAF scores were higher.

Conclusions

In this sample, factors related to history of previous self-harm are being female, had previous familiar history of psychiatric disorders including substance use disorder, previous personal history of personality and substance use disorders. However these patients had a better evolution.

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THE ROLE OF DECISION-MAKING IN SUICIDE ATTEMPTS IN PATIENTS WITH SCHIZOPHRENIA AND COMORBID SUBSTANCE USE DISORDER

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Objectives:

High rates of suicide attempts in dual diagnosis (DD) have been widely described. However, few studies have investigated neuropsychological deficits in DD suicide attempters. In studies with schizophrenic patients (SZ) no differences have been found in neuropsychological performance between suicide attempters and non attempters^{1,2}. The aim of this work is to explore the decision-making in DD patients with and without suicide attempts.

Methods: We studied decision-making by the total score and 5 blocks of 20 consecutive trials of Iowa Gambling Task (IGT) in 43 male patients (36.16 ± 7.46) with SZ and comorbid substance use disorder. All of them were mostly polyconsumers. Patients were divided into 2 groups considering the existence or not of previous suicide attempts: DD suicide attempters (DD+; N=23) and DD non-suicide attempters (DD-; N=22). Intergroup differences in total score and in the 5 blocks of IGT were examined by MANCOVA using age as a covariate. Moreover, we conducted repeated measures to observe the learning curve.

Results: We obtained significant differences between groups. The DD+ group performed worse than DD- group in total score of IGT ($F=5.73$; $p=0.02$; $\eta^2=0.120$). When the 5 blocks were separately analysed, significant differences between groups emerged in block 5 ($F=5.60$; $p=0.02$; $\eta^2=0.118$). Moreover, we obtained significant differences between groups in learning curve ($F=4.62$; $p=0.04$; $\eta^2=0.099$) showing a worse pattern of decision-making in DD+ group.

Conclusions: Our results suggest that decision-making could be a risk factor for suicide attempts in DD patients. Therefore, patients who are not able to make good decisions due to poor orbitofrontal functioning commit more suicide attempts. However, further studies are needed to support these preliminary results.

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SUICIDAL BEHAVIOR AND DUAL PATHOLOGY IN A RURAL AREA

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Introduction: Suicidal behavior is a complex phenomenon involving biological, cultural, psychological and relational factors. Mental illness is the main risk factor for suicide, especially when it co-occurs with other factors (1) Frances & Milles (2) observed that substance abusers were four-fold more likely to commit suicide than the general population. Five to twenty-seven percent of deaths in alcohol abusers are due to suicide.

Objectives: To identify the toxic substances more frequently related to suicide behaviors in patients diagnosed with dual pathology in a rural area.

Materials and Methods: This is a retrospective, descriptive epidemiological study of suicide behavior in patients with dual pathology diagnosed according to DSM-IV TR admitted to the emergency psychiatry unit of a hospital in a rural area of Spain 2009-2014.

Results: The study included 175 patients with dual pathology admitted to our emergency unit for suicidal behavior.

a) Suicidal thoughts (verbalized suicidal ideation without attempt): 26.85% of the total sample. The disorder was caused by the abuse of:

- Alcohol in 44.68% of patients
- Cannabis in 6.38% of patients
- Cocaine in 4.25% of patients
- Two or more substances: 44.68%

b) Suicidal attempt/attempted suicide: 73.14%. The disorder was caused by the abuse of:

- Alcohol in 53.12% of patients
- Cannabis in 3.125% of patients
- Cocaine in 7.03 % of patients
- Two or more substances in 36.71% of patients

Discussion: The results obtained confirm that there is a close relationship between substance-related disorders in subjects with a co-occurring mental illness and suicidal behavior. Considering substance abusers, 80% of patients expressing suicidal thoughts of attempting suicide are alcohol abusers.

Strategies to prevent suicide among substance abusers should be prioritized both, at national and at individual level (appropriate evaluation, diagnosis and treatment) through the development of effective mental health policies.

