

**Results:** The both alcoholics showed impairment of perception and executive functions, but they did not notice it. After confrontation in the group they recognised their cognitive deficit and accepted that they had serious damage caused by alcohol, regardless of good medical condition. The clinical improvement was presented by improving in next drawings, and discussing in the group with more self-confidence.

**Conclusion:** Art therapy makes possible visual expression of emotions, perceptions and cognitions, and provide large variety of confrontation and support within group, thus facilitating integrative therapeutic process of alcoholics.

**Keywords:** alcoholism, drawings, art therapy, cognitive impairment, diagnosis, therapy.

### P321

The changes of sex hormones among male alcoholics in the early abstinence

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**Background and aims:** The most prominent endocrinology disturbance among alcoholics is male hypogonadism. This paper deals with the effects of early abstinence on gonadal hormones.

**Method:** A total group of non-cirrhotic male primary alcoholics, without malnutrition, (N=40) aged from 20-60 years was consecutive recruited during inpatient treatment. They meet ICD-10 criteria for alcohol dependence and were compared with 20 matched healthy controls. The blood samples for testosterone, estradiol and SHBG (sex-hormone binding globuline) were collected at day 1 and 28. The plasma levels of hormones (RIA) differences between groups were tested by Student t-test.

**Results:** There was significant higher concentration of estradiol and SHBG at alcoholics vs. controls, and significant lower concentration of testosterone at alcoholics compared with controls. Repeated assessment after 28 days showed non-significant elevation of testosterone and decrease of SHBG, but significant decrease of estradiol. All values were between normal range.

**Conclusion:** There is trend of development of hypogonadism and secondary feminisation at male alcoholics without prominent liver damage, which may be transient and resolve during early abstinence.

**Keywords:** alcoholism, testosterone, estradiol, SHBG, abstinence.

### P322

Correlates of nicotine dependence in a non-psychiatric sample

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**Background:** It is well documented that mental disorders and suicidal behavior are associated with tobacco smoking. However, investigations in which there is a distinction between high and low nicotine dependence are more recent. The purpose was to evaluate correlates associated with high nicotine dependence such as psychiatric morbidity, suicidal behavior, practice physical exercise and use of caffeine, alcohol and illegal drug.

**Methods:** The analysis was based on sample of 290 participants, ages varying from 18 to 65, in a primary health service of Granada (south of Spain). All of them were assessed with the Fagerström Test for Nicotine Dependence and with the General Health Questionnaire.

**Results:** The prevalence of current smoking was 34,5% and the prevalence of high nicotine dependence was 9,3%. Psychiatric

morbidity (GHQ-28>6), previous suicide attempts, lack of physical exercise, high caffeine intake and consumption of illegal drugs were significantly associated with high nicotine dependence. These results remained after controlling for gender or substance abuse. Also there was significant relationship between high nicotine dependence and antecedents of suicide attempts (OR=3,53; IC 95%:1,53–25,98). In the logistic regression model, after adjusting for sex and age, the differences remained statistically significant (OR=8,17; IC 95%:1,96–34,03), as well as the protective effect of married status (OR=0.08; IC 95%:0.01–0.72).

**Conclusions:** Smokers with high nicotine dependence should be distinguished from other smokers in evaluating health status populations. Serial cross-sectional and longitudinal studies of nicotine dependence are needed to determine whether certain groups are especially vulnerable to nicotine dependence when they start smoking.

### P323

Role of methadone in post-war society

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Harm reduction program in Bosnia and Herzegovina exist only in a form of methadone treatment. This program started in early eighties of the last century.

During the war, this program was unfortunately interrupted, and it is revitalized at the beginning of 2002, as an answer to increasing number of addicts during the post-war period.

Recently, we started to make first steps in implementation of other harm reduction programs such as needle exchange, prevention of sexually transmitted diseases, and similar.

In this paper we will present three year experience in application of methadone in treatment in our Methadone Maintenance Treatment Center for 190 clients.

We will also try to present our experiences and effectiveness of this type of treatment through examples from practice, as well as by epidemiological and statistical data.

**Keywords:** Harm reduction, Methadone, Treatment, Bosnia and Herzegovina

### P324

Suicide in dual diagnosis patients

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**Background:** Patients suffering from both psychiatric disorders and substance abuse (SA) are titled "dual diagnosis patients" (DDP). SA is associated with suicidal behavior. Although our knowledge of SA and suicide behavior is increasing, we lack sufficient knowledge of suicide among DDP.

**Objectives:** To compare the suicide attempts rate among DDP and non-DDP; To compare the suicide attempts rate according to gender in DDP and non-DDP; To compare the suicide attempts rate according to substance in DDP.

**Method:** Analysis of consecutive admissions: men and women ages 18–65 in our center (06/2003–06/2005).

**Results:** Of 848 DDPs' admissions, 197 (23.2%) were after suicide attempt, whereas 403 of 2558 non-DDP's admissions (15.8%)

were after suicide attempt (OR=1.6; 95%CI=1.3-1.9). The OR in multiple analysis was 1.4 (95%CI=1.1-1.8).

There is higher risk for suicide attempt among females in non-DDP (OR=.6; 95%CI=.5-.8), no differences according to gender in DDP (OR=.7; 95%CI=.5-1.1).

