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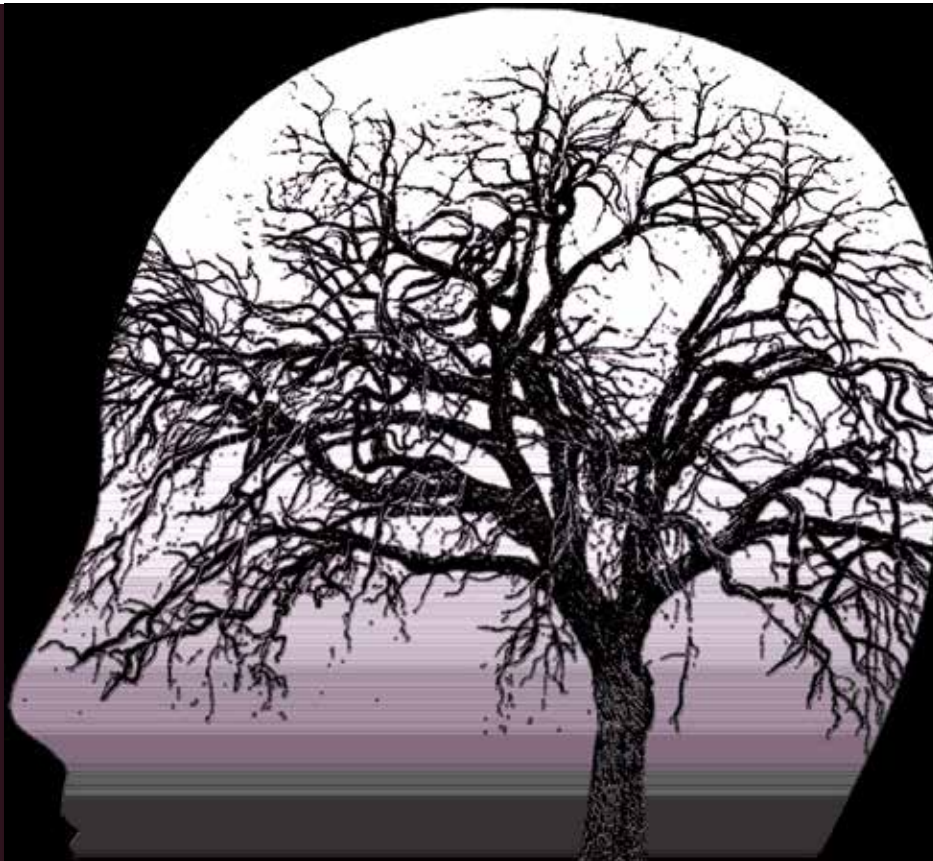
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Selected Oral Presentations

Chair: Matteo Pacini (Pisa, Italy, EU)

SOP-1. The alteration of the sensory consciousness of the self as a trigger mechanism determining a craving in gambling and eating disorders. A pilot study

E. Atzori

Roma, Italy, EU

INTRODUCTION: A difficulty to perceive and give a correct cognitive interpretation of stimuli that come from the body with difficulty to perceive and define emotions accurately has been reported for a long time in patients with eating disorders and substance abuse (Bruch, 1962; Kristal, 1962; Kristal, 1982). This first eidetic nucleus has been indissolubly connected to a difficulty to perceive the others as understandable. A potential relationship between perceptual and conceptual difficulties and pathological gambling is explored in this study given that it involves as well as substance abuse compulsive research of a high degree of sensory and mental stimulation. The objective of this paper is to highlight the clinical similarities between pathological gambling, eating disorders and substance abuse, enhancing the research into possible psychic factors at the base of a deficit in the sensory consciousness of the Self, for which the image of the body and the person does not have a steady mental representation with the result that the relationship between the psychological part of his Self and the somatic part of it appears exposed to a psychopathological collapse. In this paper sensation seeking is conceptualized as an attempt to overcome an interoceptive, an exteroceptive and a proprioceptive difficulty. The craving and the repetition of pathological behaviour is interpreted as an attempt to reconstruct the body scheme in a fragmented Self or at risk of

fragmentation through a memory of the sensations experienced using an inanimate object (Atzori, 2017; Atzori, 2018), in this case food, or self-stimulating behaviour such as gambling, in relationship with which an increase of symbolic capability, achievable only through a human relationship, is impossible. **METHODS:** To corroborate this hypothesis I propose a single-case study of comorbidity with pathological gambling and eating disorder. This research describes the application of an integrated method in which the use of standardized instruments as EDI-3, TAS-20, SCL-90-r tested and retested in a frame time of one year are flanked with the interpretation of dreams, based on the theoretical platform of Massimo Fagioli's "Human Birth Theory", in order to render greater diagnostic certainty as well as more incisive therapeutic treatment. **RESULTS:** Scale scores test-retest and contents expressed with oneiric activity seem to demonstrate strong similarities between pathological gambling, eating disorder and substance abuse regarding the research of a sensory and mental stimulation due, I assume, to an alteration of the sensory consciousness of the Self. Furthermore, a qualitative positive reaction to the psychotherapy is expressed through the overcoming of pathological gambling and the change in scale scores test-retest and oneiric activity, corroborating my initial assumption about the psychic factors underlying craving. **CONCLUSION:** These results encourage successive controls of the interpretative hypothesis about craving proposed in this paper with further studies.

Key Words: Sensory Consciousness; Self as a Trigger Mechanism; Craving; Gambling; Eating Disorders; Pilot Study

SOP-2. Opiate addiction and others psychiatric diagnosis

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*Department Psychiatry-Addiction. Psychiatric Hospital
Frantz Fanon. Blida. Algeria.*

INTRODUCTION: In recent years, opiate addiction has been a public health problem in Algeria. It quickly gives rise to somatic decay, intellectual and emotional deficit and socio-family disintegration. Attention focused on the diagnosis of addiction often obscures other underlying mental disorders. **METHODS:** For this purpose; a prospective clinical study was undertaken to determine the prevalence of psychiatric disorders associated with opiate dependence and to highlight the management difficulties inherent in this diagnostic association. In this order, we included a sample of 100 patients with the diagnosis of opiate dependency. **RESULTS:** The results of this study show a prevalence of other mental disorders of the order of 50%, with the representativeness of anxiety and mood disorders respectively of 46% and 48%. Personality disorders occupy an important place of the order of 30%. **CONCLUSIONS:** This dual pathology seems to have a negative impact on prognosis with a rate of suicidality of 28%, frequent relapses and low retention in the care device.

Key Words: Opiate addiction; psychiatric diagnosis

nonusers in rates of remission, specific psychiatric symptoms, suicidality, general functioning and quality of life at Wave 2 while controlling for baseline confounders. **RESULTS:** Though rates of remission from MDD and anxiety disorders decreased with level of cannabis use, this was not maintained in adjusted models. Level of cannabis use was associated with significantly more depressive symptoms at follow-up, particularly anhedonia (Adjusted Odds Ratio (AOR)= 2.62; 95% Confidence Interval (CI)= 1.36-5.08), changes in body weight (AOR= 2.30; 95% CI= 1.33-3.99), insomnia or hypersomnia (AOR= 2.30; 95% CI= 1.29-4.12) and psychomotor problems (AOR= 3.51; 95% CI= 1.95-6.3). Among individuals with anxiety disorders, aside from specific outcomes (individuals with CUDs were significantly more prone to report breaking up from a romantic relationship (AOR= 3.85; 95% CI= 1.66-8.97) and repeatedly quitting school (AOR= 6.02; 95% CI= 2.65-13.66)), following adjustment no additional differences were found in outcome measures. **CONCLUSIONS:** These findings add to previous reports suggesting that poorer outcome of MDD and anxiety disorders among cannabis users may be attributed mainly to differences in baseline factors and not cannabis use.

Key Words: Outcomes of cannabis use; depression; anxiety; longitudinal study

SOP-3. Clinical and functional outcomes of cannabis use among individuals with depression and anxiety: a three-year population-based longitudinal study

D. Feingold
Ariel University, Ariel, Israel

INTRODUCTION: Cannabis use has been reported to negatively affect the course and outcome of various psychiatric disorders, yet little is known on its effect on rates of remission from depression and anxiety disorders and associated clinical and functional outcomes. **METHODS:** In two studies, data were drawn from Waves 1 and 2 of the National Epidemiologic Survey on Alcohol and Related Conditions (NESARC), focusing on individuals who qualified for a diagnosis of either Major Depressive Disorder (MDD; N=2,348) or any anxiety disorder (social anxiety, panic disorder, generalized anxiety disorder and specific phobias; N=3,723) at Wave 1. Cannabis users and individuals with Cannabis Use Disorders (CUDs) throughout a four-year period were compared to

SOP-4. The training and recruits of mindfulness-based relapse prevention therapist in Taiwan: a descriptive study

L. Kun-Hua
*Yuli Hospital, Ministry of Health and Welfare; The
Department of Educational psychology and Counselling,
National Tsing Hua University, Taiwan*

INTRODUCTION: In a decade, Mindfulness-based relapse prevention (MBRP) is paid for more attention by researchers and practitioners for addictions. Accordingly, the assumptions of MBRP state that addiction is a kind of suffering, people with drug abuse could not be released from the temptation of pleasure from drugs. Hence, the mindfulness-based practice could teach addicted people a new way to peacefully and non-reactively cope with the temptation. Literature supported the effectiveness of mindfulness-based relapse prevention (Lee, Bowen & Bai, 2010; Witkiewitz, Warner, Sully, Barricks, Stauffer, Thompson, & Luoma, 2014; Black, 2014). The candidate therapists should have more intensive practices for mind-

fulness. In Taiwan, a three-year study is to examine the effectiveness of MBRP. In the first year, we trained nine MBRP therapists within one month and presented the changes in mindfulness among these therapists. **METHODS:** We recruited nine psychotherapists through the websites of the Taiwan Association of Clinical Psychology and Association of Taiwan Clinical Psychologist. All of nine therapists were asked to receive a five-day workshop and completed regular mindfulness-based training, then, they were assessed by mindfulness at baselines and two-weeks follow-up. The Chinese version of the mindful attention awareness scale (CMAAS) was applied to assess the extent of mindfulness among nine therapists. Descriptive analyses were to present the profile of mindfulness practice within one month in each therapist, and Wilcoxon test was to examine the changes in mindfulness between baseline and one-month follow-up. Significant level was set at 0.05. **Results:** We recruited nine psychotherapists through the websites of the Taiwan Association of Clinical Psychology and Association of Taiwan Clinical Psychologist. All of nine therapists were asked to receive a five-day workshop and completed regular mindfulness-based training, then, they were assessed by mindfulness at baselines and two-weeks follow-up. The Chinese version of the mindful attention awareness scale (CMAAS) was applied to assess the extent of mindfulness among nine therapists. Descriptive analyses were to present the profile of mindfulness practice within one month in each therapist, and Wilcoxon test was to examine the changes in mindfulness between baseline and one-month follow-up. Significant level was set at 0.05. **RESULTS:** The results of descriptive analyses showed that the average age of therapists was 38.73 years; seven therapists were females. The average years of clinical service were about ten years and two months. The most psychotherapy approach was a cognitive behavioural therapist; next was short-term solution focus therapy. The most mindfulness-based practice was mediation, next was walking meditation, the last was body scan. There were no significant changes between baseline and one-month follow-up ($Z=-1.051$, $p>0.05$). **CONCLUSION:** Our results showed that mindfulness-based therapist should spend more time to practice formal and informal practices. These therapists will teach the clients about basic mindfulness-based practices, and the clients could be used to cope with the temptation of drugs based on these mindfulness-based practices. Therefore, the training program of the mindfulness-based therapist may have to comprehensively consider and

develop in the future.

Key Words: Training; Recruits; Mindfulness-Based; Relapse Prevention; Taiwan

SOP-5. Comparing substance misuse, anxiety and depression among individuals with chronic pain receiving prescription opioids and medical marijuana

S. Lev-Ran

Lev Hasharon Medical Center, Netanya, Israel

INTRODUCTION: In light of increased rates of misuse of Prescription Opioids (POs) and associated mortality, in recent years Medical Marijuana (MM) is increasingly being used as an alternative for the treatment of chronic pain. Nevertheless, there is scarce data regarding common psychopathology among chronic pain patients treated with POs compared to those treated with MM. The current study aimed to compare rates of substance misuse, depression and anxiety among individuals with chronic pain treated with POs vs those treated with MM. **METHODS:** Data was collected from 888 chronic pain patients treated in two sizeable academic pain centres over a six month period. Background sociodemographic and clinical data were obtained using the designated questionnaires. Misuse of POs and MM was assessed using DSM criteria and Portenoy's Criteria (PC). Depression was assessed using the Patient Health Questionnaire (PHQ-9), and anxiety was assessed using the Generalized Anxiety Disorder scale (GAD-7). Logistic regression analyses were conducted controlling for background sociodemographic and clinical variables. **RESULTS:** Prevalence of misuse according to DSM-IV and PC criteria was 52.6% and 17.1%, respectively, among those treated with POs and 21.2% and 10.6%, respectively, among those treated with MM. Prevalence of depression among subjects treated with POs was 57.1% compared to 22.3% among those treated with MM. Prevalence of anxiety among those treated with POs and MM was 48.4% and 21.5%, respectively. After controlling for confounders, subjects treated with POs were significantly more likely to screen positive for depression (Adjusted Odds Ratio(AOR) = 6.18; 95%CI=4.12–9.34) and anxiety(AOR = 4.12; 95%CI=3.84–5.71) compared to those treated with MM. The severity of depression and anxiety were significantly associated with increased risk of misuse of both POs and MM. **CONCLUSION:** Among individuals suffering from chronic pain treated with POs, rates of mis-

use, depression and anxiety are substantially higher than among those treated with MM. These findings should be taken into consideration when deciding on the most appropriate treatment modality for chronic pain, particularly among those at risk for associated psychopathology.

Key Words: Substance Misuse; Anxiety; Depression; Chronic Pain; Prescription Opioids; Medical Marijuana

SOP-6. Personality traits, psychiatric comorbidity and methadone maintenance treatment outcome

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INTRODUCTION: Addiction to opiates, opioids, and prescription opioids continue to be one of the main problematic drug use disorder worldwide. The main treatment strategy in opioid use disorder is opioid agonist maintenance treatment (OAMT). OAMTs have demonstrated high efficacy in reducing illicit opioid use and retention in treatment, however, a percentage of patients still remains as poor responders, presenting either low adherence or persistent illicit opioid misuse. The association of patient's characteristics with OAMT response has been studied with controversial results. This study aims to evaluate the implication of personality traits and psychiatric comorbidity in the response to methadone maintenance treatment (MMT). **METHODS:** We included 157 MMT patients; responders and non-responders were classified by means of illicit opioid consumption detected in random urinalysis. Patients were assessed by a structured interview (Psychiatric Research Interview for Substance and Mental Disorders (PRISM) and personality was evaluated by the Cloninger's Temperament and Character Inventory (TCI). For continuous data, T-test was utilized to determine if groups were different, and, for categorical data, chi-square tests were used. **RESULTS:** From the total sample included (73% males, 37+8 years), 102 (65%) were responders and 55 (35%) non-responders. Responders and non-responders were no different in terms of socio-demographical data, nor in terms of medical comorbidity (HIV and HCV infection). Methadone

dose was higher in the responder group (99+67 vs. 70+43; $p=0.002$). Psychiatric comorbidity was not associated with response to MMT. Personality traits were not different between responders and non-responders. Personality profile was associated with the presence of more than one addictive disorder and also with the presence of psychiatric comorbidity, characterized by higher scores in Novelty Seeking and lower scores in Self-directedness. **CONCLUSION:** Neither psychiatric comorbidity, nor personality profile determine the response to methadone maintenance treatment. Patients with a more severe addictive disorder, in terms of higher number of comorbid addictive and non-addictive diagnoses presented a different personality profile compared with patients with a less severe presentation - Financial support: Instituto de Salud Carlos III-FEDER-Red de Trastornos Adictivos UE-FEDER 2016 RD16/0017/0010; AGAUR-Suport Grups de Recerca (2017 SGR530); and Acció instrumental d'Intensificació de Professionals de la Salut - Facultatius especialistes (PERIS: SLT006/17/00014)

Key Words: Personality traits; psychiatric comorbidity; methadone maintenance treatment; outcome

SOP-7. Borderline personality disorder and substance use disorder: A life worth living?

M. Paperman

Hôpital Psychiatrique de Sainte Anne (sous couvert du Dr. Rahioui, Chef de Pôle, secteur 7)

INTRODUCTION: Borderline personality disorder (BPD) is characterized by significant impairments in self (identify or self-direction) or interpersonal (empathy or intimacy) functioning in addition to pathological personality traits such as manipulateness, deceitfulness, callousness, hostility, irresponsibility, impulsivity, and risk taking. While substance use disorder (SUD) can co-occur as a symptom of BPD, the overlap in criteria does not account for the full extent of the comorbidity. Co-occurrence of DBT and SUD leads to severe emotional dysregulation, increased risk of suicides, and increased probability of poor treatment attendance and outcome. Developed by Dr. M. Linehan, Dialectical Behaviour Therapy (DBT) is designed to treat chronic and severe disorders such as BPD and SUD with the mantra: "a life worth living." DBT treatment includes five essential functions: (1) improving patient motivation to change, (2) enhancing patient capabilities, (3) generalizing new behaviours, (4) structuring the environment and (5)

enhancing therapist capability and motivation. When co-occurring with SUD, substance abuse behaviour is the highest order DBT target since the behaviour interferes with quality of life. The dialectic of DBT synthesizes change and acceptance, i.e. balances the patients desire to eliminate all painful experiences with a corresponding effort to accept life's inevitable pain. This dialectic takes form of abstinence (change) and working through relapse (acceptance) when working with SUD. Emerging research suggest that DBT, a well-established treatment for individuals with BPD, is effective with co-occurring BPD and SUD. As such, we propose to develop groups that are designed to integrate research's finding in community outpatient healthcare setting. **METHODS:** The literature on treating BPD and SUD were thoroughly reviewed for this project. Given the complexity of PBD – SUD clinical picture, a workgroup was created to address the multifaceted aspects of the disorders. This took form of monthly meetings held by a multidisciplinary team of psychiatrists, psychologist, occupational therapist, physical therapist, social worker, and administration. In addition, the current disposition of services were reviewed, redesigned and improved in order to better suit the targeted population's needs and increase probability of treatment attendance. **RESULTS:** The groups are set to debut in October 2018 along with the deployment of the newly designed treatment team. This team will continue to meet once a month in order to constantly evaluate the services and procedures put in place. Side supervision coherent with the DBT model will also be mandated for the professionals involved. **CONCLUSION:** Treating patients with BPD or SUD in outpatient settings can be a long road of frustration, attrition, and depletion of resources for both patients and professionals. By implementing empirical clinical therapies as well as capitalizing the public health services setting, the goal is to improve care for BPD and SUD and enhance comprehensive treatment.