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SUICIDE RISK IN ASSOCIATION OF ALCOHOL AND DEPRESSION: A CASE REPORT

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Purposes: Generally, men are more likely to not admit that suffer emotional problems. Instead of this fact, they are more likely to hide their symptoms under alcohol. What they may not know is that this dual association has a negative effect on the progress of mental disorder.

Method: this study is about the evolution of the association of alcohol addiction and depression. Regarding this case, we can see a tragic outcome of this association.

Results: He is forty two years old with chronic alcohol dependence. He started with depressive symptoms three years ago, due to a car accident in the context of intoxication; he has been stabilized in antidepressant treatment. He suffers a spinal cord injury that results in paraplegia. Four months ago after a breakup, he gradually begins to decrease social and leisure activities, isolating at home. Also, the patient recognizes a worsening of mood and a increase of alcohol consumption. He makes a suicide attempt by a multiple stab wounds to the abdomen and right thigh, causing a hemorrhagic shock. The patient recognizes that he has been hearing his own voice ordering himself during last few weeks.

Conclusion: The occurrence of both disorders is common, and the relapse in alcohol can be a trigger for depression. This association has a high risk of suicide, whereby a comprehensive therapeutic approach is still needed.

PATOLOGÍA DUAL EN UNA MUESTRA DE PACIENTES CON RIESGO SUICIDA

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Objetivos: Evaluar la presencia de patología dual en una muestra de pacientes con riesgo suicida.

Material y Método: Se han recogido datos sobre la presencia concomitante de un Trastorno por consumo de sustancias y otros Trastornos psiquiátricos (siguiendo criterios DSM5), en una muestra de 28 pacientes con riesgo suicida, que han sido atendidos en el Centro de Salud Mental de Retiro y evaluados para su posible inclusión en un programa específico de atención y prevención del riesgo suicida.

A partir de los datos obtenidos en una entrevista clínica semiestructurada, se ha realizado un análisis de frecuencias utilizando el programa SPSS Statistics v.20

Resultados: De los pacientes evaluados se ha encontrado presencia de patología dual en un 55,6%. De entre los trastornos psiquiátricos concomitantes los más prevalentes en la muestra ha sido: Trastornos de adaptación (46,7%), Trastornos de la personalidad (20%) y Trastornos depresivos (13,3%), siendo la comorbilidad más elevada la de Trastorno por consumo de tabaco y Trastorno de adaptación (25% del total de la muestra)

Conclusión: Los datos obtenidos muestran que la prevalencia de patología dual es elevada entre los pacientes con riesgo suicida, lo que supone implicaciones clínicas relevantes en el pronóstico y abordaje terapéutico de éstos pacientes.

TRASTORNO POR CONSUMO DE SUSTANCIAS EN UNA MUESTRA DE PACIENTES CON RIESGO SUICIDA

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Objetivos: Describir y cuantificar el consumo de sustancias en una muestra de pacientes con riesgo suicida.

Material y Método: Se han recogido datos sobre consumo actual y previo de sustancias en una muestra de 28 pacientes con riesgo suicida, atendidos en el Centro de Salud Mental de Retiro, que han sido evaluados para su posible inclusión en un programa específico de atención y prevención del riesgo suicida.

A partir de los datos obtenidos en una entrevista clínica semiestructurada, se ha realizado un análisis de frecuencias utilizando el programa SPSS Statistics v.20

Resultados: De los pacientes evaluados, se han encontrado datos de consumo de sustancias en el 64%. De éstos, las sustancias más consumidas son el tabaco (46%) y el alcohol (50 %). Entre los consumidores de estas sustancias, cumplen criterios de Trastorno por consumo: un 26 % para el alcohol y un 46% para el tabaco.

Conclusión: Un elevado porcentaje de la muestra presentaba un trastorno por consumo de tabaco y alcohol, sin que se hayan encontrado datos significativos de consumo de otras sustancias. A medida que aumente el tamaño muestral, se espera poder realizar un estudio más exhaustivo.

