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Reaction time in relation to the duration of heroin abuse

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Background and Aims: As a result of long-term heroin abuse we can see impairment of cerebral structures that leads to specific deficits in cognitive and conative area. Reaction time (RT) is an interval between reception of the certain stimulus and movement execution, as a response to received stimulus. It includes unharmed perceptive functions, attention, concentration and psychomotor coordination. The aim of this study was to evaluate the effect of heroin abuse on RT.

Method: 90 heroin addicts, divided in three groups, regarding to abuse duration, were included in study. Reaction time was estimated by specially designed computer program, based on the modified Donders's model of reaction time.

Results: Average RT increase in correlation to duration of heroin addiction

Results have shown that heroin abuse is connected with the prolongation of simple and choice reaction time, in both visual and auditory modality. Also, there is significant relation between prolongation of choice reaction time and duration of heroin abuse.

Conclusion: Heroin abuse duration is related to decrease of psychomotor speed and impairment of psychomotor coordination.

P0040

Effects of opiate prescription analgesic medication

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Purpose: To document if prescription opioid medications used for pain enhanced or worsened pain syndromes from medical conditions in patients who received a diagnosis of prescription opioid dependence as determined by a diagnosis by DSM-IV criteria. Further, whether detoxification improved or worsened pain perceptions and self reports in patients who chronically administered prescription opioid medications.

Methods: Our study consisted of a retrospective sample of patients taken from the Addiction Treatment Unit at St. Lawrence Hospital in Lansing, Michigan. Patients were selected from those who voluntarily sought detoxification from opioid medications in an inpatient setting. Selection criteria for the study consisted of a DSM-IV diagnosis of opioid prescription medication dependence, willingness to undergo medical detoxification, cooperation with self-report scales and abstinence from opioid medications. Study patients were randomly selected from discharges in patient census for the years 2001-2003.

Results: The significant findings were that self reported pain scores improved during the detoxification from admission to discharge, from a mean of 5.5 at admission to mean of 3.4 at discharge (0 is no pain, and 10 is the most pain). The detoxification period extended to an average of 5 days. While oxycodone CR (OxyContin) produced higher levels of self-reported pain at admission and discharge, these patients experienced significant levels of pain reduction as with other opioid medications.

Conclusions: Patients with a DSM-IV diagnosis of prescription opioid dependence reported (self) less pain with detoxification and abstinence from the opioid medications.

Key words or phrases: opioid medications, opioid dependence, prescription, medical conditions, diagnosis.

P0041

Effectiveness of Baclofen in treatment of opium dependency. A double-blind randomized controlled trial

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Background and Aims: Results of some studies suggest that Baclofen (a GABA receptor agonist) maybe effective in detoxification of opium dependency. Thus we have done this study in order to identify possible efficacy of Baclofen for detoxification of opium dependency.

Methods: This study is a double-blind randomized clinical trial. We selected 52 patients with opium dependency and with other criterias that we have designed on the basis of DSM-IV TR. Then we randomly assigned patients to two outpatient groups. The first group received Baclofen (40 mg/day) and second group received placebo for two weeks accompanied by similar drugs. The severity of the opium withdrawal symptoms was measured by SOWS (short opiate withdrawal scale) and two other questionnaires for measuring mental and physical symptoms of opium withdrawal in days of 0, 2, 4, 7 and 14.

Results: Baclofen group showed a superiority over placebo in the management of withdrawal symptoms of opium dependency, but there was not a significant statistical relationship.

Conclusions: Baclofen maybe considered as an effective adjuvant agent in the management of mental and physical symptoms of opium withdrawal. However further studies to confirm our results is warranted.

P0042

A case report of Benzylpiperazine induced new onset affective symptoms in a patient with schizophrenia

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Background: We have noticed in our clinical practice a few patients with psychoses whose mental health was affected by the use of Benzylpiperazine related compounds. Benzylpiperazine and related compounds were sold legally in the UK until March 2007 when they were declared illegal. They are still legal in New Zealand whilst it is classified as a Class one drug along with LSD, cocaine and cannabis in the USA, Sweden, Denmark and Greece.

Aims: To understand the effect of Benzylpiperazine based party pills on the mental health of a patient who already had a diagnosis of Schizophrenia.

Methods: We followed up the clinical psychopathology of the patient while he was in our acute Psychiatry ward in 2007 during an admission precipitated by the use of Benzylpiperazine based party pills. Also we went through his previous notes to find out the symptomatology during all his previous admissions and outpatient appointments.

Results: Use of Benzylpiperazine based party pills resulted in manic symptoms in this patient with Schizophrenia who did not have these symptoms until he started using the party pills.

Comments: Benzylpiperazine based party pills have mood elevating properties and also induce insomnia in users. From our anecdotal experience it is seen that in patients with mental illness this leads to