Key Words: Borderline personality disorder; substance use disorder; life worth living

WADD 2nd World Congress

Thursday, 25 October 2018, 12:00 - 13:30

Convitto della Calza, Florence, Tuscany, ITALY, EU

Plenary Room

OPIOID USE DISORDER IN EUROPE: DEFINING THE ROAD AHEAD

Chair:

Icro Maremmani¹ (Pisa, Italy, EU)

Faculty:

Maurice Dematteis² (Grenoble, France, EU),

Lorenzo Somaini³ (Biella, Italy, EU),

Carlos Roncero⁴ (Salamanca, Spain, EU)

Time	Presentation title	Speaker
11:40	Paving the way: Welcome and introductions <i>To illustrate historical context of past treatment management and the impact of having dedicated OST programmes</i>	Icro Maremmani
11:50	Update on drug-related mortality in Europe <i>Drug-related deaths (DRDs) continue to be a major public health concern in Europe⁵</i> <i>Deaths related to opioid overdose remain high</i> <i>Brief overview of multiple factors contribute to continued high rates of opioid-related deaths</i>	Carlos Roncero
12:20	Driving continued improvement in OUD: evidence and considerations <i>Current treatment practices for OUD may be suboptimal from physician and patient perspective</i>	Lorenzo Somaini
12:40	Towards a consensus-based approach to the management of OUD <i>The variation in treatment practices across Europe necessitated the development of consensus recommendations⁵</i>	Maurice Dematteis
13:00	Faculty discussion	<i>Led by</i> Icro Maremmani

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5. EMCDDA European Drug Report. 2017





Pacini Editore & AU CNS

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Plenary Session Presentations

PL-1. Focusing on Dual Disorder

P. Ruiz

Baylor College of Medicine, Houston, Texas, USA

In my presentation I will introduce the concept of "Focusing on Dual Disorders", and I will also introduce and describe the current organization and methods that we have created and used to appropriately address this new concept. Additionally, I will address the topic and understanding of "dual disorders"; and I will also address the Educational Protocols recently introduced by our organization. I will also address and discuss the recently published book "Youth Substance Abuse and Co-occurring Disorders: recently authored by Yifrah Kaminer, M.D., which focuses on this topic of "dual disorders". I will additionally discuss the future outcome of Dual Pathology as delineated by our organization; I will also address and discuss the results of the new concepts of comorbidity of addiction and other mental disorders; and I will define the difference between "drug abuse" and "drug dependence", as well as discuss the relationship between comorbid drug use and other mental disorders.

Key Words: Dual Disorders

factors are contributing to that 1. The risk taking and coping skills of the patients and 2. The lack and the quality of available care. Without a bold change in policy the situation will get even worse. This is also an opportunity to learn what needs to be done to better serve these very vulnerable patients and what Europe could do to prevent similar things to happen across the ocean. Based on the experiences in one of the hot spots in Canada, the Vancouver Downtown East side (DTES) and on the grounds of significant research evidence (Hotel study, Athome study, SALOME study etc.) major risks can be determined. The quality of care, coverage of substitution and mental health care and retention are very important ones. Comparing the situation in North America and Europe could be a significant opportunity to turn the situation around and prevent a similar development in other parts of the world.

Key Words: Homeless; hopeless; complex concurrent disorders; North America; overdose crisis

PL-3. Precision Medicine in Dual Disorders

N. Szerman

University Hospital Gregorio Marañón, Madrid, Spain, EU

PL-2. Homeless and hopeless - marginalized urban with complex concurrent disorders and the North American overdose crisis

R. M. Krausz

University of British Columbia, Vancouver, BC, Canada

The North American overdose crisis is the biggest public health threat since the HIV epidemic with similar mortality rates. Over 60 000 deaths in the US alone contributed to a general decline in life expectancy. People with complex concurrent physical and mental conditions are at especially high risk to overdose and to die after an overdose. Especially two

The current diagnostic classification systems in psychiatry fail to capture the clinical heterogeneity observed in mental disorders. The problem with psychiatric diagnosis is that groups identified by common label, for example psychosis, substance use disorder and others categorical diagnosis, in fact have little in common. The explosion of insights from neuroscience have renewed hope for developing assays that will guide the choice of intervention that is most effective for each kind of patient. There is an urgency to revolutionize our approach to treating dual disorders and get the right treatment to the right person at the right time. Precision medicine has been defined as

“an emerging approach for treatment and prevention that takes into account each person’s variability in genes, environment and lifestyle”. At recent times research brings new revelations about the effect of substances on individuals. Their effects are not the same in different individuals. In other words, the same substances give rise to different behavioural, affective, cognitive and sensory effects in some individuals than in others. Therefore, we must adopt a new approach and consider individual differences when we investigate the role of the effects of substances on the brain structure.

Key Words: Precision Medicine; Dual Disorders

PL-4. Cocaine Addiction: a self-medication hypothesis. A systematic review

M. Casas

Universitat Autònoma del Barcelona, Spain, EU

Not received

Key Words: Cocaine Addiction; self-medication hypothesis; systematic review

PL-5. The clinical and aetiopathogenetic complexity of schizophrenia

M. Maj

Department of Psychiatry, University of Campania L. Vanvitelli, Naples, Italy

The construct of schizophrenia has been extensively criticized in the past decades, but retains a clinical utility. In fact, a diagnosis of schizophrenia has therapeutic and prognostic implications which are in part different from those of a generic diagnosis of psychosis or a diagnosis of psychotic depression, psychotic mania, psychosis due to substance abuse, or acute and transient psychosis. Nevertheless, the characterization of schizophrenia provided by our current diagnostic systems is in several respects questionable. In particular, the DSM-5 definition seems to miss the difference between experiences of passivity or influence and delusions; does not include the cognitive component; and fails to mention the self disturbance that according to several authors is a nuclear feature of the syndrome. Anyway, it has become clear that a diagnosis of schizophrenia is not sufficient for the planning of management and the formulation of prognosis, if it is not followed by a detailed characterization of the

individual case, especially with respect to psychopathological dimensions and a series of antecedent and concomitant variables. It is now clear that the aetiology of schizophrenia involves a variety of vulnerability and protective factors, on both the genetic and the environmental side, that research is gradually trying to identify, validate and weigh from the epidemiological viewpoint. Although many of these factors are not specific for the syndrome, it seems possible to build up a profile of vulnerability and protective factors which is associated with the syndrome much more significantly than with other patterns of mental disorder. At the individual level, it is already possible today to calculate a genetic risk score and an environmental risk score for schizophrenia, and these scores, currently used for research purposes, may have in the future an application also in clinical contexts. From the pathogenetic viewpoint, the idea of a common final pathway leading from the various vulnerability and protective factors to the clinical picture should be abandoned. There are most probably several alternative biological pathways which lead to different subphenotypes, whereas the syndrome emerges at a higher level from an elaboration and integration of biological signals. The model of aberrant salience, with its neurobiological and cognitive components, is at the moment the most emblematic in this respect.

Key Words: clinical complexity; aetiopathogenetic complexity; schizophrenia

PL-6. Clinical foundation for the use of Agonist Opioid Medications in Bipolar Disorder and Psychosis

I. Maremmani (1/3/4) and A. G. I. Maremmani (3/4/5)
 1-V.P. Dole Dual Disorder Unit, Department of Specialty Medicine, 2nd Psychiatric Unit, Santa Chiara University Hospital, University of Pisa, Italy, EU; 2-Association for the Application of Neuroscientific Knowledge to Social Aims (AU-CNS), Pietrasanta, Lucca, Italy, EU; 3-V.P. Dole Research Group, G. De Lisio Institute of Behavioural Sciences, Pisa, Italy, EU; 4-Department of Psychiatry, North-Western Tuscany Region NHS Local Health Unit, Versilia Zone, Viareggio, Italy, EU

INTRODUCTION: Bipolar disorders and addiction often co-occur and constitute reciprocal risk factors that the authors believe are best considered under a unitary perspective. **METHODS:** In this presentation we review data collected by the VP Dole Research Team in Dual Disorder patients according the fol-

lowing 5-discussion points: i) Bipolar Disorder and Bipolar Spectrum as opposed to Schizophrenia like disorders in the association with addictions; ii) Bipolar spectrum and cyclothymia as risk of substance use; iii) Influences of bipolar spectrum disorders on the patients' addiction history; iiiii) the role of opioid medications in dual disorders opioid use disorder patients; iiiiii) the need of clinician's double competence in dual disorder patients. **RESULTS:** In Dual Disorder (Bipolar/HUD) patients we deal with patients' diagnostic difficulties; with specific symptoms and major symptomatological instability; poly-substance use and specific trajectories of addictions; chronic and relapsing states, increased suicidal risk, induced mixed states and psychotic symptoms. Treating Mood Disorder in HUD patients we must have in mind the interactions (potentiation and side effects) between psychopharmacology, used substances and agonist opioid medications; the use of psychiatric medications as anticraving drug, and the possible use of agonist and antagonist opioid medications in the treatment of the other psychiatric disorders. Treating chronic psychosis in HUD patients we must consider potentiation and side effects of antipsychotics on HUD treatment, worsening addiction hypophoria and inducing a more severe reward deficiency syndrome (RDS) in hypophoric patients. **CONCLUSION:** The experience of VP Dole Research Group suggests that i) Dual Disorder are the new paradigm in neuroscience to understand mental health; ii) To treat Dual Disorder patients double competence is needed; iii) In treating Dual Disorder patients priority must be done to SUD treatment (stabilizing patients); iiiii) Antidepressant use is ancillary to SUD treatment; antipsychotic use must be restricted to acute phases; mood stabilizers must be preferred; BDZs use must be avoided; iiiiii) Treatment is life-long

Key Words: Clinical foundation; Agonist Opioid Medications; Dual Disorder (HUD/Bipolar); Dual Disorder (HUD/Chronic Psychosis);

PL-7. Aetiopathogenetic and Therapeutic Complexity of Bipolar Disorders

G. Perugi

Department of Clinical and Experimental Medicine, University of Pisa, Italy

Not received

Key Words: Aetiopathogenetic Complexity; Therapeutic Complexity; Bipolar Disorders

PL-8. Opioid system and depression: a long relationship

M. Torrens

Institut de Neuropsiquiatria i Addiccions- Parc de Salut Mar and Department of Psychiatry, Universitat Autònoma de Barcelona, Spain, EU

From long there is close relationship between opioids and mood disorders. On one hand in the early 1900's, an opioid cure was proposed for the treatment of depressed patients but, although seemingly effective, this approach was hampered by the inherent addictive properties of available opiates. Later with the advent of monoamine targeting drugs in the 50's, the antidepressant utility of opiates was much less considered (Lutz et al, 2013). On the other hand, the association among depression and opioid addiction is very well known and prevalent. From the self-medication hypothesis to the opioid induced depression, and common vulnerability factors in the origin of this association, the correct diagnosis and treatment constitutes a challenge for the clinicians to improve the prognosis of these dual patients (Torrens & Rossi 2015). Furthermore, last clinical and animal research data increase the notion that endogenous opioids contribute to the aetiology of mood disorders. Mu, delta and kappa opioid receptors in reward processes and emotional responses, constitute possible different targets for clinical intervention in MDD (Kosten, 2016). In this presentation we will review the state of the art among opioids and mood disorders and some lines for future research.

Key Words: Opioid system; depression

PL-9. Disentangling dual diagnosis: focus on stimulants and psychotic disorders

C. Schutz

Institute of Mental Health, Department of Psychiatry, University of British Columbia, Vancouver, Canada

The presentation will summarize the current knowledge on the effects of stimulants, specifically cocaine and methamphetamine, and their interactions with psychotic disorders such as schizophrenia and substance induced psychosis. Attention will be given to clinically relevant aspects on the effects on brain, cognition and behaviour. Stimulants are utilized as cognitive enhancer and potential treatment option for negative symptoms, but they are also associated with habitual use and addiction. Most importantly, they

can induce psychosis. Recent studies indicate specific cognitive and social cognitive effects, which may constitute potential mediators. The author is medical manager of the largest concurrent disorder centre in North America. At the same time, he runs a research lab on stimulant use and cognitive control. Stimulant use disorder and concurrent psychotic disorder (schizophrenia, schizo-affective disorder, stimulant induced psychosis) constitute the largest proportion of patients in the centre. Thus the presentation will be based on experimental and clinical experience. Treatment options, including investigational approaches will be discussed.

Key Words: Disentangling dual diagnosis; stimulants; psychotic disorders

PL-10. Treatment of Youth SUD Disorders with Co-occurring Depression

Y. Kaminer

University of Connecticut School of Medicine, Hartford, CT, USA

INTRODUCTION: Alcohol and other substance use disorders (AOSUD) in youth with co-occurring depression (COD) has been associated with worse outcomes, and higher risk and shorter time for relapse after treatment. AOSUD and depression are risk factors for each other and for suicidal behaviour. Research on treatment options has been limited. Presently there is no standard, evidence-based intervention for addressing both disorders simultaneously. **METHOD:** This presentation will review the nature of the association between SUD and COD in youth. Then, address treatment findings updates. Finally, it will explore potential future research directions. **RESULTS:** indicate that depression has a mixed relationship with treatment retention and outcomes associated with variability in hypotheses and research methods. Importantly, 40% of participants show a significant early response of depressive symptoms following four weeks of psychotherapy treatment for AOSUD only. **CONCLUSION:** Health care policies for the provision of treatment services for dually diagnosed youth need to be developed, tested and implemented based on adaptive treatment protocols addressing poor response and maintenance of treatment gains.

Key Words: Treatment; Youth SUD Disorders; Co-occurring Depression

PL-11. Behavioural Addictions and Dual Disorders

D. La Barbera

University Hospital "Policlinico Paolo Giaccone", Palermo, Italy, EU

Not received

Key Words: Behavioural Addictions; Dual Disorders

PL-12. Causality or casuality. ADHD and substance use disorders

J. Martinez-Raga

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INTRODUCTION: Attention deficit hyperactivity disorder (ADHD) is a complex and multifactorial neurodevelopmental disorder, characterized by a persistent pattern of inattention, hyperactivity and/or impulsivity. ADHD is the most frequent psychiatric disorder of childhood onset, with a worldwide prevalence of 3,4-7,2%. Studies show that about two-thirds of children diagnosed with ADHD continue with symptomatology in adulthood, so that it is estimated that 3-5% of the adult population have the disorder. Clinically, ADHD is a heterogeneous disorder, partly as a result of the high comorbidity rates with other mental disorders that often hinders its diagnosis, its treatment and the outcome. Substance use disorders (SUDs) are among the most frequent concurrent psychiatric disorders in adolescent or adult patients with ADHD. **METHODS:** It is aimed to explore the interrelationship between substance use disorder and ADHD and gain a better understanding of risk factors and complications of this common comorbidity. **RESULTS:** Due to the very nature of ADHD, among other factors the high association with other psychiatric disorders, is a notably underdiagnosed, particularly in adults, more often in women. Children, adolescents, and adults with ADHD have a high prevalence of other comorbid psychiatric disorders. At least 60-80% of people with ADHD have another associated psychiatric disorder. SUDs are among the most frequent concurrent psychiatric disorders in the adolescent or adult patient with ADHD. Studies have shown that ADHD is an independent risk factor for developing a SUD; thus, individuals with ADHD have up to 1.8 times the risk of developing nicotine or alcohol dependence and up to 5.2 increased risk of developing addiction to illicit substances. Furthermore, a review with meta-analysis and meta-regression analysis

showed that the Overall prevalence in clinical samples is 23% regardless of age, gender or ethnic background, duration of abstinence, and time or scope of study. It has also been shown a linear relationship between the severity of ADHD and the risk or severity of SUD. The existence of a conduct disorder in childhood seems to increase the risk of developing a TCS in people with ADHD, although several systematic reviews with meta-analyses suggest that the existence of ADHD in childhood alone would be associated with a significant higher risk of developing a SUD, the presence of an oppositional defiant disorder or a conduct disorder would explain the emergence of more severe problems associated with substance use among individuals with ADHD. Use, misuse and addiction to nicotine, alcohol or other substances is higher in subjects with ADHD due to the combination of various risk factors, including common neurobiological mechanisms, a shared deterioration in psychosocial, academic and labour functioning or comorbidity with other psychiatric disorders, although certain character traits and symptoms that often appear with ADHD and SUDs such as impulsivity or low self-esteem appear to be of great importance as well, as is also the case of the neuropsychological alterations characteristic of ADHD, particularly deficits in executive function or the self-medication hypothesis. Mounting evidence suggests that pharmacotherapies commonly used for ADHD are also effective in adolescents and adults with dual disorders, usually in association with various psychological interventions, with an overall good safety and tolerability profile. However, while most studies coincide in showing the efficacy of these drugs on the symptoms of ADHD in dual patients, their actions on substance use are much more limited. **CONCLUSION:** The evidence from multiple studies and guidelines of good clinical practice indicate that all patients who attend treatment for their SUD should be assessed or at least screened to rule out the presence of an associated ADHD and vice versa.

Key Words: Causality; casuality; ADHD; substance use disorders

PL-13. Prisoners with substance use disorder and other co-morbidities – medical and human rights considerations

G. Fischer

Medical School, University of Vienna, Austria, EU

Not received

Key Words: Prisoners; substance use disorder; human rights

PL-14. Hallucinogen persisting perception disorders: The story of "dragons, fairies and giants" or "witches do certainly exist" or "the never ending trip"

A. G. Lerner

Lev-Hasharon Mental Health Medical Center; Sackler School of Medicine, University of Tel Aviv, Israel; Chairman of the Israeli Society of Addiction Medicine; Director of the Israeli Forum For Dual Disorders Treatment

INTRODUCTION: The use of consciousness-expanding natural and synthetic substances (hallucinogens) may produce a reversible state of intoxication commonly called "trip". There is a large spectrum of perceptual disturbances that can be perceived during these "trips". Some of them could return in the clinical form of benign and short-term Flashbacks or pervasive and long-term Hallucinogen Persisting Perception Disorder (HPPD). These two fascinating and intriguing syndromes are usually and frequently confounded and consequently mistreated. **METHODS:** Flashbacks and HPPD have been scarcely investigated. Most of the works are based on cases reports and naturalistic clinical explorations. A comprehensive review and overview of the literature will be systematically analysed. **RESULTS:** Results of the analysis will be presented. Theories regarding the genesis, clinical topics and pharmacological treatment approaches will be discussed and debated. **CONCLUSION:** Flashbacks and HPPD seem to consist of a wide spectrum of clinical conditions associated to the use of hallucinogenic substances in some vulnerable and predisposed users. A large amount of substances might be associated to the appearance of this captivating disorder. It should be stressed that smart natural substances have been used for religious, spiritual and medical purposes since ancient times. Clinicians need to be aware and recognize this infrequent but still existing syndrome. This identification will avoid and prevent mistreatment.

Key Words: Hallucinogens; persisting perception disorders; dragons; fairies; giants; witches; never ending trip



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Symposia

1- SOUTH EASTERN EUROPEAN ADDICTION TREATMENT NETWORK (SEEANET) SYMPOSIUM- PART 1 - Chair: Andrej Kastelic (Ljubljana, Slovenia, EU)

S01-1

Differences and similarities in opioid use and bipolar disorders

L. Ignjatova (1), I. Trencavska (1), D. Bonevski (2) and V. Isjanovski (3)

1-Centre for prevention and treatment of drug abuse and dependence; 2-Center for Mental Health "Centre"; 3-Center for Mental Health Centre "Prolet", Psychiatric Hospital Skopje, North Macedonia

INTRODUCTION: Substance use disorders (SUD) and bipolar disorders (BPD) often co-occur and there are some similarities in their clinical pictures. The aim of this study is to explore this similarities as well as differences. **METHODS:** We apply Symptom check list 90 to 104 outpatients, 36 BPD I, 23 BPD II and 45 methadone patients. **RESULTS:** The results show statistically significant differences in age and sex of the groups. There aren't significant differences in Global index psychopathology as well as in most of the subscales between groups with BPD I and SUD, what is not case with BPD II. There aren't statistically significant differences between three groups in subscale of hostility. Most of the patients with BPD have highest scores for depressive symptoms vs highest scores for anxiety for most of the patients with SUD. **CONCLUSION:** Despite differences, there are similarities in SUD and BPD patients what should be taken in consideration in treatment of SUD.

Key Words: opioid use; bipolar disorders

S01-2

Sexual disfunction among men in agonist opioid treatment

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INTRODUCTION: Sexual dysfunction is a common side effect of opioid medications. There are few research publications comparing sexual dysfunction among patients treated with methadone (MTD) and buprenorphine (BUP), however, none of them including slow release morphine (SR M). Studies comparing occurrence of ED among patients treated with MTD and BUP show higher prevalence of ED among patients treated with MTD than BUP. **METHODS:** Altogether 180 patients were included in the study (60 with MTD, 60 with SR M and 60 completely abstinent for at least 6 months). Questionnaire covered sociodemographic data and data about substance use and agonist opioid treatment (AOT) medications, data about sexual behaviour and IIEF questionnaire. **RESULTS:** Higher prevalence of ED as a side effect of AOT medications was in the group receiving SR M. At least 55 % receiving SR M had mild ED ($p = 0,005$). Higher rate with severe ED was in the group receiving SR M (40 %) compared to methadone MTD (21,7 %). **CONCLUSION:** This research findings show higher rates of ED among patients in AOT, with differences among MTD and SR M group. It highlights the importance of incorporating sexuality into a comprehensive treatment of patients in AOT programmes.