Revista de Patología Dual



DRUG USE IN ADOLESCENT OFFENDERS OF CASTILE AND LEÓN, SPAIN: ANALYSIS OF THE DRUG USE BEFORE THEIR INTERNMENT IN THE REGIONAL JUVENILE REFORMATORY

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Introduction:

Juvenile offenders are the adolescents and youths between 14 and 18 years old, who have transgressed the criminal law and are at Juvenile Justice Service's. Drug abuse is a very common practice among this population, therefore, we think they could be vulnerable for drug use.

Objective:

To describe the drug use previous to their internment in the Juvenile Reformatory of the Castile and León region, Zambrana.

Method:

Transversal descriptive study.

Background: 55 subjects between 14-22 years (49 men, 6 women). 6 therapeutic internments. They were internal in the Juvenile Reformatory.

Youths were assessed using psychiatric interviews. Some of them were tracked by drug treatment participation in ACLAD and in a psychiatry consultation.

Results:

Age average: 17 year-old (IR:16-18).

72.7% (40) used drugs. 63.6% used cannabis, 40% alcohol, 9.1% cocaine, 9.1% speed and 3.6% MDMA.

100% therapeutic internments used drugs.

The 82.9% of cannabis users were under psychiatric treatment ($p < 0.001$), 40% with pills ($p < 0.001$) and 54.3% were tracked by an anti-drug association (ACLAD) ($p < 0.001$). Alcohol did not show parameters with statistically significant.

Conclusions:

Cannabis use is more frequent than alcohol use in our adolescence background. Alcohol use is in a second level with a weekend use. Cannabis use is related to a higher number of specialist consultations (psychiatry and drug association) and pharmacotherapy.

Drugs and delinquency are usually linked. We must pay more attention to prevention of cannabis use in young people through advertisements or youth webs.

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EXPERIENCE IN MENTAL HEALTH CARE IN MARTUTENE PRISON AFTER PRISON HEALTH TRANSFER

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Goals: July 1, 2011 started the transfer of prison health in the Basque Country, in order to guarantee the rights of prisoners as users of health services and their accessibility to health resources. With this transference change, the Basque Health Service (Osakidetza) has covered prisoners' health and social assistance. Thus, the transferred prisons became true health centres, including all assistance and administrative services of any other region primary care centre. Regarding Mental Health attendance, each prison was linked to its corresponding Mental Health Network.

In the case of Martutene Prison (Donostia), it was integrated in the Gipuzkoa Mental Non-hospital of Health Network.

Our experience in this medium began in September 2012. We would like to share our 2-year clinical and personal experience job.

Material and method: We are going to focus on:

- The advantages of integrating the Prison to Osakidetza, regarding Mental Health, by improving attendance, coordination and even prisoners access to all health and hospital Community Resources.

- Features of prison environment and our patients.

Results: We provide information about the most common mental diseases. Moreover we describe the Drug Addiction Psychological Assistance Group Program, which began in April 2013, with the aim of reducing damages, promoting a motivation change and coaching coping skills. Data was collected in a first investigation, which confirmed the effectiveness of said program, with positive changes in different aspects of the patient with addiction problems.

Conclusion:

Mental disorders have higher incidence in prison than between general population. After the transfer of prison health care functions and services from the State Administration to the Autonomous Community of the Basque Country, the prisoners' mental health attendance has improved. However there is still a long way to go.

COMORBIDITY OF YOUNG OFFENDERS AND DUAL PATHOLOGY IN ONE JUVENILE PENITENTIARY OF BARCELONA IN THE YEAR OF 2014

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The **objective** of the study was to assess the presence of comorbid diagnoses of mental and addictive disorders in the Approved school of juvenile justice The Alzina in Barcelona during 2014 and compare it with the adolescent general population.