Opiates (OR=1.6; 95% CI=1.01-2.5) and Cocaine (OR=1.9; 95% CI=1.1-3.2) were found to elevates, but Cannabis were found to lower (OR=.4; 95% CI=.3-.6) the risk of suicide attempt.

**Conclusions:** DDP have grater risk for suicide attempt than non-DDP. In non-DDPs females have grater risk for suicide attempt than males, however in DDPs there were no differences. DDP with Opiates or Cocaine abuse are in risk group for suicide attempts. These findings suggesting that preventive efforts that have shown promise in non-DDP may need to be tailored differently to address the risk factor profile of DDP.

### P325

Risperidone versus haloperidol treatment in dual diagnosis inpatients: preliminary results from a 6 week, randomized controlled, open label pilot trial

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**Background:** About a quarter of patient's admissions ages 18-65 in Abarbanel mental health center (MHC) are with substance abuse (Natan, Gimelfarb, Barak & Baruch, 2005). Concurrent comorbidity has become the rule among psychiatric inpatients. Unfortunately the majority of the clinical trials with Antipsychotic drugs exclude the Dual Diagnosis patients (DDP).

**Objective:** To compare the efficacy, safety, drugs craving and compliance with Risperidone versus Haloperidol treatment of DDP.

**Method:** Ten DDP (meeting DSM-IV criteria for Schizophrenic spectrum disorders; median age=28 years [range, 20-39 years]) from MHC were randomly assigned to either Resperidone (N=5; mean endpoint dose 5.2 mg/day) or Haloperidol (N=5; mean endpoint dose 6.0 mg/day) treatment.

**Results:** There were no differences between Resperidone and Haloperidol according to efficacy, safety, drugs craving and compliance in each point of time.

Comparing to start-point in each of the groups: No difference in treatment efficacy between the groups (NS); No weight change during Risperidone treatment (NS) and there was weight gain about 2.6 BMI points (SD=.3) after Haloperidone treatment ( $p<.05$ ); No differences in drugs craving and compliance between the groups (NS).

Although not significant, 60.0% of DDPs who received Haloperidol (N=3) relapsed compared with 0.0% of the DDPs on Risperidone (Fisher's Exact Test  $p<.08$ ).

**Conclusions:** The preliminary results suggest, that treatment efficacy and drugs craving are equal in both groups. Compliance with Risperidone is equal to compliance with Haloperidol. But side effects' profile of Risperidone is more convenient than of Haloperidol.

### P326

Prevalence of dual diagnosis elderly inpatients: Is the phenomenon rare?

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**Background:** Over the past decade clinicians have become more aware of the problem of substance abuse (SA) in individuals with mental illness. Concurrent comorbidity has become the rule among psychiatric inpatients. About a quarter of patient's admissions ages 18-65 in the Abarbanel mental health center (MHC) are with SA (Natan, Gimelfarb, Barak & Baruch, 2005). The changing demography shows an ever increasing percentage of elderly in mental hospitals, however, information about dual diagnosis in elderly is unclear!!

#### Objectives:

1. To explore the trends of dual diagnosis elderly patients (DDEP) in Abarbanel MHC in the period of June 2003 to June 2005.
2. To compare the admission's profile of DDEP to non-DDEP according to socio-demographic and clinical characteristics.

**Method:** Descriptive analysis of consecutive admissions: men and women ages 60 and more years (06/2003–06/2005) and laboratory analysis of urine.

**Results:** Twenty seven of 535 admissions of elderly inpatients (5.1%) were with SA. There is a tendency of increasing of DDEP rate: in the 1st year the rate was 3.4% and in the 2nd year—6.8% ( $p<.07$ ).

Profile of DDEP and non-DDEP admissions is significantly different according to place of birth, gender, age, family status, patient's suicide attempts, physical diagnosis.

**Conclusions:** There is decreasing of SA with age, but the phenomenon is fairly frequent among elderly, previously "young" DDEP. More strict assessment of SA patterns is recommended. Profile of DDEP's admissions is more complex then non-DDEP's admissions. There is significant clinical need to appropriate approach for DDEP

### P327

The impact of feedback and punishment on the decisions of male heroin addicts

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Computerised decision making tasks have identified cognitive deficits among people who use illicit drugs. These deficits have been hypothesised as originating in the Ventromedial Prefrontal Cortex (VmpFC) and Orbital Frontal Cortex (OFC). This hypothesis is based on Functional Magnetic Resonance Imaging (fMRI) studies conducted during the decision tasks and comparison studies with patients who have suffered bilateral damage to the VmpFC.

The deficits identified include dysfunctional inhibitory control, hypersensitivity to reward, difficulties in reverse learning (or strategy shifting) and insensitivity to future consequences.

However other research suggests that addicts poor performance is an artefact of tasks which encourage poor decisions initially, paired with an impaired ability to switch task strategies as experience and knowledge is gained.

To date, the dominant trend in this field is to report group data. Using a case-study paradigm, the research reported here indicates a layer of processes that have hitherto not been investigated. This study uses a micro-analysis of individual response behaviours within decision tasks to reveal strategies, correlates and markers of decision making performance.