Key Words: Sexual disfunction; men; agonist opioid treatment

S01-3

Personality disorders and substance abuse

J. Ristic-Ilic

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Personality disorders are the most frequent dual diagnose among persons with addictive disease disorders, especially personality disorders from cluster B, such as antisocial, borderline and narcissistic personality disorders. Persons with both disorders have problems in functioning in many important fields of life (personal, social, working, productivity etc.). Studies show the importance of environmental and genetic factors in developing both disorders. Failure to diagnose such disorders results in the exclusion of psychotherapeutic, pharmacological, and social interventions, which could be essential for the recovery of the patient. On the other side, the diagnostics may be difficult in active substance users because of overlapping symptoms. With the presentation, I will address the epidemiology, aetiology and diagnostic criteria which overlaps in both disorders with possibilities in integrative therapeutically approaches in treatment.

Key Words: Personality disorders; substance abuse

2-IMPROVING TREATMENT OUTCOMES IN DUAL DISORDER PATIENTS: AN OVERVIEW OF NEW PSYCHOLOGICAL AND BEHAVIOURAL INTERVENTIONS IN CLINICAL PRACTICE - Chair: Tony Bloemendaal (Den Haag, Netherlands, EU)

S02-1

New perspectives on the treatment of dual disorders: Integrative care and psychological treatments

A. Bonebakker and A. Neven

Centrum Dubbele Problematiek, Fivoor, Den Haag, Netherlands, EU

INTRODUCTION: Among patients with dual disorders (severe psychiatric disorders and severe substance abuse), drop-out and non-adherence remain important barriers to the delivery of effective treatment. This often leads to social impairment and isolation, which makes these patients more susceptible to overall health problems which are associated with increased health care costs. **METHODS:** To overcome these problems, we need to improve adherence and

treatment engagement for patients with severe mental illnesses. In the Netherlands, the Centre for Dual Diagnosis (CDP) is the first clinic to use Integrated Dual Disorder Treatment (IDDT). This innovative approach helps patients by addressing multiple disorders at the same time and significantly improved treatment engagement and outcomes among patients with severe mental illnesses and substance use disorders. **RESULTS:** The IDDT seems to be very effective in the treatment of patients with severe mental illnesses and substance use disorders. **CONCLUSION:** Scientific evidence and implementation of the theoretical constructs in daily practice will be discussed. Special attention is paid to the role of psychological treatment in our Centre.

Key Words: New Perspectives; Duals Disorder Treatment; Integrative Care; Psychological Treatments

S02-2

Money for medication: Financial incentives for improving adherence to maintenance treatment in patients with psychotic disorders; a randomized controlled trial

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INTRODUCTION: Provision of financial incentives is a promising intervention for improving adherence in patients taking antipsychotic medication. We aimed to assess the effectiveness of this intervention for improving adherence to antipsychotic depot medication in patients with psychotic disorders, irrespective of their previous compliance. **METHODS:** We did this multicentre, open-label, randomized controlled trial at three mental health-care institutions in secondary psychiatric care services in the Netherlands. Eligible patients were aged 18–65 years, had been diagnosed with schizophrenia or another psychotic disorder, had been prescribed antipsychotic depot medication or had an indication to start using depot medication, and were participating in outpatient treatment. Patients were randomly assigned, via computer-generated randomisation with a block size of four, to receive 12 months of either treatment as usual plus a financial reward for each depot of medication received (€30 per month if fully compliant; intervention group) or treatment as usual alone (control group). The primary outcome was the Medication Possession Ratio (MPR),

defined as the number of depots of antipsychotic medication received divided by the total number of depots of antipsychotic medication prescribed during the 12 month intervention period. Patients were followed up for 6 months, during which time no monetary rewards were offered for taking antipsychotic medication. We did analysis by intention to treat. This trial is registered with the Netherlands Trial Register, number NTR2350. RESULTS: Between May 21, 2010, and Oct 15, 2014, we randomly assigned 169 patients to the intervention group (n=84) or the control group (n=85). Primary outcome data were available for 155 (92%) patients. At baseline, the mean MPR was 76.0% (SD 28.2%) in the intervention group versus 77.9% (28.5%) in the control group. At 12 months, the mean MPR was higher in the intervention group (94.3% [SD 11.3%]) than in the control group (80.3% [19.1%]), with an adjusted difference of 14.9% (95% CI 8.9–20.9%; $p < 0.0001$). This difference was maintained throughout the 6 month follow-up period: mean MPR of 86.6% (SD 22.2%) in the intervention group versus 76.0% (22.7%) in the control group (adjusted difference 6.5%, 95% CI 2.0–10.9; $p = 0.047$). CONCLUSION: Financial incentives are an effective way of improving adherence to antipsychotic depot medication among patients with psychotic disorders. Further research is needed to study the long-term effects of this intervention and its implementation in clinical treatment.

Key Words: Money for Medication; Financial Incentives; Improving Adherence; Maintenance Treatment; Psychotic Disorders; Randomized Controlled Trial

S02-3

Treatment no-response in patients with a dual disorder

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INTRODUCTION: The Neurosequential Model of Therapeutics (NMT) offers an explanatory model to understand the impact of trauma and neglect in the aetiology of psychiatric disorders. ^{Methods:} Systematic literature review. **RESULTS:** We will discuss how this model may be of great use in the treatment of patients with Dual Diagnosis. This group of patients is less adherent to therapy, more treatment-resistant, has higher mortality, more somatic symptoms and more psychosocial problems. This has several causes. The

role of trauma and neglect has not been extensively investigated in this respect. **CONCLUSION:** The NMT is a useful model which helps understand the often found connection between trauma and neglect on one side and substance abuse and treatment no-response on the other side. This novel way of understanding treatment no-response will be discussed.

Key Words: Treatment No-response; Dual Disorder

3-DUAL DISORDER PATIENTS IN COMMUNITY MENTAL HEALTH SERVICES - Chair: Celia Franco (Coimbra, Portugal, EU)

S03-1

Dual disorder patient in community mental health services: the experience of the centre of Portugal

T. Silva, C. Franco, F. Neto and H. Cardoso

Community Mental Health Unit, Psychiatric Service, Centro Hospitalar Universitário de Coimbra; Primary Care Unit from Oliveira do Hospital, Portugal, EU

INTRODUCTION: Addiction is a major public health issue that represents an important burden in all societies. Addictive disorders treatments have been done in specific services, separated from psychiatric services. On the other hand, Dual Disorders patients suffer from the “síndrome de la puerta equivocada” (Néstor Szerman, 2009). Sometimes they are treated in Addictive services, other in Psychiatric services and many times nowhere. The authors present the clinical data of the Dual Disorder patients treated in the community mental health unit in Oliveira do Hospital and Arganil, two towns in the centre of Portugal with about 40.000 habitants. **METHOD:** We present the clinical data from the Dual Disorders patients, followed in these unit, the diagnoses, the treatment and evolution. **RESULTS:** Dual patients treated in these units have good evolution, and remain in their homes, with their family and jobs, and recovery. **CONCLUSION:** The treatment of Dual Disorders patients carried out in community mental health units is effective. **Key Words:** Dual disorder; community mental health services

S03-2

Dual disorder patient: multidisciplinary team intervention in community mental health services

F. Neto, C. Franco and H. Cardoso

Community Mental Health Unit, Psychiatric Service, Centro Hospitalar Universitário de Coimbra, Portugal, EU

INTRODUCTION: Addiction is a major public health issue that represents an important burden in all societies. Addictive disorders treatments have been done in specific services, separated from psychiatric services. The implementation of community mental health units creates a new hypothesis of treatment for addictive disorder patients. To get this treatment with success is fundamental to have a multidisciplinary team of professionals specialized in psychiatry and mental health with large experience in addictive disorders treatment. **METHOD:** The authors present the organization and the work developed in Community Mental Health Unit in Oliveira do Hospital and Arganil, two villages in the centre of Portugal, with about 40.000 habitants. We describe the psychiatric, the nurse, the psychologist and the social work functions, and the functioning of the team. **RESULTS:** In this team works a psychiatric and a nurse with about 20 years of experience of working with dual and addicted patients, and the rest of the team has good formation in this area. The team closely monitors patients' progress, using motivational interviewing, therapeutic management and emotional expression. This weekly or biweekly monitoring allows the detection of situations of risk of relapse and its prevention, the improvement of self-confidence and personal security. **CONCLUSION:** The treatment of addictive disorders carried out in community mental health units is effective. This represents a great evolution in the treatment of these patients, allowing their maintenance in their social environment, family, work, enabling a good recovery. The success of this intervention requires a therapeutic team trained in addiction treatment and the appropriate use of opioid therapy.

Key Words: Dual disorder; multidisciplinary team; community mental health services

S03-3

Treating addiction patients in community mental health services: the role of opioid treatment

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from Oliveira do Hospital, Portugal, EU

INTRODUCTION: Addiction is a major public health issue that represents an important burden in all societies. Addictive disorders treatments have been done in specific services, separated from psychiatric services. The implementation of the units of community mental health creates a new hypothesis of treatment for addictive disorder patients. The authors present the experience of using opioid treatment in a community mental health unit to treat alcohol, opioid, other substances and gambling addicted patients. **METHOD:** The authors collected the clinical evolution data from patients treated with opioid therapy at the community mental health unit, in Oliveira do Hospital and Arganil. **RESULTS:** Alcohol addicted patients treated with Naltrexone 25mg per day, Opioid addicted patients treated with Buprenorphine 8 to 24 mg per day had good evolution. They have been abstinent during the time of treatment. Naltrexone has been used to treat patients with other addictive disorders, as compulsive shopping, gambling and tobacco. **CONCLUSION:** The treatment of addictive disorders carried out in community mental health units is effective. This represents a great evolution in the treatment of these patients, allowing their maintenance in their social environment, family, work, enabling a good recovery. The success of this intervention requires a therapeutic team trained in addiction treatment and the appropriate use of opioid therapy.

Key Words: Addiction Patients; Community Mental Health Services; Opioid Treatment Role

4-DUAL DISORDERS TREATMENT - Chair: Vera Martins (Coimbra, Portugal, EU)

S04-1

Treatment phases in dual patients

C. Franco and V. Martins

Psychiatric Service, Centro Hospitalar Universitário de Coimbra, Portugal, EU

INTRODUCTION: The treatment of Dual Disorders patients is complex because of the complexity of the clinical cases and the difficult treatment adherence. Since the beginning of the 21st century, scientific evidence has led to the changing of the paradigm to explain the additive and dual disorders (from the para-

digm centred on substance to the paradigm centred on individual vulnerability). This change should have implications in approaching and treating patients. The authors present the treatment phases developed in the Dual Pathology Unit, Serviço de Psiquiatria, Centro Hospitalar Universitário de Coimbra since 2009. **METHOD:** The treatment of Dual Disorders patients must: i) Diagnose psychiatric disorders and Substance Use Disorders (SUD); ii) Identify other vulnerabilities; iii) Propose an individual therapeutic project, adapted to each patient, and changed when need, to treat at same time psychiatric disorder and SUD; iiiii) Work with patient, families and social environment to recovery; iiiiii) Follow up patient and family for a long period of time. **RESULTS:** Dual Disorders are chronic diseases, and must be treated like the other severe Mental Health Disorders. **CONCLUSION:** Dual Disorders patients have the right to be treated in accordance with scientific knowledge and best clinical practice.

Key Words: Treatment phases; dual patients

S04-2

Opioid treatment: a new way to understand addiction

E. Albuquerque and C. Franco

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INTRODUCTION: Addiction is a major public health issue that imposes an important burden in all societies. Addictive disorders emerge as a consequence of a complex interaction between neurobiological vulnerability factors and social environment. The opioid system is known to play an important role in the regulation of the brain reward system and in many other neurocognitive processes as well. Pharmacological treatments that act in opioid receptors are currently being used, not only for the treatment of opioid abuse/dependence, but also for almost all the spectrum of addictive disorders. **METHODS:** We performed a no-systematic review of the recent literature focusing the use of opioid treatments in no opiate addictive disorders. Some clinical cases of our clinical practice, considered paradigmatic, are also discussed. **RESULTS:** The classical opioid receptors (mu, delta, and kappa opioid receptors) are activated by a family of endogenous peptides. The mu receptor, in particular, contributes for the reward processing of drugs of abuse, including alcohol, cocaine and tetrahydro-

cannabinol. Mu opioid receptors antagonists, like naltrexone, might help reduce drug use or mu opioid receptors agonists might be used as substitutive medication. Research regarding Kappa opioid receptors has become more prevalent in the last few years. This receptor is involved in the consumption, withdrawal and escalation of a variety of drugs of abuse, such as cocaine and alcohol. Despite this, few drugs with relevant impact in this receptor have been taken to the level of human clinical trials. **CONCLUSION:** Medications that activate or antagonize mu receptors are currently being used to treat many drug and behavioural addiction, some in an off-label prescribing basis. More studies investigating the efficacy and tolerability of no-specific opioid receptor antagonists and replacement therapies in no opiate addiction are warranted. A better understanding of the underlying mechanisms of addiction and the development of new therapeutic agents is also very important.

Key Words: Opioid treatment; understand addiction

S04-3

The role of treatment in day hospital in dual disorders patients

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INTRODUCTION: Treatment of Dual Disorders patients is a well Known difficult and complex process influenced by several factors. Multidisciplinary integrated treatment approach is the tailor-made for the dually diagnosed patient, consisting of pharmacotherapy, coordinated psychotherapy, psychosocial treatments for mental illnesses and use of substances, through a multidisciplinary team with specific training in the area. Several studies show the relevance of partial hospitalization treatment in these patients, especially in the acute compensation phase and continuous follow-up. Programs of the Day Hospital allow patients to remain integrated in the community and family context, at a lower cost for the health services, using therapies directed to the symptomatic phase or focusing on the relapse prevention, according to the phase of treatment. The authors verified that dual patients treated in these modality, have significant rates of retention in treatment and less hospitalization in acute inpatients units, which contributes to an effective psychiatric rehabilitation based on community.

AIMS: The aims of this study are: i) present the program and intervention used in the Day Hospital of our Dual Disorders Unit, discussing the benefits and difficulties of this type of treatment based on our experience; ii) compare the dual disorders patients treated in the Day Hospital program and in the inpatient and ambulatory programs; iii) analyse the relationship between partial hospitalization treatment programs and the impact on the course of the disease: number of relapses; rate of retention in treatment, severity of psychopathology, family interaction and social recovery. **METHODS:** Authors presented a revision of the literature focused on the role of partial hospitalization programs in dual disorders patients and present data from an observational, retrospective study with a random sample, constituted by the patients with dual disorders in treatment on our Dual Pathology Unit, during a period of 12 months. **CONCLUSION:** The day hospital partial hospitalization programs are a possible option to treat these patients with a lot of benefits that can be weighted in specific situations and patients, showing good results in long term evaluations.

Key Words: treatment; day hospital; dual disorders patients

5-ARE BENZODIAZEPINES THE CURE FOR OR THE CAUSE OF PROBLEMS? THE ROLE OF BENZODIAZEPINES IN TREATMENT AND OUTCOMES OF OPIOID ADDICTION - Chair: Thomas Clausen (Oslo, Norway)

S05-1

Use of benzodiazepines among opioid dependent individuals during a 12 week randomized study and a 36-week follow-up study with extended release naltrexone

L. Tanum and K. Klemmetsby Solli

Norwegian Centre for Addiction Research, University of Oslo, Norway

INTRODUCTION: Extended-release naltrexone is a promising treatment alternative, offering individuals with opioid dependence medication-assisted abstinence from opioids. Naltrexone reduces craving and thus, reduces the use of opioids and alcohol. It does not reduce craving for benzodiazepines, a drug frequently used among opioid-dependent individuals. **METHODS:** A multicentre, outpatient, open-

label randomized controlled trial taking place at five urban addiction clinics in Norway. A total of 232 adult opioid dependent (DSM-IV) individuals were recruited from outpatient addiction clinics and detoxification units and assessed for eligibility. Following 12-week clinical trial where opioid-dependent individuals were randomized to treatment with either buprenorphine-naloxone or extended-release naltrexone, participants were offered treatment with extended-release naltrexone or buprenorphine-naloxone in a 36-week follow-up study. Use of benzodiazepines was reported every fourth week during the study. **RESULTS:** Of 159 participants, mean age 36 years and 28% females, 80 were randomized to extended-release naltrexone and 79 to buprenorphine-naloxone; 105 (66.0%) completed the trial. Retention in the extended-release naltrexone group was non-inferior to the buprenorphine-naloxone group with a mean time of 69.3 versus 63.7 days. Superiority analysis showed the significantly lower use of heroin and other illicit opioids in extended-release naltrexone group. No significant differences were found between the treatment groups regarding most illegal other substance use. Participants receiving extended-release naltrexone had a substantial reduction in days of benzodiazepines use from mean 10.1 days / last 30 days in week 4, to mean 6.7 days / last 30 days in week 12 ($p=.04$). The buprenorphine-naloxone group remained stable in benzodiazepine use; mean 6.9 days/last 30 days in week 4 to mean 7.3 days / last 30 days in week 12. In the 36 weeks follow-up study, 117 out of 122 participants chose extended-release naltrexone, and approximately 50% of these participants were completers. Of $n=117$ participants on extended-release naltrexone, 62% reported the use of benzodiazepines at follow-up inclusion; mean 7.95 days/ last 30 days, while only 46% used of benzodiazepines at study end; mean 5.7 days/ last 30 days. **CONCLUSION:** Opioid-dependent individuals receiving treatment with extended-release naltrexone showed a reduction in benzodiazepines use over time together with a reduction in the use of opioids and other illicit substances. **Key Words:** Benzodiazepines use; Opioid Dependent Individuals; Extended Release Naltrexone

S05-2**Long-term opioid maintenance treatment patients and the role of benzodiazepines**

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Norwegian Centre for Addiction Research, University of Oslo, Norway

INTRODUCTION: Opioid maintenance treatment (OMT) is publicly provided on a long-term basis in Norway and aims to stabilize patients and link them to necessary psychosocial treatment. Norway experiences an ageing cohort of OMT patients of significant magnitude, and their somatic and mental health needs are not yet fully understood. The role of benzodiazepine use as part of OMT and its consequences is controversial and requires further investigation. **Aim:** To investigate whether the source of benzodiazepines (prescribed or illicit) impact the treatment in OMT among older patients. **METHODS:** 156 long-term OMT patients were interviewed (cross-sectional) by trained clinicians about their substance and medication use (EuropASI), mental health (SCL-25), somatic health burden on a scale of 0-64, and asked to compare their current situations and existing treatment needs with before they entered OMT. Benzodiazepine use was categorised into three mutually exclusive groups: no use, prescribed use only, and illicit use, based on their reports. Chi-squares and ANOVAs compared the distributions of these variables by BZD use. **RESULTS:** Mean age was 47.8 yrs and mean treatment duration 10.7 yrs. Illicit BZD use was nearly twice as common (39.1%) as prescribed use only (21.8%), while 39.1% reported no BZD use. The majority of the entire sample reported improved social relations (66.2%), better participation in abstinent networks (65.9%), better living situations (64.5%), and better quality of life as a whole (87.4%) compared to before they entered OMT. Both prescribed and illicit users reported similarly high mental distress, and significantly higher than those without any use ($F(2,149)=12.2$, $p<0.001$). Illicit BZD users were more likely to report more substance use or the same amount as before OMT (18.4%, compared to 13.3% of prescribed BZD users and 3.8% of the no-BZD group) ($p<0.001$), and more reported needing additional substance-related treatment and follow-up. Illicit BZD users were also more likely to report worsened mental health (recalling back from before they started treatment) (26.2% compared to 11.8% of prescribed users and only 8.5% of no-BZD users, $p=0.014$). Despite reporting improved physical health in similar proportions (61.7%), illicit BZD users re-

ported a larger somatic health burden than the other two groups ($p=0.024$). **CONCLUSION:** Long-term OMT patients are often considered stable and may subsequently be expected to have less contact with the treatment system than newer patients. This sample of ageing, long-term patients reported high overall satisfaction with OMT and rated their health, living situation, and quality of life as improved during treatment. However, BZD users, particularly illicit users, represent a sub-group with greater self-reported substance use, mental and somatic health burdens, and treatment needs. It is unlikely that these needs will diminish over time without additional treatment, and BZD use can thus serve as a clear marker for needed interventions.