Methods:

The medical records of 84 young offenders were follow-up for one year. Diagnoses were collected using the ICD 10 and compared the data with the population treated at Mental Health centers of child and adolescent in Catalonia in the same age (1). Comorbidity of mental disorders with substance abuse was studied, considered toxic dependence at the time of entering at the center.

Results:

It is attended by a mental health and / or addiction problem 52% of juvenile offenders compared with 4% in the adolescents in community.

The prevalence of dual pathology, considering that the presence of a current diagnosis of mental disorder and abuse substances disorder different from tobacco use, was 65.47%. A 92.85% of youth met criteria for substance dependence, the most prominent was cannabis (90%) followed by cocaine (19.04%).

There was an association between the diagnosis of dual pathology and substance dependence. The most common mental disorders in dual patients were behavioural disorders, mood disorders, ADHS and psychotic disorders in this order however the most common diagnoses in non-dual patients were anxiety and Mild Mental Retardation.

On the other hand the percentage of young offenders with Several Mental disorder was higher (15,58%) than the patients attended in juvenile mental health service in the community (10,6%).

Conclusion:

There is a high prevalence of patients with dual diagnosis among young prisoners' attended in juvenile justice far above the general population.

It is necessary to extend the study sample with the other centers of the autonomous community of Catalonia in order to obtain more reliable data.

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YOUNG ADULTS IN DUAL DIAGNOSIS TREATMENT: COMPARISON TO OLDER ADULTS AT INTAKE AND POST-TREATMENT

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Educational Objectives: At the end of this presentation, participants will be able to (1) identify relevant differences between young adult substance abusers and their older counterparts, (2) identify important differences in opiate using populations by age, (3) utilize this knowledge design dual diagnoses programs supporting the disparate needs of the compared populations.

Purpose: Data collected from 1,972 clients in residential services were analyzed to investigate differences in use patterns, treatment outcomes and other life area problems between young adults (18-25 years) and older adults (26 and older) in private, residential dual diagnosis treatment in the US.

Methods: Participants completed an Addiction Severity Index (ASI) and the University of Rhode Island Change Assessment (URICA) at baseline, and an ASI and Treatment Services Review at 1 and 6-month post-discharge interviews.

Results: Almost a quarter (24.1%) of participants were young (18-25 years old). They were more likely to be Caucasian, male, and less likely to complete treatment although they had a longer average length of stay. Young adults improved on all outcome measures and post-treatment service use shows significant difference between young and older participants. Additional analysis focusing specifically on opiate users was also conducted. This is particularly relevant due to the rise of opiate use in recent years. Young adult opiate users differed significantly from older adult opiate users on several key indicators. Older opiate using adults appeared to enter treatment with higher levels of severity for alcohol, medical and psychological problems and young opiate using adults present at treatment with greater drug use and more legal issues.

Conclusions: The results of this study suggest different strategies within treatment programs may provide benefit in targeting the disparate needs of younger opiate users. Outcome results at 6 months for all groups demonstrate significant improvement over pre-treatment. Implications for dual diagnosis treatment are discussed.

THE IMPORTANCE OF MULTIDISCIPLINAR EDUCATION IN DUAL DISORDERS

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Objetivos: Los avances en las neurociencias, los estudios epidemiológicos y la experiencia clínica han puesto en evidencia la íntima y significativa relación entre conductas adictivas y otros trastornos mentales (Torrens, 2008). La controversia y el desconocimiento de los profesionales, que deriva en una falta de diagnóstico y tratamiento adecuado, inciden en la elevada morbilidad y mortalidad de los pacientes y en el sufrimiento de sus familias. En los últimos años se ha puesto de manifiesto la importancia de la formación específica de todos los profesionales que trabajen con pacientes con Patología Dual (Torrens, 2008; Szerman, 2012). El objetivo de esta comunicación es presentar la relevancia que dan los profesionales a una adecuada formación en Patología Dual.

