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The aim of the TREAT-study (Treatment-systems Research on European Addiction Treatment) is the comparison of the course of predominantly opiate dependent patients from six European regions concerning severity of illness, health service use and heroin-use.

Method: TREAT is a collaborative multi-centre-study conducted in Athens, Essen, London, Padua, Stockholm and Zurich which includes three repeated measures over a period of 18 month (T1-T3). Apart from the Europ-ASI, questionnaires for comorbid disorders and the utilisation of the treatment system were administered. The sample comprised about 100 subjects per region diagnosed with opiate addiction. 317 patients (53%) were retrieved for all three measures.

Results: With some exceptions in all centres health service use by patients could be increased during the observation period. The severity of addiction decreased in almost all regions.

In a statistical model comprising all subjects who completed the study, the best predictor for abstinence was the number of detoxification treatments but also participation in long-term rehabilitative therapy. Patients with additional severe alcohol consumption at the beginning of the study had a higher risk for continuous drug use.

A second regression-model assumed that participants who had dropped out were still dependent on opiates. Again the combination of heroin and alcohol appeared to be a negative predictor. Patients in methadone maintenance treatment suffering from major depression showed a more positive outcome.

Discussion: Regional differences concerning patients' characteristics, health services and drop-out rates give reason for a cautious interpretation. The study describes high- and low-risk-groups as hints for the effective allocation of resources.

FC03.04

The neural correlates of decision-making in bipolar disorder: An fMRI study

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Background and Aims: Poor decision-making is a prominent feature of Bipolar Disorder (BD) suggesting that patients may be impaired in affective aspects of complex problem solving. We examined the neural correlates of emotional learning (EL) in remitted BD patients and healthy controls (HC).

Methods: Subjects comprised three groups: (a) 11 remitted BD patients with EL (b) 11 remitted BD patients who failed to show EL and, (c) 11 HC with EL. All groups were demographically matched. Patients were also matched on clinical variables. Participants underwent functional magnetic resonance imaging (fMRI) while performing the Iowa Gambling Task. In the active condition participants relied upon EL to weigh up short-term rewards against long-term losses, in order to achieve an optimal gambling strategy. The control condition was identical to the gambling condition except for the reward/loss component. Behavioural and neural responses associated with the overall task performance were assessed.

Results: Regardless of their performance in EL, BD patients, compared to HC, showed increased task-related activation in the insula and ventral anterior cingulate gyrus. BD patients with EL showed increased activation in left frontopolar and ventrolateral prefrontal

cortices while reduced activation was noted in the same regions in BD patients who failed to show EL.

Conclusions: BD patients showed evidence of increased limbic activation associated with affective decision-making. Their ability to attain emotional learning was associated with increased recruitment of frontopolar and ventral prefrontal cortex regions. This finding may reflect a successful compensatory response to limbic overactivation during affective decision-making.

FC03.05

Substance use disorders among eating disorders and impulse control disorders: Personality and clinical correlates

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Background and Aims: Given the clinical similarity and the frequent comorbidity between impulse control disorders and certain eating disorders (ED) such as bulimia nervosa, we aimed to compare personality and clinical profiles of individuals with and without substance use disorders (SUD) who had primary diagnoses of ED or impulse control disorders, namely pathological gambling (PG).

Methods: 1096 ED [91.8% females] and 1120 PG [92.4% males] patients were assessed for the presence of SUD. All patients were consecutively admitted to our Psychiatry Department and diagnosed according to DSM-IV-TR criteria. We administered the Temperament and Character Inventory-Revised (TCI-R), the Symptom Checklist-90-Revised (SCL-90-R), and other clinical indices. Lifetime substance use included alcohol and other substances and was measured with the SCID-I. Student-Fisher t-tests were used to compare clinical features. Binary logistic regression models were used to analyse personality predictors of comorbidity with SUD. Adjustments for sex, age, and specific diagnosis were applied.

Results: High Novelty Seeking, low Reward Dependence and low Self-Directedness were predictive of SUD in the whole sample independent of diagnosis ($p < 0.01$). In the PG sample only, after adjustment for sex and age, Reward Dependence was no longer associated with SUD. Patients of both clinical samples with SUD showed higher SCL-90-R scores and severer eating and gambling symptoms (respectively).

Conclusions: Our results suggest that high Novelty Seeking, low Reward Dependence and low Self-Directedness are associated with lifetime SUD, which is also associated with a severer presentation of the primary disorder. This pattern holds across different populations such as ED and PG.

Symposium: The new acute mental patient: Diagnostic constructs and treatment innovation in emergency psychiatry

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Toward DSM v: Why the new acute mental patient deserves more study