Key Words: Long-Term Opioid Maintenance Treatment; Benzodiazepines Role

S05-3**Unprescribed benzodiazepine use predicts one-year instability in opioid maintenance treatment**

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INTRODUCTION: The prescription of benzodiazepines (BZD) to opioid maintenance treatment (OMT) patients is controversial, as concurrent consumption increases overdose risk. Nevertheless, many patients have large mental health burdens and BZD are often prescribed or obtained illegally. This longitudinal analysis examined the various sources of new OMT patients' BZD use and explored the relationships of changing BZD use to mental distress and one-year treatment engagement. **METHODS:** 283 OMT patients were interviewed at treatment start, and 174 were followed up with one year later. Patients reported their four most frequently used substances, mental health (SCL-25), and treatment engagement over time. ANOVAs examined group differences in BZD type and in treatment engagement. A general linear model with repeated measures was used to model change in mental distress over one year by change in BZD use. **RESULTS:** At treatment start, prescribed and illicit BZD were the most commonly used substances in the past six months (69.3%), followed by cannabis (59%) and heroin (53.7%). Twice as many patients used illicit BZD (44.5%) as prescribed BZD (20.8%), only 3.8% used both, and 30.7% did not use any BZD. Patients who used any type/combination

of BZD had more mental distress at treatment start than those who took none ($F(3,278)=6.9, p<0.001$). After one year, illicit BZD decreased by one third, to 32.4%, while the same amount as before used prescribed BZD. 75.3% of patients had remained in treatment continuously, while 16.7% had some treatment interruption, and 8.0% had dropped out. Illicit BZD use at baseline predicted subsequent treatment instability, with the majority of those with a treatment interruption (55.2%) and 78.9% of those who dropped out permanently also reporting illicit BZD at baseline.

In a general linear model with change in illicit BZD use as the between-group factor, mental distress did not improve over time (main effect of time: $F(1, 171.0)=3.1, p=0.081$), but the patients who began using illicit BZD over the past year reported a significant increase in distress (group*time interaction: $F(3, 171.0)=3.0, p=0.034$). Mental distress was not predicted by prescribed BZD at either treatment start or one year later. **CONCLUSION:** The high use of both prescribed and illicit BZD at OMT entry is of concern. Prescribed BZD use did not result in lessened mental distress with time, calling into question the utility of BZD to OMT patients. Illicit BZD predicted treatment instability and worsened mental distress after one year. Measuring OMT patients' illicit BZD use may be an important way of capturing unmet mental health needs as well as intervening before drop-out.

Key Words: Unprescribed Benzodiazepine Use; Instability; Opioid Maintenance Treatment

6-OUTCOME OF PATIENTS WITH DUAL DIAGNOSIS - EXPERIENCE OF 25 YEARS IN METHADONE MAINTENANCE TREATMENT CLINIC - Chair: Einat Peles (Tel Aviv, Israel)

S06-1

Predictors for schizophrenia and psychotic patients outcome in methadone maintenance treatment

E. Peles

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Not received

Key Words: Predictors; schizophrenia; psychotic patients;

outcome; methadone maintenance treatment

S06-2

Depression, food addiction, weight gain and nutrition habit among patients in methadone maintenance treatment

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Not received

Key Words: Depression; Food Addiction; Weight Gain; Nutrition Habit; Methadone Maintenance Treatment

S06-3

The relation between brief psychiatric rating scale (BPRS) on admission to methadone maintenance treatment and treatment outcome

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Not received

Key Words: BPRS; methadone maintenance treatment; treatment outcome

7-SUBSTANCE USE DISORDERS AND PSYCHIATRIC COMORBIDITIES: WHICH TREATMENT OPTIONS DO WE HAVE? - Chairman: Marta Torrens (Barcelona, Spain, EU)

S07-1

Substance abuse and psychosis: The strange case of opioid

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Italy, EU; 5-V.P. Dole Dual Disorder Unit, Department of Specialty Medicine, Psychiatric Unit, Santa Chiara University Hospital, University of Pisa, Italy, EU

INTRODUCTION: Psychoses correlated with substance abuse prove to be more common in cases involving cannabinoids, stimulants, hallucinogens, alcohol and polyabuse. Among substance abusers, it has not been ascertained whether opioids have a psychotic effect. The aim of this review is to investigate whether, among substances of abuse, a distinction can be drawn between pro-psychotic and anti-psychotic agents on the basis of the relationship between these substances and psychosis. **METHODS:** Studies were identified by searching through multiple literature databases, including PubMed, Scopus, Web of Knowledge. Hand searches through reference lists of relevant reviews were used to complement the computer searches. **RESULTS:** Looking at the relationships linking substances of abuse with psychosis, a distinction can, in fact, be drawn between pro-psychotic and anti-psychotic substances. Even if there are no differences in the addictive processes involved, opiates are the only sedative drugs that possess an anti-psychotic effect. **CONCLUSIONS:** The whole topic of opiate agonism merits is due for reconsideration: it is not only the anticraving action of opiate agonism, but also its effectiveness on the psychopathological level that qualifies it as to be viewed as a powerful tool in treating mental illness.

Key Words: Substance Abuse; Psychosis; Opioid Strange Case

S07-2

The phenomenon of drug resistance in substance induced psychosis

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INTRODUCTION: Substance use is a predictor of poor therapeutic outcome in psychosis, together with longer DUP and nonadherence to antipsychotic treatment. **METHODS:** Comorbidities such as ADHD and bipolar disorder were particularly taken into consideration, together with the adolescent population. **RESULTS:** Both ADHD and BD patients use psychoactive drugs more frequently than healthy controls, and the comorbidities may be overshadowed by substance direct effects. In adolescents, the response to both substances and medications is bizarre and quite unpredictable, due to the immaturity of the CNS.

CONCLUSIONS: Psychotic symptoms in substance abusers are more commonly eccitative and may also develop in withdrawal syndromes. It is necessary to treat hierarchically addiction, followed by comorbidities and finally psychotic symptoms. It is also recommended to use as few D2 blocker APs as possible, while favouring CLZ, anticonvulsants or ECT.

Key Words: drug resistance; substance induced psychosis

S07-3

Cocaine Use Disorder in ADHD individuals: Focus on comorbidities and treatments outcome

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INTRODUCTION: Attention Deficit Hyperactivity Disorder (ADHD) is often associated with Cocaine Use Disorder (CUD). The most recent studies in literature suggest that cocaine plays a similar role for the dopaminergic system as heroine does for the endogenous opioid one. However, still little is known about the treatment of ADHD and a possible correlation with CUD, its severity and outcome. Therefore, the aim of our study is to observe how the psychopharmacological therapy with labelled stimulants for ADHD impacts on individuals in comorbidity with CUD. **METHODS:** our sample is composed of 24 patients, aged from 18 to 65 years, recruited from our ADHD outpatient clinic with a concomitant CUD diagnosis at Santa Chiara University Hospital in Pisa. Both diagnosis were made following DSM-5 criteria. A diagnosis of ADHD was also confirmed with the structured Diagnostic Interview for Adult ADHD (DIVA). All individuals in our sample were assessed with standardized questionnaires to evaluate treatment efficacy and clinical improvement (Clinical of Global Impression, CGI), psychopathological symptoms (symptom Checklist-90, SCI-90) and cocaine addiction severity (Addiction severity Index, CPSI) at the moment of the recruitment and after a follow-up period of one year. **RESULTS:** at the beginning of our observation, we found that CUD and ADHD severity of illness were positively related. CUD patients showed a global improvement in clinical features and personal functioning after following ADHD treatment. **CONCLUSION:** Our findings suggest that the therapy for ADHD not only effectively treats attention deficit and hyperactivity, but also could affect cocaine-use prognosis and outcome, in ADHD indi-

viduals with a comorbidity of CUD. Further studies are needed to confirm our hypothesis, exploring new pharmaceutical targets.

Key Words: Cocaine Use Disorder; ADHD individuals; comorbidities; treatments outcome

8-DUAL DISORDERS IN MEXICO - Chair: Carmen Fernandez Caceres (Mexico City, Mexico)

S08-1

Dual disorders in drug users served in a network of specialized addiction care

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INTRODUCTION: Dual Disorders are associated with greater bio-psycho-social deterioration and adverse outcome of treatment; in the general population, a prevalence ranging from 20% to 50% is observed in treatment centres for drug users from 50% to 75%. **METHODS:** An exploratory study with a sample of 119 men and 24 women, of legal age, in treatment for the use of drugs in Centros de Integración Juvenil, a network of specialised addictions that operates in Mexico. The Mini International Neuropsychiatric Interview was applied, which includes Alcohol Dependence / Abuse, Drug Dependence / Abuse, Psychotic Episode, Major Depressive Disorder, Dysthymia, Manic / Hypomanic Episode, Generalized Anxiety Disorder, Post-Traumatic Stress Disorder, Social Phobia, Disorder for attention-deficit / hyperactivity disorder, antisocial personality disorder and suicidal possibility. **RESULTS:** More than 60% of the patients presented disorder due to alcohol use and disorder due to the use of other drugs. The current prevalence of dual disorders was greater than 50%; the most prevalent disorders were attention deficit hyperactivity disorder, antisocial personality and major depression. **CONCLUSION:** In this investigation with the Mexican population, the same tendency is observed as in studies carried out in different countries: the dual disorders are higher than the average in drug users. This result leads to consider the need for diagnosis and, if appropriate, to address both the mental health disorder and the substance use disorder.

Otherwise, the treatment may have a high possibility of failure.

Key Words: Dual Disorders; Drug Users; Specialized Addiction Care

S08-2

From prevention to rehabilitation, a continuum under the dual pathology model

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INTRODUCTION: From the perspective of public health, the approach to substance use disorders must be carried out in an integral manner, from the prevention and promotion of mental health unit treatment and rehabilitation. However, these strategies should not be dissociated from the dual pathology model and precision medicine. The objective is to have a valid and reliable instrument for the measurement of neuro-psycho-social factors associated with the development of substance use disorders useful for prevention, as well as a proposal of first-choice medications for all susceptible patients or that start with a dual disorder. **METHODS:** This study assesses the construct reliability and validity of an adapted version of the Drug Use Screening Inventory (DUSI) administered to a young Mexican population on the basis of questionnaires, self-administered by a non-probabilistic sample of high school students (n=1,983, mean age=15.7years, SD=1.4). An exploratory factor analysis was made of the principal components with Varimax rotation, in addition to a reliability analysis (Cronbach's alpha). **RESULTS:** Results indicate that this adapted version constitutes a valid and reliable instrument. Eight factors were identified, closely related to the original factor structure of the DUSI: Alcohol and drug abuse, Emotional distress, Low behavioural control, Low school attachment, Low social competence, Dysfunctional family relationships, Deviant peer networks, and Isolation. These factors explained 44.2% of the variance, each one including items with factor weights above 0.4. The overall internal consistency reached 0.9451, whereas the scales corresponding to the majority of the identified factors registered reliability scores of more than 0.8. **CONCLUSION:** The findings enabled the identification and refinement of the DUSI factorial structure in a Young Mexican student population, in the sense of providing a better conceptual homogeneity to explore

bio-psycho-social predictors for drug-related disorders, within the framework of precision medicine.

Key Words: Prevention; Rehabilitation; Dual Pathology Model

S08-3

Electronic screening tool for dual disorders in residential facilities to treat SUDs in Mexico City

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INTRODUCTION: Previous studies in Mexico implemented in residential facilities to treat substance use disorders (SUDs) have reported a prevalence of co-occurrence between SUD and other psychiatry disorders around 65%. To respond to the treatment needs associated with the SUDs, there is an offer of ambulatory centres belonging to the public sector, and residential treatment centres belong mainly to the private initiative or civil associations, which have scarce professional psychiatric support to detect dual disorders. **METHODS:** A scientific collaboration study was implemented between the IAPA and the UEC-INPRFM, which aimed to estimate the prevalence of co-occurrence among SUDs and OPDs (dual disorders), in people who were receiving rehab treatment in residential centres in Mexico City. The study was conducted in a sample of 747 users. **RESULTS:** The prevalence of co-occurrence between SUD and any psychiatric disorder was 64.03%, being the most prevalent disorders: depression (40.96%), psychosis (27.04%), post-traumatic stress (27.47%), and generalised anxiety (17.94%). The results gave rise to the development of the electronic screening tool or app named “Patología dual CDMX/Dual disorder CDMX”, which is easy and quick to use, and could be used to detect dual disorders on residential treatment centres. The development of this app counted with the support and collaboration of the IMIM, SEPD, and WADD. **CONCLUSION:** The development and competent dissemination of this electronic screening tool among health providers of the residential centres will equip them with a high community tool to improve detection and quality of care for people with dual disorders in Mexico City.

Key Words: Electronic Screening Tool; Dual Disorders; Residential Facilities; Mexico City

9-COMORBIDITY AND SEXUALLY TRANSMITTED INFECTIONS – LONGITUDINAL EVIDENCE, TREATMENT SEEKING AND TREATMENT OPPORTUNITIES - Chair: Rosa Alati (Brisbane, Australia)

S09-1

Generational changes in substance use – cross country comparisons

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Not received

Key Words: Generational changes; substance use; cross country comparisons

S09-2

Longitudinal links between comorbidity, treatment-seeking and sexually transmitted infections – opportunities for screening and treatment

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Not received

Key Words: Longitudinal links; comorbidity; treatment-seeking; sexually transmitted; infections; screening; treatment

S09-3

Development of an evidence-based model of rapid testing and counselling for HIV and other ITDs for addiction treatment centres in Mexico

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Not received

Key Words: Development; evidence-based model; rapid testing; counselling for HIV; other ITDs; addiction treatment; Mexico

10-SOUTH EASTERN EUROPEAN ADDICTION TREATMENT NETWORK (SEANET) SYMPOSIUM- PART 2 - Chair: Andrej Kastelic (Ljubljana, Slovenia, EU)

S10-1

Use of psychedelics and antagonists in psychiatric treatment: pros and cons

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Ketamine is known to block N-methyl-D-aspartate receptors thereby affecting the action of glutamate, a major excitatory neurotransmitter in the brain. Several recent trials indicate low-dose ketamine produces rapid antidepressant effects and also been reported to alleviate depressive symptoms in treatment-resistant depression. However, uncertainty remains in several areas: dose response, consistency across patient groups, effects on suicidality, and possible biases arising from crossover trials. Psychedelics (serotonin 2A receptor 5-HT_{2A}R) agonist such as lysergic acid diethylamide (LSD), psilocybin, N,N-dimethyl-tryptamine (DMT) and the DMT containing admixture ayahuasca, have shown promise in treating a range of psychological disorders for which currently available treatments are often insufficient, such as mood, substance use disorders, and anxiety disorders. Problem is that studies have mostly been conducted in small, relatively homogeneous samples, limiting the generalizability of their findings. We will present pros and cons of use of psychedelics and ketamine in different psychiatric treatments.

Key Words: psychedelics; antagonists; psychiatric treatment; pros and cons

S10-2

Outpatient prescription of antidepressants and anxiolitics in Slovenia

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INTRODUCTION: The aim of this study was to analyse the prescription of antidepressants and anxiolitics by gender, to determine the correlation between

them and to determine the antidepressants/anxiolitics ratio in Slovenia from 2009 until 2017. **METHODS:** Data from the Slovenian Database of Outpatient Prescriptions were used based on the WHO Anatomical-Therapeutic-Chemical methodology. Data were anonymised. Compiled data were processed by means of descriptive statistics, contingency tables, Pearson correlation coefficient and linear regression analysis. **RESULTS:** Outpatient prescription showed a statistically significant increase in prescription of antidepressants (N06A) from 43.9 defined daily doses per 1000 inhabitants per day in 2009 to 59.5 defined daily doses per 1000 inhabitants per day in 2017 and statistically significant declining pattern of anxiolitics (N05B) from 19.3 defined daily doses per 1000 inhabitants per day in 2009 to 13.9 defined daily doses per 1000 inhabitants per day in 2017. Antidepressants/anxiolitics ratio increased from 2.3 in 2009 to 4.3 in 2017. **CONCLUSION:** Study results pointed to several favourable features, the prescribed DDD/ per 1000 inhabitants per day of AD statistically significantly increased while the prescribed DDD/ per 1000 inhabitants per day of ANX statistically significantly decreased with the same trend in both genders. However, the prescription of AD in women is one more time higher than in men and the prescription of ANX is 60% higher in women. This is not surprising as women are more frequently affected by depressive and anxiety disorders in comparison with men. Increase of antidepressants/anxiolitics ratio could be an indicator of better quality treatment of depressive and anxiety disorders and tool for monitoring changes.

Key Words: Outpatient prescription; antidepressants; anxiolitics; Slovenia

S10-3

Zolpidem use in elderly patients in Slovenia

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INTRODUCTION: In the older age sleep problems are common, the prevalence of insomnia increases with age. A major physiological reason for poorer sleep quality with increasing age is chronic ill-health, disability and impairment which cause pain and discomfort at night, resulting in sleep complaints and difficulties. One of the most commonly prescribed medicines to treat insomnia is a non-benzodiazepine

compound zolpidem. In older insomnia patients zolpidem could increase the risk of fractures, therefore it should be prescribed carefully. The aim of the present study was to analyse the outpatient prescription of zolpidem in Slovenia in the period 2008 - 2016 by age and gender and to present the trends. **METHODS:** The data on the outpatient prescription and utilization of zolpidem were collected from all pharmacies in Slovenia. Anonymised data were analysed. Compiled data were processed by means of descriptive statistics, contingency tables, correlation, Pearson χ^2 test, ANOVA and linear regression. Non-benzodiazepine sedative hypnotics were classified according to the WHO Anatomical Therapeutic Chemical (ATC) Classification System. Defined Daily Doses (DDD) per 1,000 inhabitants per day were used. **RESULTS:** The highest number of zolpidem prescriptions was observed in women in the age groups from 51-60 years to age group 71-80 years. Patients younger than 55 years received 365.542 (29.87%) prescriptions in comparison with patients older than 55 years who received 858.195 prescriptions (70.13%). The significance in the Pearson χ^2 test was 0,000, meaning $p < 0.05$. In the period from 2008 to 2016 zolpidem was prescribed mostly to women (65.3%) in comparison with men (34.7%). However, prescription has been in constant decrease from 2012; in men, a slight increase was observed in the same period. **CONCLUSION:** In the period from 2008 to 2016 patients older than 55 years and women received significantly more prescriptions for zolpidem in Slovenia. Data revealed differences in prescription of zolpidem by age and gender. The prescription of zolpidem has been in constant decrease since 2012. This is an example of good practice and indicates that the guidelines for the treatment of insomnia in Slovenia are respected.

Key Words: Zolpidem; elderly patients; Slovenia

11- PSYCHO-ADDICTOLOGY: FROM CONCEPTUALIZATION TO APPLICATION - Chair: Amine Benyamina (Paris, France, EU)

S11-1

The institutionalization of psycho-addictology in Switzerland: the federal diploma of advanced training

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The psychiatry curriculum in Switzerland has always been unique as it includes not only general psychiatry, but also a complete training in psychotherapy. Thus the specialist qualification is labelled "Specialist for psychiatry and psychotherapy". The whole postgraduate training duration in psychiatry and psychotherapy is at minimum 6 years. The Swiss postgraduate system allows to add a subspecialty to the Specialist title. Thus the sub-speciality "Addiction psychiatry and psychotherapy" has been introduced in 2017, which is under the responsibility of the Swiss Society of Addiction Medicine - Section for Addiction Psychiatry. The prerequisite for obtaining the title in Addiction Psychiatry and Psychotherapy is a 2-year training in certified institutions and the specialist title in Psychiatry and Psychotherapy. The training ends with a summative exam.