Material y Método: En las II Jornadas sobre Patología Dual: "Adicciones y otros trastornos mentales. Esquizofrenia Dual" organizadas en Santander (España) por la Fundación Acorde, los participantes a la misma cumplieron anónimamente un cuestionario de satisfacción al finalizar la formación.

Resultados: El 67% de las observaciones del apartado observaciones/sugerencias ponen énfasis en la importancia de la formación en diferentes disciplinas sanitarias y sociales, no exclusivamente la médica, relacionadas en el tratamiento y abordaje de los pacientes de Patología Dual.

Conclusión: En estas Jornadas se puso de manifiesto la importancia que dan los profesionales a que las formaciones en Patología Dual tengan un carácter multidisciplinar. Es necesario continuar con la formación del profesional, coincidiendo con Szerman (2012).

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ALCOHOL USE DISORDER AND SLEEP DISTURBANCES

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Educational Objectives: At the conclusion of this presentation, the participants should be able to diagnose the presence of sleep disturbances in adults with alcohol use disorder and recognize the importance of management of sleep disturbances in those patients.

Purpose: This study aims to make a literature review about the prevalence and role of sleep disturbances in patients with alcohol use disorder.

Methods: A non-systematic literature review was performed in PubMed about sleep disturbances in adults with alcohol use disorder. Only original articles in English language were included.

Results: Recent studies associated with the neurobiology of sleep in patients with alcohol use disorder have suggested a high prevalence of sleep disturbances in this group of patients and a significant impact of sleep on overall prognosis.

Alcoholics frequently experience prolonged sleep latency, decreased sleep time, decreased rapid eye movement sleep, decreased sleep efficiency, difficulty maintaining sleep, early awakening and non-restorative sleep, which may be also genetically influenced.

On the one hand, individuals with insomnia, in the absence of other psychiatric conditions, are more than twice as likely to develop alcohol use disorder. On the other hand, insomnia is a common symptom among alcoholic patients and can persist for weeks or months during abstinence, particularly among those with comorbid depression. In addition, there is considerable evidence that alcoholics with insomnia are more likely to relapse.

Conclusions: Understanding the course and determinants of sleep disturbances in alcoholic patients may help identify patients at high risk of persistent sleep problems and relapse. The diagnosis of sleep disorders in these patients is a clinical priority, but more studies are needed in this field in order to provide patients an appropriate treatment.

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USE OF TRANSITIONAL OBJECTS IN YOUNG CHILDREN WITH DYSSOMNIA : A CROSS-SECTIONAL TUNISIAN STUDY

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Educational objectives: at the conclusion of this presentation, the participants should be able to advise parents about the use of transitional objects in young children, to limit their conditioning to the mother corporal proximity before bedtime.

Purpose: The purpose of the study was to investigate the use of transitional objects among young children with dyssomnia (0-3 years), and seek a correlation between transitional objects and dyssomnia.

Methods:

The survey was cross-sectional, descriptive and analytical. It was carried out throughout two months from September 15, 2010.

The investigation involved 37 young children with dyssomnia recruited among 110 attending nurseries in Sfax city, via the self-administered questionnaire to mothers (SAQM), translated into Arabic.

The average age was 19.6 months (standard deviation 7.2), and the sex ratio 0.96.

Dyssomnias were identified according to the criteria of dyssomnias infant's classification Nocturnal awakenings, and sleep disorders were respectively 24.54 % and 21.81 %.

Results:

Transitional objects were used in 41.18 % of infants with dyssomnia, without significant difference compared to non-affected children.

The feeding bottle was the most commonly used means to sleep and was inversely correlated with dyssomnia (40 % of cases vs. 72.34 %); as well as suck (15 % vs. 40.42 %).

Conclusions:

The results of the current study suggest that bottle and suck help the child as transitional objects to have a normal sleep, to the extent that they don't undertake a corporal prolonged contact with the mother; unlike what happens when the baby continues to suck out the breast of his mother, even after the end of the feeding. These findings have therapeutic and preventive implications.