Key Words: institutionalization of psycho-addictology; Switzerland; federal diploma; advanced training

S11-2

The dimensional approach in the service of psycho-addictology: the example of impulsivity

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Care for dual diagnosis disorders in addictology units should presuppose the identification of psychiatric disorders underlying addictive disorders. But we know that this situation remains marginal. Most of the time, the entanglement of the disorders and the modification of the symptomatic expression of the psychiatric illness make the diagnostic hypothesis too complex and consequently the therapeutical approach. In addition, the dual pathology itself often presents a particular psychopathological expression not recognized by caregivers. Therefore it seems more relevant to focus on dimensional expressions disorders whose identification seems easier. Impulsivity is the paradigmatic dimension of this approach: in fact it is common to addictive and psychiatric pathologies, easily referable, evaluable and accessible to treatment. However, this approach should not lead to oversimplified simplifications. It is important to be able to know the underlying determinants of impulsivity without reducing it systematically to a psychoaphic expression. This is the challenge of a fine-scale ap-

proach: Must not be reductive. We wish to address these different aspects in our presentation.

Key Words: Dimensional approach; psycho-addictology; impulsivity

S11-3

Towards a psychopharmacology with dual action?

I. Rammouz

Morocco

Not received

Key Words: psychopharmacology; dual action

12-HOT topics in Dual Disorders - Chair: Roger D. Weiss (Boston, MA, USA)

S12-1

Medical adjustment of alcohol dependence with baclofen, dihydrocodeine, buprenorphine, clomethiazole and possible other substances

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INTRODUCTION: Alcohol dependents suffer from one of the most severe and common chronic diseases. Treatment results without a long-term medical adjustment are widely disappointing. **METHODS:** We present >20 years of experience with medical adjustments like in all other chronic diseases. As practitioners, we cannot perform real clinical studies. But the extreme misery and desperation of the patients force us to try largely unproven medication. We have done this very carefully with a systematic documentation. **RESULTS:** We observe a significant improvement. Our experience is based on Baclofen, opioids and the GABAergic Clomethiazole. The considerable advantages of Baclofen are no induction of an own addiction and its possible application for a tapering alcohol dose without preceding withdrawal. Thus it's our medication of first choice. In case of failure, we can replace or combine it with other substances. Opioids are our most successful agonists. We mainly prescribed Dihydrocodeine, in singular cases also Buprenorphine. Both, and in one single case slow release oral Morphine, were successful on quite a new level. Colleagues, who prescribe Diamorphine report

similarly. Many patients on Methadone develop severe alcohol dependence. It's possible to release them by splitting and actively increasing the dose. Clomethiazole is not available in all countries. It's also an essential drug, if we prescribe it with due diligence, most times additionally to other substances for patients who are not able to stop drinking as needed.

One patient, who is suffering from very severe alcohol addiction, told us that Cannabis helps him best against alcohol craving. Most patients who know the effects of Cannabis agree to this, at least in singular cases. The data from the US, where Cannabis became more easily available, show a reduction of alcohol intoxications. One patient reported that prescribed Amphetamines were the best help for him against alcohol. He was not stable taking them in the long term, but for several years. **CONCLUSION:** All of these substances signify the entry into a really effective, pharmacological treatment of alcohol dependence, a medical adjustment as in all other chronic diseases.

Key Words: Medical Adjustment; Alcohol Dependence; Baclofen; Dihydrocodeine; Buprenorphine; Clomethiazole;

S12-2

Benzodiazepine abuse in a private outpatient treatment setting - psychiatric common grounds and typization of BDZ-bound addictive behavior

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INTRODUCTION: BDZ are amongst the most frequently prescribed drugs, let alone the most prescribed psychotropics. Although continuous use is not recommended, it has always been common. BDZ abuse has been into two categories: a lower dose continuous use, with a stable course; and a high-dose dose with an addictive profile and an irregular course, with lifetime comorbidity with substance use of different kinds. Psychiatric characterization of addictive pictures has not been clearly made, with the implicit assumption that the symptomatic target of BDZ therapeutic use is also the ground for the building up of abuse habits. **METHODS:** We gathered data from 60

consecutive subjects applying for outpatient treatment, of both sexes and with no restrictive age bracket, which displayed problematic BDZ use either as a prominent issue. Lormetazepam was the most featured BDZ (almost half of the patients), consistently with prescription trends in Italy. Significant groups (either demographic or diagnostic) were compared by BDZ use features (diazepam equivalent dose, route of administration, current or lifetime polyabuse, self-presentation mode, CGI-rated level of severity). RESULTS: Subjects openly reporting prominent BDZ abuse were on higher average dosages. Subjects with a history or current status of cocaine abuse took lowest dosages. Intravenous use was featured by patients with comorbidity for opiate use disorders. Contrary to a linear self-medication hypothesis, the vast majority of patients displayed bipolar disorder, which was the rule when accounting for the extended bipolar spectrum, whereas anxious comorbidity was not entirely standard. Nevertheless, axis I major bipolar patients (which themselves are known to be cocaine polyabusers more frequently) took lower BDZ dosages. CONCLUSION: BDZ abuse emerged as a form of abuse which tends to be heavier in case of mono-abuse and is more likely for female patients. BDZ Polyabuse is strongly linked to the bipolar spectrum, along self-stimulating dynamics rather than symptomatic use, BDZ possibly acting as a surrogate or within a “fusion” combination.

Key Words: Benzodiazepine Abuse; Private Outpatient Treatment Setting; Psychiatric Common Grounds; Bdz-Bound Addictive Behavior; Typization

S12-3

Opioid use disorder, depression, chronic pain, overdose, and suicidality: how are they related?

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INTRODUCTION: In the United States, an epidemic of opioid overdose has occurred in recent years, in part related to the rise of illicit fentanyl and its analogues. With this shift, the level of risk associated with heroin and other illicit opioid use has increased dramatically. Our research group has been interested in understanding the characteristics of those who have experienced non-fatal opioid overdoses. Are they depressed? Are they suicidal? Are these overdoses accidental? These data will be presented in the context of the relation-

ship between opioid use disorder, depression, chronic pain, and overdose. METHODS: We have devised a questionnaire to ask patients admitted to an inpatient detoxification unit about their non-fatal opioid overdose experiences. Specifically, we ask them about their thought process before their most recent overdose., specifically focusing on the degree to which they thought they might overdose and their desire to die. RESULTS: On an inpatient detoxification and stabilization unit, we gave the overdose questionnaire to 56 patients seeking treatment for opioid use disorder and have reported experiencing at least one opioid overdose in the past. Mean age was 33, and 59% were male. A total of 21% had a co-occurring primary non-substance-related diagnosis of major depressive disorder (MDD), and another 13% had MDD as a secondary psychiatric disorder. These patients represented 46% of those seeking treatment for opioid use disorder (OUD; N=120), i.e., nearly half of the OUD patients admitted to the unit had overdosed at least once. The mean number of overdoses was 5.3, with a range of 1-36. We asked, “Before your most recent overdose, how likely did you think you would overdose?” A total of 55 people answered; the mean on the 1-10 scale was 3.5. Eight people (15%) scored 10/10 a belief that they would overdose, and 10 people (18%) had a score between 7-10 regarding their belief that they would OD. We then asked, “How strongly did you want to die?” Again, 55 people answered, and the mean on the 1-10 scale was 3.9. Twelve people (22%) reported that they 10/10 wanted to die and 36% of people (n=20) said 7-10 they wanted to die. CONCLUSION: Overdoses are extremely common among patients with OUD, and in many instances are not entirely accidental. Rather, suicidal ideation is often a significant contributor to opioid overdose. Indeed, in our sample (albeit rather small), more than half of those who had overdosed rated their wish to die at least 7 on a 1-10 scale, representing over one-quarter of all patients entering treatment in our inpatient facility. These data suggest that clinicians screen carefully for suicidal ideation and intent in patients with opioid use disorder.

13-NOVEL PSYCHOACTIVE SUBSTANCES: PSYCHIATRIC CONSEQUENCES AND RELATED BEHAVIOURAL ADDICTIONS IN DUAL DIAGNOSED PATIENTS - Chair: Rok Tavcar (Ljubljana, Slovenia, EU)

S13-1

Novel psychoactive substances use: challenges in assessing, diagnostic, treatment and clinical management in young forensic patients

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NPS are legally defined as a new narcotic or psychotropic drug, in pure form or in a preparation, which are not scheduled under the 1961 Single Convention on Narcotic Drugs or the 1971 Convention on Psychotropic Substances, but which may pose a public health threat comparable with classic illicit drugs, substances listed in conventions. According to United Nations Office on Drugs and Crime (UNODC), till middle of 2017, 702 of the cumulative global total of 739 different new psychoactive substances (NPS) were reported. There is a low prevalence of NPS use, however outbreaks of serious adverse events NPS related raise concerns about the health consequences and risks. In recent years reported NPS related deaths and poisonings are increasing. The phenomenon is global. NPS are legally and economically (cheap), thus easy available. There is a rapid change of the NPS on the market, with consequently lack of reliable scientific knowledge on these substances. Frequently the molecular mechanisms of action, behavioral and adverse effects of NPS remain unknown. Due to the vast range of medical and psychopathological issues associated with the NPS it is crucial for health professionals to be aware of the effects and toxicity of NPS. The emerging toxicity of NPS is expressed mostly through neuropsychiatric and cardiovascular clinical manifestations. The treatment of NPS toxicity is often limited to symptomatic and supportive care. NPS related psychopathology is heterogeneous. There is a need to identify evidence-based treatment strategies, especially for the long-term consequences of NPS use. In spite of the increasing numbers of NPS,

at present scientific knowledge about NPSs' side-effects, toxicology, addiction potential is still limited. Three clinical cases of NPSs use in three young forensic patients with comorbidity (bipolar mood disorder, schizophrenia and autistic spectrum disorder) will be presented.

Key Words: Novel Psychoactive Substances; Assessing; Diagnostic; Treatment; Clinical Management; Young Forensic Patients

S13-2

Novel psychoactive synthetic cannabinoids and cathinones use: challenges in assessing, diagnostic, treatment and clinical management in dual disorders

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INTRODUCTION: Over the last ten years, there has been a rapid increase in the use of new psychoactive substances (NPS) that are not yet under international control. This poses an emerging and demanding challenge to public health, clinical work and researchers worldwide. Synthetic cannabinoids (SC) and synthetic cathinones (SK) are the most commonly used NPS in producing states of intoxication. **METHODS:** An electronic search was carried out on the Medline/ PubMed and Google Scholar databases to find selected search terms with a particular focus on reporting acute toxicity and psychopathology. **RESULTS:** The incidence of severe toxicity is difficult to estimate, due to the lack of rapid laboratory tests to confirm exposure, the rapidly changing variety of NPS compounds and because of the unknown total number of exposed, users can not be detected by routine urine immunoassay screening for drugs of abuse. SC are often mixed with herbal psychoactive mixtures and sold under the different brand name. SC present higher affinity with CB1 and/or CB2 receptors with a significantly higher dose-response efficacy than THC. The likelihood, intensity and prevalence of adverse effects are greater than those of THC. SC are thought to be associated with more severe psychosis, agitation and more sympathomimetic effects, because they are more potent full receptor agonists. In a majority of cases SC intoxications are clinically expressed by

agitation, tachycardia, nausea, and may not require inpatient treatment. SK are central nervous system stimulants, generally known as “bath salts” in the USA and as “plant food” in Europe. SKs are mainly available in the form of powder (white or light brown colour), capsules and pills. Cathinone derivatives augment presynaptic concentrations of dopamine, norepinephrine and serotonin by stimulating their release and inhibiting monoamine reuptake. The most common clinical findings reported to poison centres include: agitation, aggression, tachycardia, hallucinations, hypertension, mydriasis, tremors, fever, confusion, psychosis, chest pain, nausea, palpitations, peripheral vasoconstriction, headache, and convulsions. Acute toxicity due to SC and SK has been implicated in the emergence mostly of neuropsychiatric and cardiovascular clinical manifestations. A majority of emergency medical problems are minor to moderate poisonings; however, severe intoxication can lead to life-threatening adverse effects and death. SC- or SK-related toxicity should be considered by clinicians in case where young adults show unexplained agitation or cardiovascular symptoms, especially in cases of altered mental status with acute onset, agitation, hallucinations, delusions, paranoia, excited delirium, combativeness and violent behavior/aggression, serotonin syndrome, renal failure or sympathomimetic symptoms/toxidrome. Behavioural disturbance in case of acute toxicity represents a challenge because it is a potentially life-threatening clinical condition, with risks for patients, the general public, police and care providers, as it is extremely difficult to manage and is resistant to conventional interventions; in some cases emergency anaesthesia may be required. CONCLUSIONS: The acute and chronic toxicity of many SC and SK is still unknown, as data from poison centres should be interpreted within their limitations (absence of analytical confirmation, secondary reporting of clinical features). The management of intoxication is symptomatic and supportive, because antidotes are not available. Regular users may experience withdrawal and addiction symptoms. A significant proportion of SK users report tolerance, dependence or withdrawal symptoms. There is a need for evidence based treatment recommendations.

Key Words: Novel Synthetic Cannabinoids; Cathinones; Assessing; Diagnostic; Treatment; Clinical Management; Dual Disorders

S13-3

Novel psychoactive substances use: challenges in assessing, diagnostic, treatment and clinical management of patients with schizophrenia

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INTRODUCTION: In last decade there has been an progressive increase in the use of new psychoactive substances (NPSs) that are not yet under international control. The emergence of NPSs on the drug scene has recently become a global phenomenon. **METHODS:** An electronic search was carried out on the Medline/PubMed and Google Scholar databases to find selected search terms with a particular focus on reporting acute toxicity and psychopathology. **RESULTS:** The NPSs include substances with different chemical and pharmacological properties; each NPS could have a slightly different molecular structure, with unpredictable effects. According to the UNODC classification NPSs include: synthetic cannabinoids, synthetic cathinones, phenethylamines, piperazines, ketamine, plant-based psychoactive substances, and other substances, including tryptamines, aminoindanes, phencyclidinetype substances, synthetic opioids, prescribed medications; performance and image-enhancing drugs. Based on their psychotropic effects, NPS can be classified as stimulants, hallucinogens or empathogens/entactogens. Most synthetic NPSs are manufactured in chemical laboratories in countries located in East or South Asia, and are then legally imported into Europe, the Americas and other regions. NPSs are produced without controls or mandatory standards applicable to the manufacturing process. NPSs are marketed as if they were legal and are commercialized as alternatives to traditional illicit or banned drugs. Data on clinical acute toxicity are limited to retrospective analysis, surveys and case reports, and are mainly reported by poison centres. The emerging toxicity of NPSs is usually expressed through neuropsychiatric and cardiovascular clinical manifestations; in rare cases severe, even life-threatening adverse effects have been known to occur. The treatment of NPS toxicity is often limited to symptomatic and supportive care. The long-term consequences of NPS use are currently unknown (lack or no human neurobiological data or long-term data),

however from the existing literature neurobiological concerns emerged: neurobiology predicts abuse, addiction potential effects are more intense, longer, unexpected, unpredictable, with new interactions vs classic illicit drugs. In recent years reported NPS related deaths and poisoning cases due to NPS are increasing. Besides acute toxicity other psychopathological consequences could be induced. The case of NPSs use in patient with schizophrenia will be presented. CONCLUSION: In spite of the increasing numbers of NPSs, at present scientific knowledge about NPSs' side-effects, toxicology, addiction potential or possible contraindications is still limited.

Key Words: Novel psychoactive substances; assessing; diagnostic; treatment; clinical management; schizophrenia

14-ARE WE ABLE TO DEVELOP APPROPRIATE DUAL DISORDERS TREATMENT RESOURCES?: BARRIERS AND FACILITATORS - Chair: Lola Peris (Neuchatel, Switzerland)

S14-1

Is the road to develop dual disorders treatment programs and resources long and winding?

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INTRODUCTION: In Portugal, as in many other countries, in public health services there are different resources (for psychiatric illness, for addictions, and community mental health services). This situation makes it difficult to treat patients with both psychiatric disorders and substance use/abuse. This leads to the "síndrome de la puerta equivocada" (wrong door syndrome) in which the patients do not know where should go to be treated. METHODS: The author summarizes the evolution of mental illness and addictions treatment since the 1950s. Then, describes an attempt to integrate the treatment of addictions into psychiatric and mental health services in her country, Portugal. Finally, presents her experience of treating patients with addictions and dual disorders in community mental health services. RESULTS: The results show the evolution of 90 patients with addiction and dual disorders through 3 years of treatment in community mental health service in the centre of Portugal. CONCLUSION: As conclusion, the author reflects about the difficulties of how public mental

health services could be organized to treat dual, addictive and mental disorders patients and the way to overcome them.

Key Words: Dual Disorders Treatment; Programs and Resources

S14-2

Do we know how to advance in the development of dual disorders treatment programs and resources?

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INTRODUCTION: After the introduction of the dual diagnosis guidelines in Norway in 2012 there has been a gradually increased awareness on the need for specific attention to people with addiction and mental health problems. Dramatic newspaper coverage of people with dual disorders suffering grave poverty without proper housing, work or meaningful activities has also helped to put more emphasis on the problem. METHODS: A review of the resources planned and created in relation to dual diagnosis, and the way to achieve that goal, will be presented. RESULTS: One of the great advances in Norway has been the development first of ACT-teams and later FACT-teams. Since Norway has a scattered population there is novel research on how to serve areas with 10 to 20 000 inhabitants. The ACT-team got a favourable evaluation and the FACT teams are in the process of being evaluated. Another interesting development is new treatment guidelines with stronger patient involvement in own treatment, the possibility to choose medication free treatment and with an aim of improved communication between the different layers in the health care system. CONCLUSION: A sustained effort was made in Norway to advance in the development of dual disorder treatment programs and resources. The aim to increase communication between the different layers in the health care system is probably one of the most important parts to improve treatment for patients with dual disorders.

Key Words: Development; Dual Disorders Treatment

S14-3**Are dual disorders integrated treatment programs and resources a realistic issue today?**

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INTRODUCTION: Benefits of addiction and other co-occurrent mental disorders integrated treatment have been repeatedly outlined throughout the last decades. A growing body of evidence is showing its good results regarding more adequate treatments and improved clinical evolutions, leading to better consequences for the patients and widely positive social outcomes. Despite this reality, the obstacles to the development of appropriate resources are frequent and, in most countries, they are incomplete or even non-existent. **METHODS:** After an overview of the present situation in the country where the clinical activity is developed, and linking it with the previous presenters interventions, a brief critical picture will be proposed about the general evolution regarding the hopes and the promises of better clinical and social results related to the dual diagnosis integrated treatments and the difficulties to fully incorporate them at the moment, together with a reflection of the future global directions, in order to launch the discussion. **Results:** A common reflection and an open discussion with the other presenters and with the symposium attendants on the subject to activate and promote new possibilities of collaboration, development and implementation. **CONCLUSION:** Bringing together dual disorder experts coming from different European countries, , who introduce a framework to discuss about the situation by reflecting on their respective countries involvement on the subject, this symposium reviews the barriers and facilitators for the progression of these structures and how a better organization could probably be achieved if bigger collaboration and joint research are increasingly developed.

Key Words: Dual Disorders; Integrated Treatment Programs

15-TOWARD A PSYCHOPATHOLOGY SPECIFIC TO SUDs - Chair: Angelo G.I. Maremmanni (Viareggio, Italy, EU)

S15-1**Personality traits and aggressivity of Dual Disorder Patients**

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INTRODUCTION: Personality characteristics and aggressive behaviour have long been considered factors that pre-exist addiction. Cattell's 16-Personality Factor Questionnaire and the Buss-Durkee Inventory have been used in psychosomatic medicine, and in psychiatric as well as Substance Use Disorder patients, to study psychological profiles and aggressive behaviour. **METHODS:** In this study, we verified the existence of the factors that pre-exist heroin. Using Cattell's 16PF Questionnaire and the Buss-Durkee Inventory, we have, at both the univariate and multivariate level, compared 73 Heroin Use Disorder (HUD) patients with a sample of 45 Substance Non-User (SNU) peers, selected after matching their respective socio-demographic data. Our expectation was, that among the characteristics that show the most evident deviance from the general population, those that differentiate HUD patients most sharply from their SNU peers should be considered as factors pre-existing heroin addiction. **RESULTS:** HUD patients and SNU peers, regarding psychological profiles, differ from the general population in the same way. As to the significant univariate differences, the 8-Sensitivity and 6-Rule-Consciousness factors are the only deviants from the general population in all individuals (higher scores in 8-Sensitivity and lower values in 6-Rule-Consciousness). Conversely, the 4-Dominance factor and 2-Reasoning factors are deviant only in the HUD patients, while 10-Abstractedness was not deviant in all our subjects. Differences in the 4-Dominance factor did not enter into the multivariate analysis. Being introverted, expedient in rule consciousness, abstracted in abstractedness, but less sensitive and more concrete in reasoning, are the prominent characteristics that allow HUD patients to be differentiated from their SNU peers. Regarding aggressive behaviour, HUD patients are deviant in all factors, whereas their SNU peers are deviant in only two elements: 2-Indirect Aggression and 6-Suspiciousness. These two factors do not, however, have a high profile at the multivariate level, and HUD patients can be distinguished by the higher values recorded for the 1-Assault and 4-Negativism factors. **CONCLUSIONS:** Psychological profiles that show deviance from those of the general population are unable to differentiate HUD patients from their SNU peers, with the sole exceptions of rule-consciousness and sensitivity, which, in any case, show greater deviance in their SNU peers.

Assault and Negativism are not deviant in SNU peers and can be considered as probable consequences of heroin use.

Key Words: Personality; Aggressivity; Dual Disorder Patients

S15-2

Affective temperaments as pre-existing addiction factor

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INTRODUCTION: Kraepelin and Kretschmer hypothesized a continuum between full-blown affective pathology and premorbid temperaments. More recently Akiskal proposed a putative adaptive role for the four fundamental temperaments: the hyperthymic one characterized by emotional intensity, the cyclothymic one by emotional instability, the depressive one by a low energy level, and the irritable one by an excessive response to stimuli. The scientific community has recently examined whether correlations exist between affective temperaments and substance abuse disorders. **METHODS:** In this presentation we review data collected by the VP Dole Research Group in Substance Use Disorder patients. **RESULTS:** No differences were observed between heroin addicts and controls on either depressive or hyperthymic scales. Significant discrepancies were noted in cyclothymic and irritability scales, on which heroin addicts scored higher, regardless of the presence or absence of a dual disorder. In a multivariate discriminant analysis, mainly cyclothymic, and (to a lesser extent) irritable traits show a distinction between heroin addicts and controls, but not between heroin addicts with and without dual diagnoses. No differences were observed between alcoholics and controls on the hyperthymic scale. Significant discrepancies were measured on the depressive, cyclothymic, and irritable scales, where alcoholics scored higher, regardless of the presence or absence of dual diagnosis. In a multivariate discriminant analysis, mainly cyclothymic, but also de-

pressive traits to a lesser degree, make it possible to distinguish between alcoholics and controls, but not between alcoholics with and without a dual diagnosis. Cyclothymic temperamental quantity differentiated - both at the univariate and multivariate levels - between patients who had various different types of Substance Use Disorder, largely irrespective of the principal substance of abuse (heroin or alcohol); irritable temperament quantity differentiated HUD patients from AUD patients. Hyperthymic temperament typology seemed to be more frequent in healthy controls at both univariate and multivariate levels. **CONCLUSION:** Our studies suggest that cyclothymic temperament quantity could best correspond to the temperamental profile of SUD patients independently of principal substance of abuse (alcohol or heroin), and that irritable temperament quantity may differentiate HUD from AUD patients. Hyperthymic temperament typology seemed to be highly protective for HUD and, though a bit less, for AUD patients, and was a typical feature of healthy controls.

Key Words: Affective temperaments; pre-existing addiction factor

S15-3

Towards a specific psychopathology of substance use disorders. An up to date

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Addiction is a relapsing chronic condition in which psychiatric phenomena play a crucial role. Psychopathological symptoms in patients with heroin addiction are generally considered to be part of the drug addict's personality, or else to be related to the presence of psychiatric comorbidity, raising doubts about whether patients with long-term abuse of opioids actually possess specific psychopathological dimensions. Using the Self-Report Symptom Inventory (SCL-90), we studied the psychopathological dimen-

sions of patients with heroin addiction at the beginning of treatment, and their relationship to addiction history. We found five psychopathological dimensions: Worthlessness-Being Trapped, Somatic Symptoms, Sensitivity-Psychoticism, Panic Anxiety and Violence-Suicide. These dimensions are unrelated to the choice of treatment site (outpatient clinic or therapeutic community), status of intoxication (intoxicated versus detoxified), presence of Dual Disorders, principal substance of abuse (Alcohol, Cocaine, Heroin), and PTSD spectrum (high stress level). These dimensions are correlated to the behavioural covariates of craving and to the severity of PTSD spectrum in HUD patients. These dimensions are able to perfectly distinguish between major depression and heroin addiction patients. Obese patients are poorer distinguished and gamblers are the patients' population more similar to substance use disorder patients. In the whole, this presentation supports the hypothesis that mood, anxiety and impulse-control dysregulation are the core of the clinical phenomenology of addiction and should be incorporated into its nosology. From therapeutic point of view this presentation will stress the importance of subtyping, at treatment entry, substance use disorder patients according to the prominent observed psychopathology. This is important in predicting outcome during AO outpatient and/or residential treatment.

Key Words: Specific psychopathology; SUDs



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Poster Session

PO-1. Circadian rhythms in Substance Use Disorders with and without depression

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INTRODUCTION: There is evidence in relation to changes in circadian rhythms in both patients with Substance Use Disorders (SUD) as well as with Major Depression Disorder (MDD). However, the study of the possible circadian affectation in patients with both disorders (SUD-MDD) is scarcely known. Therefore, the present work explores the circadian rhythmic profile of SUD-MDD patients under treatment with a minimum period of three-months abstinence. **METHODS:** A sample of 40 men patients with SUD and 40 with SUD-MDD were included and distal skin temperature (Thermochron iButton® DS1921H device) was registered for 48 hours every two minutes. An exhaustive sociodemographic and clinical assessment was also carried out in both groups. **RESULTS:** Patients with SUD exhibited a greater amplitude, rhythm percentage, and power of the first harmonic of the distal skin temperature rhythm, as well as a lower minimum value taking into account 10 consecutive hours ($p < 0.43$ in all cases), as compared with patients with SUD-MDD. Both the cosinor and non-parametric analyses indicated an adequate rhythm for the two diagnoses groups when compared with normative healthy control's data. In this sense, SUD and SUD-MDD groups were similar for sleeping hours, with a tendency toward a pattern of morning activity. On the other hand, circadian rhythmicity was better for patients with SUD than with SUD-MDD, showing relationships with the age of SUD onset and severity of

depression. **CONCLUSION:** To sum up, we can conclude that in an early remission phase from addiction, for patients with and without comorbid depression, a solid distal skin temperature and a morning pattern with a sleep-wake rhythm adjusted to the light-darkness cycle could be considered as indicators for treatment adherence and the possible patient's recovery. This work was supported by the Spanish Ministry of Economy, Industry and Competitiveness (PSI2015-65026, MINECO/FEDER/UE).

Key Words: Circadian rhythms; Substance Use Disorders; depression

PO-2. Neuropsychological profile of dual depressed patients

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INTRODUCTION: Substance Use Disorders (SUD) and major depressive disorders are conditions that both carried out severe personal, social, and economical consequences. While the impact of these conditions in neuropsychological performance has been studied separately, data about the impact of comorbidity or Dual Depression (DD) is scarce. **METHODS:** A sample of 30 men patients (39.57 ± 10.38 years), 15 with DD and 15 with SUD only, was studied. All patients were in treatment, in a clinical stable situation, and with a minimum of three months of abstinence. We assessed clinical variables and a neuropsychological test battery was used to measure attention, memory and executive functions. The age, civil status, social class, years of schooling, employment situation, and premorbid intelligence quotient (manipulative and verbal) were controlled, without

differences between DD and SUD groups in all of these variables. **RESULTS:** The DD group showed more familiar problems and previous relapses, a worse clinical situation, greater severity of addiction and nicotine dependence, and higher suicide risk than the SUD group ($p<0.05$). Moreover, no differences were observed between the groups for attention, information processing, visuospatial perception, immediate and delayed declarative memory, and working memory. We found differences between the groups only in the task which executive functions were involved. In this sense, the DD group presented a better cognitive flexibility (observed in the fewer total errors and more conceptual responses; $p<0.049$) and decision making ($F(1,27)=6.44$; $p=0.017$; $\eta^2=0.193$) than SUD. **CONCLUSION:** Overall, patients with DD showed a lesser cognitive impairment compared with patients with SUD only. This difference could be related to some clinical aspects of their major depressive disorder comorbidity, their treatment response to antidepressants, or to the specific relapse prevention therapy in DD patients. However, further studies are needed including a greater sample which also considers both sexes to achieve the generalizability of our findings. This work was supported by the Spanish Ministry of Economy, Industry and Competitiveness (PSI2015-65026, MINECO/FEDER/UE).

Key Words: Neuropsychological profiles; Dual Disorder; depression

PO-3. Borderline personality disorder and comorbid addiction

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INTRODUCTION: Borderline personality disorder is characterized by dysregulation of emotions, interpersonal relationships, behaviors, thinking processes and unstable self-image. The relationship between BPD and addiction is a very tight one. Those who have BPD are more likely to engage in drug or alcohol consumption as an attempt to escape from reality. The use of drugs and alcohol aggravate some of the more dangerous symptoms of BPD, most notably, rage and depression. **AIM:** Evaluate the percentage of comorbid addiction among BPD patients and demonstrate prevailing alcohol or drug abuse cases. **METHODS:** Screen the inpatients of "Center for Mental Health and Prevention of Addiction" (Tbilisi, Georgia) for

BPD (F60.3 According to ICD-10) and determine incidence of co-occurring addiction. **RESULTS:** 55 inpatients of our Center were diagnosed with Borderline Personality Disorder since January 2018, 50 of them had co-occurring addiction. Among comorbid cases, the following statistics were disclosed: i) 30% Patients with alcohol abuse only. ii) 40% Patients with combined addiction (alcohol and drug). iii) 20% Patients with drug abuse only. iiiii) 10% Patients with isolated cannabis abuse. **CONCLUSION:** Results show that 90.9 % of BPD patients who were hospitalized had co-occurring addiction. Comorbid substance abuse causes worsening of patients' symptoms and decompensation, leads to frequent hospitalization, makes the treatment process more difficult. High incidence of alcohol abuse among BPD patients in Georgia can be explained by specific ethnocultural relationship of our country with wine. As Georgia is considered to be the cradle of wine, winemaking and drinking is often not seen as a problem, even when it becomes an everyday habit.

Key Words: dual diagnosis; Georgia

PO-4. Multiple sclerosis and cognitive decline, presenting with alcohol abuse and compulsive buying: A case report

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INTRODUCTION: Multiple sclerosis is a chronic and degenerative immuno-mediated disorder that affects the central nervous system. A wide variety of signs and symptoms can be present, depending on the number and location of the inflammatory lesions. Neuropsychological deficits are present in a significant number of cases (from 40 to 65% of patients) and seem to be related with cortical demyelination and atrophy. **METHODS:** We present the clinical case of a young woman diagnosed with ME, that was referred to the dual pathology unit of our hospital institution by her neurologist for the treatment of alcohol abuse and compulsive buying disorder. A brief review of the literature available was also performed. **RESULTS:** B is a 43-year-old woman, with no relevant medical or psychiatric history, that was diagnosed with multiple sclerosis in October of 2013. She was referred to the dual pathology unit consultation by her neurologist with information of alcohol abuse and compulsive buying disorder. A neuropsychological evaluation

was performed using the frontal assessment battery (FAB) and the Addenbrooke's Cognitive Examination (ACE- 2008). This ACE revealed the existence of important deficits in several cognitive domains: memory, verbal fluency, language and visuospatial capacity. FAB revealed the existence of a mild executive dysfunction, that was particularly evident in the tasks that involve the capacity of inhibitory control. The patient started treatment with naltrexone 50mg id and topiramate 200mg id, with a substantial improvement in her capacity of impulse control, that probably was on the basis of the addictive behavior. **CONCLUSION:** Multiple Sclerosis is a neurological disease that can present with a wide variety of cognitive deficits and other psychiatric symptoms, including addictive disorders. The treatment of these patients represents an interesting challenge, considering the chronic course of the disease and the cognitive deficits that can be found in most patients.

Key Words: Multiple sclerosis; cognitive decline; alcohol abuse; compulsive buying; case report

PO-5. Evidence-based prevention of substance abuse in high school adolescents. The change of a perspective to protect and at the same time combat a stigma

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INTRODUCTION: Early efforts to prevent substance abuse usually rely on providing information and knowledge about negative effects of substances and the problems correlated to their consumption. Aware that an intervention program exclusively based on information dissemination about all problems related to substance abuse can only change attitudes but not behavior, we elaborated a program that includes primary prevention thought to target population before they have developed a disorder, and secondary prevention studied to target persons that have already developed a disorder, in a more comprehensive formative project, which stimulates adolescents to enhance a research about the human mind and human relationships. On the assumption that at the base of sensation seeking there is a loss of interpersonal, intrapsychic and physical sensitivity (M. Fagioli, 2010) we included the meetings with students concerning substance abuse in a wide program of "Education developing affective relationships" having the aim to sensitise

human relationships and their specific and complex facets, using literature, poetry, arts and human sciences. **METHODS:** Given the peculiar connotations of this education and prevention program we decided to structure a multidisciplinary project involving teachers, artists and health professionals specifically expert in Dual Disorder related problems. The objective of this paper is to propose an evaluation of the effectiveness of our program with a preliminary study regarding the change of beliefs and attitudes in 55 high school students aged 16-19, after meetings based on specific readings, conducted during the school year 2017-2018. This evaluation has been conducted using a structured questionnaire test-retest. Furthermore we also evaluate the possibility to develop a tertiary prevention referred to individuals who already have an established disorder in an effort to prevent it from advancing to the point of disease. With this purpose we introduced to students the possibility to use an internet interactive blog specifically thought to integrate the strengths of school, community intervention and family, to develop more incisive approaches and contemporary combating the stigma in Dual Disorder patients. **RESULTS:** This pilot study demonstrates a significant change in attitudes and beliefs about substance consumption and related problems in students involved. Moreover our blog has permitted a constant update about themes treated in the classroom and, through the option "Ask an expert" allows students and families to contact health professionals with a nickname, in order to establish a dialogue and lead to the treatment of an onset disorder if necessary. **CONCLUSION:** These results encourage further preventive interventions based on this multidisciplinary approach. We expect to evaluate their effectiveness with longitudinal studies based on extensive research designs.

Key Words: Prevention; substance abuse; high school; adolescents; stigma

PO-6. Culture sensitivity in dual diagnosis services in Israel

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INTRODUCTION: Israel is a multi-ethnic society and as a consequence of that there is a need to plan culture-sensitive services for Dual Diagnosis (DD) patients. Jewish immigrants (Olim) from Ethio-

pia constitute 1.7% of the Israeli population, which amounts to 8.8 million people. This cultural subgroup including second and third generations reaches a peak of 10% of the population of DD and Substance use disorders (SUD) patients treated in Detoxification centers. Data from the literature show greater risk for substance use and mental pathology among immigrants, especially from less developed countries due to cultural trauma. **METHODS:** A survey of existing mental health and SUD services, number of Ethiopian origin Jews attending these services, number of centers implementing culture-sensitive practices and culture competent therapists was performed. **RESULTS:** The survey of the existing culture-sensitive services in Mental Health for DD and SUD patients showed that many therapists lack cultural competence and that a specific educational program is needed as this cultural subgroup has a higher risk to consume psycho-active substances, especially alcohol and drugs among the older population and NPS and alcohol together with gambling among the youth developing dual diagnosis conditions. **CONCLUSION:** The risky condition of this cultural subgroup needs special attention and the planning of continuity of care between different health and mental health services. We'll illustrate the different steps of the process including the financial requirements to implement well accessible culture sensitive DD services in Israel

Key Words: Culture; sensitivity; dual diagnosis

PO-7. High risk drinking and prescription drug misuse: Relationship with suicidal ideation among US national guard soldiers

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INTRODUCTION: Data from a larger randomized controlled trial were used to examine rates and correlates of suicidal ideation, hazardous drinking, and prescription opioid and sedative misuse among US National Guard Soldiers. **METHODS:** Soldiers were enrolled during drill weekends, from April 2015 to April 2017 after being screened for hazardous drinking (HD; AUDIT-C score > 4/5 women/men) and prescription opioid or sedative misuse (POSM; i.e., using for reasons other than prescribed, borrowing from others, or taking more than prescribed). Suicidal ideation was measured using the PHQ-9 suicide idea-

tion item. Multinomial logistic regression analyses were used to compare substance misuse groups: no misuse, HD, and POSM. **RESULTS:** Among those screened (n=2746), 75 (2.7%) endorsed POSM and 769 (28.0%) endorsed HD. Rates of suicidal ideation were significantly higher among the POSM group (20.0%) compared to the HD group (9.6%) and no misuse group (3.3%) ($p < .0001$). There were significant differences between the groups in demographic characteristics (sex, race, marital status, education), employment, military history (rank, deployment history), mental health (depression, anxiety, PTSD), substance use (illicit drug, marijuana), overdose experience, and general health status (all p 's < 0.05). Regression analysis controlling for demographic variables showed that soldiers with POSM were significantly more likely to report use of marijuana (Adjusted Odds Ratio (AOR)=9.8 CI=4.7, 20.4) or illicit drug (AOR=3.0, CI=1.2, 7.0), trauma (AOR=2.9, CI=1.7, 5.2), overdose history (AOR=5.9 CI=3.2, 10.9) and poor health (AOR=4.1, CI 1.1, 14.6) than the non-misusers. The HD group was significantly more likely to report suicidal ideation (AOR=2.1 CI=1.4, 3.1), use of marijuana (AOR=3.2, CI=2.1, 5.0) or illicit drug (AOR=2.1, CI=1.3, 3.5), trauma (AOR=1.3, CI=1.1, 1.6), and overdose (AOR=2.1 CI=1.5, 3.0) than the no-misuse group. When comparing POSM to HD, the POSM group was significantly more likely to use marijuana (AOR=3.0 CI=1.5, 6.0), have trauma (AOR=2.2, CI=1.3, 4.0) or overdose history (AOR=2.7, CI=1.5, 4.9). **CONCLUSION:** Suicidal ideation and overdose are ongoing concerns among military personnel in the United States National Guard. Hazardous drinking and prescription opioid and sedative misuse were associated with higher rates of both suicidal ideation and overdose. Innovative interventions are needed to address the inter-related behaviors of hazardous drinking, prescription misuse, and suicidal ideation and attempts. Financial Support: NIAAA 1R01AA023122

Key Words: High risk drinking; prescription drug misuse; suicidal ideation; US national guard

PO-8. Affective temperament in patients with persistent ADHD and Substance Use Disorder (cocaine)

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INTRODUCTION: Attention Deficit Hyperactivity Disorder (ADHD) is characterized by hyperactivity, memory disturbances, distractibility, impulsivity and/or attention deficit. Although sideways thinking has its onset and maximum expression during childhood, it commonly occurs in adolescence and adulthood. In adolescence, in fact, there is a high risk of trauma and accidents, inability to follow the rules, learning difficulties, reckless behaviour, conduct disorders, and alcohol and substance abuse. ADHD is accompanied in 80% by psychiatric comorbidity, like Substance Use Disorder (SUD) and Bipolar Disorder (BD), which in turn negatively impact quality of life. **METHODS:** We selected 128 consecutive outpatients referring to the psychiatric clinic of the Sant'Andrea Hospital, U.O.C. of Psychiatry at Sapienza University, Rome, and at the Va.R.Co. (Regional Evaluation for Cocaine) of the Rome RM1 Dependency Service (SerD) during the span of 12 months. We divided patients into three groups, i.e., patients with SUD (n = 66), with ADHD (n = 31), and comorbid SUD + ADHD (n = 31). Clinical data were collected through a semi-structured interview. To evaluate persistent ADHD in adulthood, patients completed the Adult ADHD Self-Scale Report (ASRS-v1.1) and clinicians conducted the DIVA 2.0 semi-structured interview. To evaluate temperament we used the Italian TEMPS-A self-rated questionnaire. **RESULTS:** Age at first substance use was significantly lower in the SUD + ADHD group compared to SUD alone, while the weekly use frequency was similar. As regards ASRS, we observed significant differences in the two diagnostic groups; in fact, in the SUD + ADHD, the mean values were higher than in the ADHD group. Moreover, the prevalent diagnosis was ADHD persistent in adult age of the combined inattention/motor-verbal hyperactivity-impulsivity subtype in the SUD + ADHD, while in the ADHD alone group, the inattentive subtype prevailed. In SUD-only patients, the most represented temperament was dysthymic, in the SUD + ADHD group hyperthymic, finally in the ADHD-only group, the most represented temperament was anxious. **CONCLUSIONS:** Most adults with ADHD have another associated psychiatric disorder, which can mask ADHD; comorbidity in turn influences the clinical picture, severity, natural history, prognosis, and treat-

ment of the disorder. SUD and mood disorders are the conditions with which ADHD is most frequently associated. SUD is widespread in the general population, and a significant proportion of people with SUD show symptoms of ADHD. In our case series, almost 30% of patients diagnosed with cocaine use had a history of ADHD since childhood and presented ADHD symptoms at the time of evaluation. Our data appear to agree with the observation that the association between SUD and ADHD would favour earlier onset of substance use. The relationship between adult ADHD and SUD is likely to be mediated by affective temperament, which would contribute to mood fluctuations and impulsive behaviours with substances abuse.