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CLINICAL FEATURES OF PATIENTS WITH DUAL DIAGNOSIS AT BRIEF PSYCHIATRIC INPATIENT UNIT

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Objective: The aim of this study was to assess psychiatric comorbidity of patients with dual diagnosis (DD) at the Brief Psychiatric Inpatient Unit of Infanta Cristina Hospital, Badajoz (UHB-HIC) in October 2014.

Material and methods: A descriptive study that retrospectively analyzed a total of 93 medical records of patients admitted at UHB-HIC in October 2014. We collected sociodemographic variables, toxic consumption, comorbid mental and organic pathology and received treatments.

Results: The prevalence of DD in our sample was 66.7%. Of these, we found a male:female ratio of 1.3:1, with an average age of 42.95 years old. Excluding smoking, toxic consumed more frequently (44%) was alcohol. Statistically significant ($p < 0.05$) found a higher prevalence of DD in patients with personality disorders (86%); and DD patients received higher doses of paliperidone palmitate at discharged (175 vs. 125 mg).

Conclusions: More than half of patients admitted at our UHB-HIC during the above period had DD.

- The diagnosis of personality disorder is often associated with higher consumption of toxic substances.
- DD patients required higher doses of paliperidone palmitate at discharge.

As a limitation of our study was not to perform a differentiation between each type of personality disorders.

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NICOTINE USE TRAJECTORIES AMONG CO-OCCURRING COCAINE-DEPENDENT AND ATTENTION DEFICIT/HYPERACTIVITY DISORDER (ADHD) ADULTS TREATED WITH EXTENDED-RELEASE MIXED AMPHETAMINE SALTS (MAS-XR; ADDERALL-XR)

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Educational Objectives: At the conclusion of this presentation, participants should be able to recognize the smoking behaviours in individuals with co-morbid ADHD/cocaine dependence, and the effects of MAS-XR on nicotine use in these individuals.

Purpose: To determine whether cocaine use correlates with nicotine use in ADHD/cocaine dependent individuals, and to examine the effects of MAS-XR on smoking in this population.

Methods: The original randomized, double-blind, 3 group, 14-week placebo controlled trial was conducted at the Substance Abuse and Research Service (STARS) and at the University of Minnesota from April 2007 – April 2013. This secondary analysis targeted treatment seeking adults who met DSM-IV criteria for ADHD, used cocaine ≥ 4 times in the past month at consent, and were cigarette smokers (≥ 1 cigarette per day; ≥ 4 days per week). Participants were randomly assigned to MAS-XR (80mg), MAS-XR (60mg), or placebo (n=37). This analysis combined the two treatment arms (n=61). Cigarette smoking was assessed via self-report. Linear fixed effects were used to model cocaine and smoking interactions.

Results: The correlation between cocaine use and smoking was significant for both the MAS-XR group and the placebo group ($p < 0.0001$). Patients smoked 1.3 more cigarettes on cocaine-using days when compared to non-cocaine using days. There was a significant interaction between treatment and placebo groups for the amount spent on cocaine as a predictor of smoking ($p = 0.01$). Specifically, patients receiving MAS-XR would be expected to spend \$43 more on cocaine to increase their smoking by 1 cigarette, while patients receiving placebo would be expected to spend \$56 more on cocaine for the same result.

Conclusions: Cocaine use correlates with smoking habits in both MAS-XR and placebo treated patients. The positive association of nicotine use and cocaine use may be enhanced by MAS-XR. For those who continue to use cocaine, MAS-XR may trigger greater nicotine use among treatment seeking ADHD/cocaine dependent smokers. This finding may have significant implications on stimulants as a smoking cessation therapy in ADHD/cocaine dependent individuals.

FEAR EXTINCTION LEARNING IN CHRONIC CANNABIS USERS: IMPLICATIONS FOR THE TREATMENT OF PTSD

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Educational Objectives: Participants should gain a perspective of the current state of animal and preclinical human research with cannabinoids with implications for the treatment of PTSD and the challenges involved in translating preclinical research to clinical application. Preliminary data from our research on fear extinction learning in chronic cannabis users will be discussed with a focus on how PTSD treatment may be impacted in cases where there exists comorbid marijuana dependence.