Key Words: Affective temperament; ADHD; Substance Use Disorder; cocaine

PO-9. Behavioral dependencies: Pathological gambling - structured consultation experience in a central hospital in Portugal

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INTRODUCTION: The concept of addition / additive behavior is complex and to some extent difficult to define. Sussman and Sussman formulated a list of criteria, considering that the definition of additive behavior requires: 1) persistence in behavior that provides a sense of well-being and pleasure 2) the expenditure of a considerable amount of time to think, use or recover of the use of a particular substance 3) the sensation of satisfaction and satiety that stems from the use of a substance and that persists for a limited period of time 4) the inability to control the impulsiveness associated with a certain behavior, despite the negative consequences that may come (5).

The objective of this work is to make known our consultation with structured protocol of pathological gambling and other additions without substance in a central hospital in Portugal. **METHODS:** Based on a structured protocol developed for dependencies without substance in the context of consultation and group psychotherapy, to give knowledge of our casuistry in Portugal. **RESULTS:** The results correspond to the sociodemographic characterization, diagnostic comorbidity as well as pharmacological and psychotherapeutic therapy of the patients followed in consultation of dependencies without substances, pathological gambling unit. **CONCLUSION:** Although

commonly associated with substance use disorders, additive behaviors may exist without substance in a purely behavioral variant. This concept of behavioral dependence, although controversial, has been a subject of increasing interest, as evidenced by recent changes in DSM-V compared to previous editions. In fact, in DSM-IV-TR, Pathological Gambling was included in Impulse Control Disorders, passing, in this last edition, and under another designation - Game Disorder, to integrate Disorders related to the Use of Substances and Addictive Disorders. In the domain of substanceless or behavioral dependencies, Game Disorder is the only diagnostic entity formally recognized by DSM-V. In view of the above, it seems that the additions without substance, namely pathological gambling increasingly correspond to a current problem, still with few centers with a structured therapeutic response. Thus, we intend in the future to continue the work already begun in this area in order to continuously improve the care provided.

Key Words: Behavioral dependencies; Pathological gambling;

PO-10. Eating disorders and substance use in a sample of patients in the eating disorders treatment unit of Salamanca, Spain

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Institutions

INTRODUCTION: Comorbidity between eating and substance use disorders can reach a 35% according to the different samples. **METHODS:** Descriptive, retrospective observational study on a sample of 281 patients diagnosed of Anorexia Nervosa, Bulimia Nervosa and unspecified eating disorders. Diagnostic tests employed: EAT-40, EDI-2. In our clinical record model we included questions about the use of substances. **RESULTS:** 26% of the sample abused substances: 55% of the Bulimic patients, 35% unspecified eating disorder; 20% anorexia nervosa. The association of different substances was more frequent than the use of only one substance. Alcohol and cannabis were the most prevalent. Comorbidity with Anxiety disorders (30%), Borderline personality disorder (29%) and affective disorders (55%).

Key Words: Eating disorders; substance use; eating disorders treatment unit

PO-11. Towards a combined treatment for dual diagnosis

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BACKGROUND: Over the last 30 years, the investigation of the relationship between mental health, and addiction has become a central issue within the psychopathology. A supported definition of dual diagnosis, along with etiological hypothesis and therapeutic approaches still require enlightenment. Also, clinicians are taking distances from a definition that keeps separating neurodevelopment, and addiction as divided variables, with the aim to consider this pathology as a complex picture. Thus, characteristics of addiction, and psychiatry have to be considered as two strong components of the same disorder that require a likewise complex procedure from the assessment to the treatment. Consequently, The Prevention and Precocious Interventions Service (PIP), in collaboration with The Addiction Service (SerD), both belonging to the Mental Health Department (Asl Roma 1), have pointed out a combined approach identifying the cases mentioned with the aim to match evaluation and treatment procedures of the Services involved. **METHODS:** In order to establish a specific approach, recruitment aspects are defined as follows: a range in age from 14 to 25 years, territorial adherence related to the Services, severity of addiction and co-occurrence of psychiatric symptoms. Also, the aspects of investigation are defined to preserve the homogeneity of the group and the capacity of standardizing the outcomes, from the intake, through the first clinical procedures until the effective treatment offered by both Services. Thus, the current tools for the intake will be combined with two additional instruments in order to complete key elements related to addiction, and general psychopathology. Subsequently, two other phases are processed if the above criteria are satisfied, with the aim to clarify the symptomatology through the help of clinical scales along with clinical observation. At this point, some mental health specialists will be proposed for a more specific assessment, operating in both Services, as necessary. The elected scales are the following ones: ASI (Addiction Severity Index) and PANSS (Positive and Negative Syndrome Scale). After the evaluation, an emerged picture of dual diagnosis will be assigned to a specialized equipe defined for both Services that will be able to offer a combined care approach, integrating some election treatments,

principally oriented to cognitive-behavioral therapy. **RESULTS:** The experimental project is in progress, so that we cannot describe the outcomes of this innovative procedure. Nevertheless, the aim originates from an observed prevalence of patients requiring a complex, and multidimensional care approach due to their likewise complex clinical characteristics. This is crucial to ensure a more successful treatment, currently oriented to an ineffective parallel therapies. **CONCLUSIONS:** The project of a combined treatment presents the aim to offer a meaningful answer to the complexity of dual diagnosis that remains an ineffectually treated disorder, due to its different components, respectively assigned to elective care, isolated each other and responsible, in turn, of unsuccessful therapeutic treatments. Finally, this innovative approach represents the attempt to get over the current difficulties, passing through a modified setting in order to strategically combine trained resources.

Key Words: Combined treatment; dual diagnosis

PO-12. Psychopathology and clinic of eating disorders: The defense from depression. An interpretation according to massimo fagioli's "Human birth theory".

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INTRODUCTION: In Western countries it seems to be a significant increment of Eating disorders regarding these two last decades, as indicated by recent epidemiological data. These diseases are responsible of the strong increase of the risk of death due to physical damages. This epidemiological alarm obliges to improve prevention, and to investigate patient's childhood in order to assess eventual hidden psychological fragilities, which will express with illness during the complex season of puberty. This paper is a study on Eating Disorders, in particular anorexia and bulimia which considers different angles: the characteristics of the psychopathological onset and the conditions that can determine the resolution of the pathology through an analysis of a single clinical case. From a psychopathological point of view anorexia and bulimia are two aspects of the same disease and, in many cases we can identify the psychopathological nucleus in depression. The anorexic phase is characterized by control over food intake and contemporary in interpersonal relationships, which is generated by a paralysis of affections and mental rigidity. This pa-

ralysis represents a "schizoid defense" from depression. During the bulimic phase, instead, a break of the "schizoid defense" reveals violent and uncontrollable affects underneath depression. The alternation of these two phases can be overcome if interpreted as a false resolution of intra-psychic conflict, using Massimo Fagioli's theorization founded on the individuation of a pathologic dynamic defined in his theorization "annulment pulsion" (M. Fagioli, 1971). This dynamic is a consequence of disappointing relationships with non-responsive caregiver and can affect the physiological development of human mind, producing a split in the mental activity that is not fragmented at birth. **METHODS:** To support this hypothesis I propose a single-case study of anorexia complicated by bulimic symptoms and drug abuse. The case report describes the treatment of anorexia and bulimia through psychodynamic psychotherapy - combining individual and group psychotherapy - with the interpretation of dreams based on Massimo Fagioli's "Human Birth Theory". This paper proposes dream analysis as diagnostic method: oneiric images can show pathological thoughts and altered dynamics. Anorexia and bulimia can occur in the first few months of newborn's life when during the breastfeeding an unaffectionate caregiver produces a progressive loss of vitality and affectivity causing mental illness. During the psychotherapy sessions the patient tells through dreams what she/he felt in that delicate period: dreams of injuries and deep scars represent the deep mental lesions linked to those early moments of life. The unconscious relationship with the psychotherapist based on the dynamic of transference allows the patient to elaborate and recreate her/his first year of life. The sensibility of the psychotherapist is one of the most important instruments to understand the patient's oneiric communications and restore through the interpretations the affective dimension disappeared due to the patient's annulments. Clinical recovery must thus correspond to "oneiric recovery" to overcome anorexia and bulimia definitely. **RESULTS:** After 4 years of psychotherapeutic treatment the patient got normal body weight, disappearance of amenorrhea and resumption of menses. Furthermore bulimic crises and depression disappeared and then the patient began to have a regular sexual activity and an affective life. A positive reaction to the psychotherapy was also confirmed by a completely transformed unconscious dimension. **CONCLUSION:** These results encourage to continue the application of this method in treating anorexia and bulimia and strengthen the interpretative hypothesis of these two mental disorders suggested in

this paper with additional studies.

Key Words: Psychopathology; eating disorders; Human birth theory

PO-13. Distinct response inhibition patterns in obsessive compulsive disorder patients and pathological gamblers

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INTRODUCTION: Obsessive-compulsive disorder (OCD) and pathological gambling (PG) are common disorders. The cognitive models of OCD and PG focus on abnormalities in response inhibition. Although these functions have been studied in different PG and OCD samples, no study has compared head-to-head the response inhibition in both. **METHODS:** Medication-naïve OCD (n=61) and PG subjects (n=109) and healthy controls (n=131) performed CPT and Go/NoGo tasks. **RESULTS:** Compared to healthy controls (HC), PG and OCD groups underperformed on speed and exhibited larger response time variability on the CPT and Go/NoGo tasks. Only in OCD patients, a positive correlation between omission errors and response time (RT) was observed in the CPT. In the Go/NoGo task, a negative correlation between false alarms and RT (a fast-errors trade-off) was significant only in the PG group. The HC group had greater sensitivity values (d') than the OCD and PG groups in the Go/NoGo task. The PG group displayed lower d' values and more conservative response criterion in the CPT. In addition, only the OCD group expressed a high switching cost compared to both the PG and HC groups in terms of the RT and d' values. **CONCLUSION:** Both the PG and OCD groups demonstrated impaired response inhibition compared to the HC group. On several measures, the OCD and PG groups showed comparable impairments, while in others these were distinct. This it appears that distinct neurocognitive patterns are involved in CPT and Go/NoGo performance in OCD and PG.

Key Words: inhibition patterns; obsessive compulsive disorder; pathological gamblers

PO-14. Cocaine-induced schizophrenia-like disorder: A case report

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INTRODUCTION: What follows is the presentation of a clinical case report about the progress from drug-induced psychotic episodes with very complex hallucinatory and delusional symptomatology to a form of psychotic disorder consisting on spontaneous non drug-induced psychotic episodes with no negative of cognitive symptoms between them. **METHODS:** Review of the clinical and medical background of the patient in search of a description of the evolution of his perceived symptomatology along the years. Realization of a summary of such evolution and presentation in form of a poster. **RESULTS:** We present the clinical report of a 26 year old male from Spain who had to be admitted at the Psychiatry Ward for Acute Patients on two occasions prior to the current episode because of abundant and complex psychotic symptomatology. In both cases, this symptomatology was linked to prior use of cocaine, detected via laboratory tests. After a long period of completely asymptomatic abstinence, the patient had to be newly admitted to the hospital because of a similar set of delusional symptoms. This time the clinical tests for drug detection in urine could find no trace of any toxic substance of abuse, pointing towards a primary psychotic episode. **CONCLUSION:** The patient is quite likely to develop a form of schizophrenia-like disorder following the use of cocaine throughout the years. We consider it to be a rarely neat and clear case of such progress.

Key Words: Cocaine-induced; schizophrenia-like disorder; case report

PO-15. Acceptability of the assist questionnaire to assess substance use troubles in a French psychiatric patients' population

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INTRODUCTION: The dual diagnosis, psychiatric and addictive, is underestimated in psychiatric institutions. However it's frequent and The WHO underlines that we must do better to treat mental disorders and substance use troubles (mhGAP program). However, we need to screen and assess before treating. **METHODS:** To facilitate psychiatric patients to access to specialized addictology cares, the question-

naire ASSIST, validated by the WHO in french, have been tested during the hospitalization or consultation. The questionnaire gives a score as a severity level of the addiction for each substance, corresponding with the necessity of specialized addictology cares. Its an orientation tool. Health professionals (nurses, residents, doctors, psychologists...) have used it with their patients and gave their qualitative view about it. The scores obtained for each substance by the patients tested have been collected anonymously. The main criterion was the acceptability (Likert scale) of the questionnaire by the psychiatric - non addiction specialists - professionals. The others issues concerned qualitative views of professionals and the scores of the tested patients. RESULTS: Seventeen health professionals participated and 134 patients completed the ASSIST questionnaire (78 % of the patients asked). The acceptability of this tool by professionals was good. Eighty-eight percent of the professionals found ASSIST useful and easy to use. Scores revealed that patients were 19% with a severe substance use disorder that indicates specific addictions cares and were 47% with a moderate substance use disorder that indicates brief interventions. CONCLUSION: Health professionals in psychiatry seem to be ready to use the ASSIST questionnaire and patients (adults and teenagers) were able to respond. Obtained scores remind us the necessity of a systematic screening test and the possibility to address patients to addictions specialists.

Key Words: Acceptability; ASSIST questionnaire; substance use troubles; French psychiatric patients' population

PO-16. Gratification in group psychotherapies of DD patients

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INTRODUCTION: The establishment of a compulsive process of gratification supported by ritual behaviors could be the origins of abuse behaviors. In DD patients this process could be increased by control of anxiety and of mood modulations that gratification itself determines. METHODS: Two types of group psychotherapy (Cognitive- Behavioral and Transitional Analytical) are analyzed. Both included only DD patients, the first alcoholics - psychotics, the second dependents of different substances matched with different heavy psychopathological diseases. RESULTS: In both groups abstinence increased dur-

ing the treatment period and was maintained after conclusion. We detect that self and relational awareness releases patients from unaware dependence and stimulate new decisional processes about their relational conditions themselves. CONCLUSION: It seems that stimulating the decision to eliminate dysfunctional interactions during Rituals , Pastimes and Transitional Games we obtain the of compulsion itself.

Key Words: Gratification; psychotherapy; DD patients

PO-17. Characteristics of patients with dual-diagnosis in outpatient addiction treatment services in Tel-Aviv

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INTRODUCTION: Tel-Aviv metropolitan Area holds the largest number of substance use, homelessness and prostitution in Israel. The Dual-Diagnosis Unit in the Yaffo Community Mental Health Center offers the only public addiction treatment services in that area. METHODS: We present the characteristics of all patients entering our outpatient clinic in 2017. All patients were interviewed by a board certified psychiatrist. RESULTS: Hundred and sixty five patients entered our outpatient clinic in Tel-Aviv. Depression and anxiety were the most common disorders among women while schizophrenia was more common in men. Post-traumatic stress disorder was twice as common in women compared with men. Forty seven percent of women reported childhood sexual abuse compared the 9% of men. Eighty seven percent of women in prostitution reported childhood sexual abuse. Sixty three percent were unemployed, 24% of women and 12% of men were homeless. Eighty three percent of men and 40% of women were arrested at least once. Fifty one percent used opioids, 68% percent of them received opioid replacement therapy. The second prevalent substance used was cannabis (28%). Thirty three percent misused benzodiazepines and 31% misused methylphenidate prescribes by their family physician. Twenty percent were hepatitis B or C carriers and 3% were HIV carriers. CONCLUSIONS: There is an increasing number of people with dual diagnosis in the Tel-Aviv metropolitan area, many of them complicated with homelessness, prostitution, and crime. There are significant differences between men and women in our patients' population.

Key Words: dual-diagnosis; outpatient addiction

treatment services

PO-18. Perverse complicities

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INTRODUCTION: The authors propose the presentation of a theory reflection about the following themes: i) Predisposing factors to the initiation and maintenance of drug use ii) Consumption of psychoactive substances in households iii) Attachment and drug addiction iiiii) Parenting styles and drug addiction. In a following stage, a film entitled "Perverse Complicities" will also be displayed. **METHODS:** The film was made through the record of the appointments of both drug addicted mother and son. **RESULTS:** We believe that this presentation will be helpful in understanding the relationship between family dysfunction and drug dependence, by showing both the point of views of mother and son. **CONCLUSION:** Drug addiction is lived in a different way by each patient, which means that the treatment itself should have in account the specific characteristics of the individual, the type of addictive behaviour, as well as the comorbidities and the socio-familial environment surrounding the patient.

Key Words: perverse complicity

PO-19. Misuse of prescription psychotropic drugs among women: A possible iatrogenic dual disorder?

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INTRODUCTION: Misuse and addiction to psychotropic medicines, are more frequent in women than in men, as women have greater access to these prescribed medications. As a matter of fact women are generally more at risk than men to suffer from anxiety, depression and insomnia, more sensitive to pain and more likely to suffer from chronic pain. This should be sufficient to explain why women are consistently prescribed medications such as analgesic opioids, antidepressants and sedative/hypnotics, as they have different susceptibility to above-mentioned disorders. But we believe it is more than that: drug misuse and addiction are not only due to biological

phenomenon, but also to cultural elements. For this reason we focused on how culture affects approach to treatments and how physicians' practices and cultural stereotypes promote a more consistent prescription of psychotropic medications to women than to men, both in past and present society. **METHODS:** We made a search in PubMed for publications on gender differences in prescription drug misuse of analgesic opioids, antidepressants and sedative/hypnotics, and we also analysed some historical surveys about women and addiction. **RESULTS:** Over the last two centuries women have been more prescribed psychotropic drugs by physicians than men, basically for reasons related to doctor's perception of female needs, subject to the behavioral and cultural expectations in their time. In women more than in men, physicians (especially if male) overdetect mental disorders or conversely prescribe these medication, often continuously over long periods, for unlicensed or unspecified indications ('off-label'). The consequences are clear: long lasting inappropriate treatments not only affect females' quality of life, but can also lead to drug misuse or addiction. **CONCLUSION:** Gender differences in misuse of psychotropic drugs are partly related to peculiar doctors' prescribing behaviours toward female patients. Gaining insight into this issue and raising the awareness of physicians to a more responsible approach to drug prescriptions, are important steps in preventing misuse and addiction to psychotropic medications in women.