Purpose: This presentation covers the translation of cannabinoid research with animals, to preclinical studies in humans, toward clinical application in the treatment of PTSD. The presentation emphasizes the need for extending this line of research to examine the impact of comorbidity, and data from chronic cannabis users will be presented – an area where there currently exists no published data.

Methods: An overview of existing research on cannabinoids with implications for PTSD is followed by the presentation of new data from an experiment applying a translational laboratory paradigm in the study of fear processing in chronic cannabis users.

Conclusions: The endogenous cannabinoid system plays a key role in fear expression, memory consolidation and reconsolidation, fear extinction, and extinction retention, each with potential implications for risk, early intervention, and treatment of PTSD. However, there is a paucity of research examining how chronic cannabis use impacts these processes. Given the relatively high prevalence of comorbid marijuana dependence among individuals with PTSD, preclinical research on the impact of chronic cannabis use on fear related processes is crucial.

ADULT ADHD AND COMORBID ANXIETY DISORDERS IN A CLINICAL POPULATION

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Educational Objectives: ADHD is a common neurobiological disorder which affects a significant proportion of the general population. The goal of this poster is to demonstrate that anxiety symptoms are often comorbid in adult clinical populations of ADHD patients.

Methods: A sample of 92 adults (ages 18-59) who were clinically referred and diagnosed with ADHD at a large metropolitan ADHD clinic over a 4-month period completed the ASRS and also underwent an extensive 2-hour DSM-V-based structured diagnostic interview by a staff clinician and a team psychiatrist. Patients were also asked to complete the Beck Anxiety Inventory (BAI) as part of the routine screening procedure for anxiety. All diagnoses and treatment recommendations were made by a team psychiatrist.

Results: In our clinical sample of ADHD patients (n=92), 28 patients (30%) also reported moderate to high anxiety using the BAI and met the clinical criteria for Generalized Anxiety Disorder in addition to the ADHD diagnosis (both Combined Presentation or Predominantly Inattentive Presentation) .

Conclusions: Research has demonstrated that ADHD is associated with deficits in executive functioning which can have significant impact on learning, social and occupational functioning. The addition of an Anxiety Disorder will further complicate the clinical picture. It is the opinion of the authors of this paper that it is important for clinicians to routinely screen for the presence of anxiety disorders when a patient presents with a diagnosis of ADHD otherwise a significant proportion of patients may be under-diagnosed and under-treated. The presence of anxiety symptoms in patients with ADHD, may also impact the selection of particular medications/combinations. In order for treatment strategies to be effective, it is crucial that interventions address both the executive functioning deficits and anxiety-related issues for patients.

Literature References:

- American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (2013)
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INDIVIDUALIZED PLAN OF TREATMENT IN A PAIME PATIENT WITH DUAL DIAGNOSIS

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Introduction: The aim of an individual plan of treatment (pit) is to obtain an integrated and integral assistance of quality.

Objective: With the presentation of this case we want to show the phases of a pit adapted to a sick doctor who enters in touch with a paime programme.

The patient is a general practice, male, 43 years old, a member of medical association, in active exercise with permanent job, married, with children. He was included in paime with a spontaneous induced demand for stimulants dependence treatment.

Family psychiatric and personal history told us about a depression major episode in his youth and a major depression in May, 2011.

Toxicological history: the main drug is amphetamine. The consumption began with 19 years old, with academic ends, go on immediately to a daily consumption. there was no time of abstinence episodes per se. last years consumptions were informed with metilfenidate to a daily dose of 240mg. no psychotic symptoms were related; xantines: 3 liters daily; benzodiazepines on prescription, up to 3mg a day of alprazolam. No other toxics were related.

Diagnosis:

- stimulants dependence disorder (metilfenidate)
- attention deficit hyperactivity disorder – combined type
- cluster b personality disorder

Results: Derivated to paime programme from labor health service, where he went under pressure of his higher pit: he was admitted to galatea clinic in barcelona for detoxification and stabilization treatment. Once discharged is done, a psychiatric and a psychologist paime did the follow up. The patient also performed urine control toxic analysis.

Lastly we coordinated with labor health service, medical inspection...in order to agree progressive labor incorporation.

Nowadays a full labor incorporation is done with a favorable evolution.

Conclusion: The coordination among different resources and the pit design is needed to improve the recovery of the patients.

LATENT CLASS PROFILE OF PSYCHIATRIC SYMPTOMS IN A SAMPLE OF PATIENTS WITH CO-OCCURRING DISORDERS

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Introduction: Research on dual diagnosis subtypes based in the distribution of their psychiatric symptoms might result in a helpful practice to develop specific intervention strategies.

Objective: The main objective of this study was to determine the subtypes of psychiatric symptomatology in a sample of dual diagnosis outpatients.

Method: Data was collected in a psychiatric hospital based dual diagnosis outpatient clinic, during an assessment session conducted prior entering group psychological treatment. 228 participants were included in this analysis. SCL-90-R was used to measure psychiatric symptomatology.

Results: The model with seven class obtained the best fit (Akaike Information Criterion = 3325.910; Bayesian Information Criterion = 3593.399; Class Entropy = .923, Bootstrap Likelihood Ratio Test= $p < .0001$). The prevalence of the classes varied from 25.00% to 3.07%. Three classes were considered with severe psychiatric symptoms while two classes were considered for mild and two for moderate. 49% of the sample was included in the mild symptoms classes (25.00 and 24% respectively).

Conclusions: Implications for future research on treatment and assessment in dual diagnosis are discussed.

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IS SCL-90 AN ACCURATE TOOL TO IDENTIFY ANXIETY DISORDERS IN PATIENTS WITH SUBSTANCE USE DISORDERS?

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Introduction: Anxiety disorders are among the most frequent comorbid conditions (30.3%) in people with Substance Use Disorders (SUD). One of the most used scales to evaluate psychiatric symptoms is the SCL-90; in Mexico studies of its psychometric properties have been conducted, however, its level of diagnostic precision for anxiety disorders in this population is unknown. The present study evaluated the diagnostic precision of the Anxiety (ANS) and Phobic Anxiety (FOB) subscales of the SCL-90 in patients with SUD.

Method: The sample was composed by 650 participants who were receiving treatment for SUD in 30 centers in five states of the country. The SCL-90 and the Mini International Neuropsychiatric Interview (MINI) were applied in order to evaluate anxiety disorders (social phobia, simple phobia, agoraphobia, PTSD and GAD). In this case, current psychiatric disorders were considered (last 30 days), taking into account that the fundamental inclusion criteria for this study was to present a SUD. ROC curves were used as well as the DeLong test in order to determine if there were significant differences between the area under the ROC curve of ANS and FOB for each diagnosis.

Results: The area under the curve for ANS was of .747 for any anxiety disorder, .700 for GAD, of .776 for PTSD, and of .702 for social phobia. On the FOB scale, the following results were obtained: .697 for any anxiety disorder, .642 for GAD, .735 for PTSD and .690 for social phobia. It was found that the cut-off points with more precision for any anxiety disorder were 2.0 for ANS (precision of .77 CI 95% .74-.81) and 2.8 for FOB (precision of .78 CI 95% .74-.81).

Conclusions: The ANS scale obtained better scores than FOB for any anxiety disorder, GAD, PTSD and social phobia. Furthermore, both subscales presented a regular diagnostic precision, indicating the need to evaluate other methods that make possible to carry out a more precise diagnostic approximation in this particular population. Among the limitations of the study is that there was a very small sample of women, which made impossible to analyze the differences in diagnostic precision by sex.

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