Key Words: Misuse; prescription psychotropic drugs; women; iatrogenic dual disorder

PO-20. The petit scale on schizophrenic population with alcohol use disorder: a pilot study

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INTRODUCTION: Dual pathology refers to the development of a mental disorder and an addictive

one in the same person. The PETIT scale allows the evaluation of the individuals' subjective responses to medication, medication adherence and changes in the quality of life of schizophrenic patients. The objective of this study is analysing the reliability of the PETIT scale in the schizophrenic population suffering from alcohol use disorder. **METHODS:** A pilot test was carried out by applying the PETIT scale to 20 patients in outpatient treatment diagnosed with schizophrenia according to DSM-5 criteria. The analysis of the scale feasibility and reliability was carried out using the PANSS scale to determine the psychopathological condition. To check the reliability of the scale, the analysis of the internal consistency of the items was used, through the calculation of Cronbach's alpha coefficients. The comprehension of the questionnaire was registered using a Likert scale (1= minimum and 10= maximum). **RESULTS:** The pilot test was applied to 20 patients (85% men) with a mean age of 50 years. 70% are single and, as regards familial coexistence, 65% live in Faisem supervised housing and 34% with relatives. Regarding the educational level, 60% have completed secondary education and 30% have no studies. According to PANSS-C, 70% belong to the positive subtype and 30% to the negative subtype. The internal consistency obtained (alpha Cronbach) gives results above 0.7. Also, 100% of the questions on the scale were answered, the understanding was given 9.86 points and the average time of completion was 3 minutes. **CONCLUSIONS:** The scale presents good reliability, being able to be completed in a reasonable time, not needing improvements. The final instrument will be applied in a sample of schizophrenic patients participating in the translation and validation project of the PETIT Scale.

Key Words: Key words: Schizophrenia; PETIT scale; Alcohol use disorder; pilot study.

PO-21. Clinical profile of patients with dual disorders in an outpatient addiction center follow up. An observational study

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INTRODUCTION: The comorbidity between a substance use disorder (SUD) and other psychiatric disorder, known as Dual Disorder, is common in patients who seek for help to an outpatient addiction center.

Patients with Dual Diagnosis have worse outcomes, with more clinical and social severity, compared to patients with either mental health or substance use disorders in isolation, resulting in a high cost to the healthcare services. It is crucial to understand better the profile of patients with dual diagnosis in order to develop more efficient treatments and address them correctly. This study aims to describe the clinical characteristics of dual diagnosis patients seeking care in an outpatient addiction center (CAS Santa Coloma). **METHODS:** A descriptive analysis was carried out in a sample of patients with dual diagnosis, under treatment at Santa Coloma out-patient addiction center, between January 2017 and August 2018. We obtained the data from the review of medical records. **RESULTS:** From the 304 patients in follow-up in the center, we identified 139 (45.7%) subjects with comorbid dual diagnosis, by DSM-5 criteria. The majority were men (73%). The average age was 42,2 years(21-76). Alcohol represents the most common primary drug in patients with dual disorders who sought for treatment in our outpatient addiction center (41%), followed by heroine (21%), cocaine (19%), cannabis (13%), benzodiazepines (4%) and inhalants (0,7%). The prevalence of HBV, HCV and HIV infections was 2.2%, 19.4% and 6.5% respectively, and its prevalence was higher in males. Regarding psychiatric non-SUD comorbidity, the diagnosis were: primary depression (18,7%), adjustment disorders (14,4%), primary psychotic disorders (10%) borderline personality disorder (8,6%), and anxiety disorders (7,2%). Psychotic and affective induced disorders cases were 3% and 0,7% respectively. A 10% of the sample were diagnosed with more than 1 comorbid disorder (71,4% men). **CONCLUSION:** Patients with dual disorders represent a high percentage of patients who seek for help in outpatient addiction centers and this comorbidity raises the complexity of their treatment. Their clinical profile is a middle-age man, who often seeks treatment for alcohol-related problems. It is important to be aware of the presence of sexually acquired infections and blood-borne viruses related to risk behaviours. The presence of comorbid psychiatric symptoms should be explored from the beginning of follow-up, especially affective symptoms, given the high frequency of comorbid depressive and/or adjustment disorders, and the possibility of more than one comorbid disorder should be considered.

Key Words: Clinical profile; dual disorders; outpatient addiction center; follow up; observational study

PO-22. Grit in patients with substance use disorder

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INTRODUCTION: Grit is an emerging concept in positive psychology, defined as the ability to be persistent and focused in pursuit of long-term goals. This concept has received a great deal of interest recently because of its robust ability to predict success and well-being across a wide variety of domains. The study aim was to examine the clinical relevance of the construct of grit among patients with substance use disorders. **METHODS:** Inpatients on a detoxification unit were enrolled from September 2013 to May 2017 (N=960). Psychometric properties of the Short Grit Scale (Grit-S) were examined, as well as comparisons of our participants to comparison samples. We then considered sociodemographic and clinical variables that might be associated with grit in this population. **RESULTS:** In this sample of patients with substance use disorders, the total Grit-S demonstrated strong psychometric properties. Substance use disorder patients scored lower on the Grit-S than six samples reported in the literature, with one exception. Grit-S scores were higher among older patients, those with more years of education, and those who currently employed; scores were lower among those never married, diagnosed with a co-occurring psychiatric disorder, whose primary substance was opioids, or who had a prior inpatient detoxification or who had used heroin during the past month, according to bivariate analyses. Gender, race, Hispanic ethnicity, and the presence of chronic pain were not associated with grit scores. Grit-S scores remained associated with age, employment, education, and presence of a co-occurring psychiatric disorder in adjusted analysis. **CONCLUSIONS:** This study provides initial support for the utility of the Grit-S among those with substance use disorders; this novel measure has not been previously reported in clinical populations other than our own research (AmJAddict 2016;25:652-658). Research examining grit prospectively is needed to determine whether the links between grit and outcomes observed in other populations apply to patients with substance use disorders.

Key Words: Grit; substance use disorder

PO-23. RBP-6000 Buprenorphine monthly depot demonstrates sustained clinical efficacy and safety**in phase iii opioid use disorder trials**B. Haight, A. Andorn, C. M. Laffont, M. Young, A. Jones, S. Learned, Y. Zhao, F. Gray and C. Heidbreder
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INTRODUCTION: RBP-6000 is a long-acting, extended-release formulation of buprenorphine for monthly administration by subcutaneous injection. Two US multicenter studies were conducted to assess RBP-6000 efficacy and safety. **METHODS:** Studies included treatment-seeking adults (not currently on medication) meeting DSM-5 criteria for moderate/severe OUD for ≥ 3 months. Study 1 (NCT02357901) included open-label induction with buprenorphine/naloxone sublingual film followed by a double-blind 24-week treatment phase. Patients were randomized to RBP-6000 300/300 mg (6x300 mg), RBP-6000 300/100 mg (2x300 mg, then 4x100 mg), or placebo (6x). Study 2 (NCT02510014) included Study 1 completers (roll-over) and de novo subjects. Roll-over subjects had 6 further injections in Study 2. De novo subjects had 12 total injections. Subjects in both studies received individual counseling. Study 1 primary efficacy endpoint was cumulative distribution function for percentage abstinence (percentage urine samples negative for opioids combined with self-reports negative for illicit opioid use [Weeks 5- 24]; missing imputed as non-negative). Study 2 evaluated long-term safety/tolerability and efficacy persistence. **RESULTS:** In Study 1 (n=504: 300/300 mg, n=201; 300/100 mg, n=203; placebo, n=100), both RBP-6000 treatment groups were significantly superior to placebo for primary efficacy endpoint ($P < 0.0001$); mean percentage abstinence of 41% (300/300 mg), 43% (300/100 mg), and 5% (placebo). Among RBP-6000 completers (n=245), mean percentage abstinence was 69% (300/300 mg) and 60% (300/100 mg) (Week 24). In Study 2 (n=669: roll-over, n=257; de novo, n=412), 61% of roll-over (n=174) and 76% of de novo (n=206) completers were abstinent at Week 49. Target buprenorphine plasma concentrations (≥ 2 ng/mL) were reached after the first injection and sustained over subsequent injections. No unexpected safety signals were reported: TEAEs (roll-over: 56%, de novo: 73%), serious TEAEs (3%, 4%), severe TEAEs (3%, 9%), TEAEs leading to study discontinuation (2%, 3%). **CONCLUSION:** Efficacy was maintained with continued RBP-6000 dosing for up to 12 months of treatment, with no new safety signals.

Key Words: RBP-6000; Buprenorphine monthly depot; clinical efficacy; safety; opioid use;

PO-24. Randomized controlled trial of telephone monitoring with psychiatry inpatients with co-occurring substance use and mental health disorders

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INTRODUCTION: Psychiatry inpatients frequently have co-occurring substance use and mental health disorders, which are related to poor post-discharge outcomes. Telephone monitoring is effective in specialty addiction substance use disorder care treatment settings in increasing continuing care and 12-step program utilization and improving substance use outcomes. This study examined the effectiveness of telephone monitoring among psychiatry inpatients with co-occurring substance use and mental health disorders. **METHODS:** This randomized controlled trial (n=406) compared usual care to usual care with plus telephone monitoring (one in-person session during the inpatient stay, followed by weekly telephone contact for three months post-discharge). Follow-ups were conducted at end-of-invention (3 months post-baseline) and 9 and 15 months post-baseline (73% followed). Primary outcomes were number of days, out of the past 30, of drinking alcohol, using drugs, and experiencing psychological problems. Secondary outcomes were outpatient substance use treatment, and 12-step mutual-help group utilization. **RESULTS:** Longitudinal modeling found that patients in both conditions improved over time on each primary outcome. Improvement was comparable between conditions on alcohol and drug use and psychological problems. Receipt of outpatient treatment decreased over the follow-up period and was not related to condition. Likelihood of attending 12-step group meetings did not change over follow-ups, and was not related to condition. **CONCLUSION:** Among these patients, improvement over time was evident regardless of condition assignment. Patients maintained attendance at 12-step groups from pre- to post-discharge. Short-term telephone monitoring in addition to usual care for patients with co-occurring substance use and mental health disorders may not be sufficiently intensive to achieve additional improvements on outcomes.

Key Words: Randomized controlled trial; telephone monitoring; DD Patients

PO-25. Alcohol consumption in the elderly

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INTRODUCTION: Due to an increase in average life expectancy and ageing population, the elderly population is the fastest growing segment of our population. Although research suggests that alcohol consumption usually declines with age, recent studies show that today's elderly population may be heavier drinkers than previous generations. The authors intend to characterize the pattern of alcohol consumption in this population as well as sociodemographic and psychiatric risk factors for alcohol dependence. **METHODS:** This was a retrospective, descriptive study which included 67 hospital admissions in the years of 2015 to 2017 in Coimbra Hospital and University Centre, with the primary or associated discharge diagnosis of Continuous Alcohol Dependence, code 303.91 of the Ninth Revision of the International Classification of Diseases (ICD – 9), classification in force in our institution at the date of codification of the diagnoses. **RESULTS/CONCLUSIONS:** Previous studies reported that most of the alcoholism in the elderly comprise individuals with a life-long pattern of drinking, "early-onset drinkers", and that the beginning of problematic drinking habits later in life, "late-onset drinkers", is usually associated with a stressful life event with negative impact in the patient social life. These two groups include the vast majority of the individuals with alcohol dependence and present important distinctions between them. It has also been reported that this population consumes mostly beer and wine and that, like in other age groups, alcohol dependence is more prevalent in men and is often associated with comorbid psychiatric disorders (especially mood disorders). Although the results of the present study are still preliminary we can say that they are consistent with the literature.

Key Words: Alcohol consumption; elderly

PO-26. Comorbidity of Adult ADHD and Treatment-Resistant Depression: Augmentation with Methylphenidate

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INTRODUCTION: Adjunctive use of methylphenidate, a central stimulant, has been considered as a potential therapeutic choice for patients with ADHD, refractory unipolar depression, geriatric depression, bipolar depression, and depression secondary to a medical illness. Augmentative antidepressant treatment response may be particularly beneficial across all ages, yet there are few data to inform clinical practice. We evaluated the potential of methylphenidate to accelerate antidepressant response to citalopram and the safety and tolerability of the combined treatment in patients with treatment-resistant depressive disorder with ADHD. **METHODS:** Fifty six (N=56) Adult ADHD subjects with treatment-resistant depression (TRD) participated in a four week prospective cross-sectional study comparing treatment response in two treatment groups: Group I- SSRI (N=28), Group II- SSRI plus methylphenidate (N=28). The primary outcome measure was change in depression severity. Remission was defined as a score of 6 or less on the Hamilton Depression Rating Scale (HRDS). Secondary outcomes included measures of anxiety, apathy, quality of life (CGI) and cognition. **RESULTS:** Daily doses ranged from 10 mg to 20 mg for SSRI (Citalopram, mean=15 mg) and from 5 mg to 40 mg for methylphenidate (mean=16 mg). All groups showed significant improvement in depression severity and in cognitive performance. However, the improvement in depression severity (Chi-square= 6.31, $p<0.04$) and the Clinical Global Impressions improvement score (Chi-square=4.21, $p<0.02$) was more prominent in the SSRI plus methylphenidate Adult ADHD Group II compared with the Group I. **CONCLUSION:** Combined treatment with SSRI and methylphenidate demonstrated an enhanced clinical response profile in mood and well-being, as well as a higher rate of remission, compared with either drug alone. A combination of antidepressants and methylphenidate seems to be an effective new option for the treatment of "therapy resistant" depressions comorbid with Adult ADHD.

Key Words: Comorbidity; Adult ADHD; Treatment-Resistant Depression; Augmentation; Methylphenidate

PO-27. Enhancing treatment engagement in addicted patients with depression

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INTRODUCTION: Addicted patients with co-occurring psychiatric disorder, instability or psychopathology present a specific challenge for both clinicians and psychotherapists. Assisting such patients to come to an initial consultation, to start medication treatment or psychotherapy, and to retain in treatment, requires a higher level of professional engagement, competency, commitment and skills. Establishing treatment contact, rapport, therapeutic communication, treatment alliance, trusting relationship, therapeutic relationship and a sustained adherence with treatment plan and therapeutic process may often be a difficult goal to achieve. **METHODS:** Approaching such patients with an empathetic and supportive style would substantially enhance the quality of therapeutic interaction and communication. This presentation addresses the above issues within the frame of assisting treatment inclusion and adherence of patients with depression and alcohol or substance related problems. **RESULTS:** The application of a structured introductory engagement session, specifically modified and applied at The Kantchelov Clinic as a preparatory intervention to enhance treatment and psychotherapy inclusion and adherence of depressed patients, is revealed. **CONCLUSIONS:** Clinicians and psychologists usually focus on data, detailed assessment and diagnostic tools at the initial consultation. Instead, the focus here is more on the patient's incentives, readiness and motivation to come for help, as well as his reluctance, barriers, fears, traumatic expectations, ambivalence and counter-motivations. These get primary attention within this strategy, which puts the person with his current internal experience at the first place, and clinical assessment, diagnostics and consequential clinical issues and procedures at the second. **Key Words:** Psychopathological Subtypes; Severity; East-Europe; Migrants; SUDs

PO-28. Some issues in dual diagnosis in psychiatry in Georgia

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INTRODUCTION: As noted, psychiatric disorders cause significant burden to individuals and society

across the universe. On the other hand, psychoactive substance abuse also represents significant threat to the health, social and economics around the world. For last decade, ongoing reforms in mental health in Georgia, focused mostly on political and infrastructural aspects of mental health services, pay no attention to combined mental health and substance use problems. Therefore, on official level the statistical data on dual disorders are missing and lack of research activities on dual disorders are evident. **METHODS:** The study is carried out with the main objective - to estimate the prevalence of dual diagnosis in psychiatric inpatients admitted to Acute Psychiatric Unit of the "Center for Mental Health and Prevention of Addiction" LTD (Tbilisi, Georgia) in consecutive 3 months (January-March 2017). **RESULTS:** According to the screening survey in January 2017, 42 patients out of 76 hospitalized samples had various mental and behavioral problems caused by psychoactive substance use; in February 2017 - was 45 patients out of 98 patients reported use of illegal drugs and alcohol and in March, 2017 - 50 out of 108 patients. In general, during 3 months 137 patients, admitted to our hospital, were diagnosed with dual diagnosis: 82 cases (59.8%) with primary psychotic disorder provoked by substance abuse; 55 patients (40.2%) diagnosed with psychotic disorder and behavioral disorder due to chronic substance abuse, brain damage and/or toxic encephalopathy. **CONCLUSION:** Study showed the tendencies of high rate in co-occurring substance use among patients with mental disorder. This preliminary data is giving new study design, that will focus on comparison of clinical and socio-demographic variables between two groups: the group with dual diagnosis and group of patients with psychiatric disorders. Retrospective study can also give some evidences concerning first episode psychosis. At this moment, specific recommendations for MH service reforming are introduced. From our point of view, a pilot project of the Dual Diagnosis department for patients with dual diagnosis could cover a gap existing in their treatment that have to be based on multidisciplinary case management.

Key Words: dual diagnosis; Georgia

PO-29. Brief interventions for young adults who use drugs: 'the moderating effects of resilience and trauma'

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INTRODUCTION: Among participants in an intervention clinical trial (N=602), we examined resilience as a moderator of substance use outcomes by intervention condition and between participants with and without severe traumatic stress (STS). **METHODS:** Eligibility included men and women ages 18-39 with recent multidrug use; drug treatment enrollees were excluded. Outcome measures were past 90-day frequencies of substance use and abstinence. Putative moderators were measured using the Resilience Research Centre's Adult Resilience Measure (RRC-ARM) and the Traumatic Stress Scale from the Global Appraisal of Individual Needs (GAIN). Analyses employed hierarchical linear models. **RESULTS:** High resilience predicted better substance use outcomes, and the ordering of intervention effects for high resilience participants was stepwise by intervention condition intensity. Participants with low resilience scores had poorer outcomes, and those outcomes were largely unaffected by intervention condition. Participants without STS experienced the interventions similarly to the overall sample. Regardless of the level of resilience, however, participants with STS did not benefit from the interventions. **CONCLUSIONS:** The findings point to the importance of screening for both resilience and traumatic stress prior to intervention to maximize the impact of brief interventions for substance users, and also to link those needing more intensive approaches to additional services and professional care.

Key Words: Brief interventions; young adults; drug use; resilience; trauma

PO-30. The difficulty of the psychopharmacological treatment in dual pathology

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INTRODUCTION: Dual pathology is the concurrence in the same individual, a psychiatric disorder and another for substance use. From the clinical perspective, these patients present greater severity. This makes it necessary to use multiple drugs, being necessary to develop adequate pharmacological therapeutic strategies of polytherapy. **METHODS:** Retrospective data collection of 72 patients with dual pathology from January 2017 to May 2018. This is a descriptive analysis of clinical data, substance use and prescribed pharmacological treatment. **RESULTS:** We found the following diagnostic groups: Paranoid Schizophrenia 6.4%; TAB type I 7.2%; TAB type II 2.4%; T. Affective 18%; TP Cluster A 2.8%; TP Limit type 21.4%; Antisocial TP 12%; Mixed TP 2.6%; TP ne 6.4%; Avoidant TP 3.2%; T. Psychotic secondary to toxic 10.4%, TOC 2.8%; T. mental and secondary behavior to substance use 4.4%. The substances consumed: 70% alcohol, 58% cannabis, 43% cocaine, 28% heroin, 19% benzodiazepines and 4.5% addiction without substance. 26.5% of patients used three or more substances. 53% of the patients used benzodiazepines and 18% hypnotics. 17% of the patients had prescribed two antidepressants. 28% of patients's treatment were two antipsychotics. 47.3% of the patients mood stabilizer included of their treatment. **CONCLUSION:** Despite the fact that politherapy in patients with dual pathology can be associated with an increase in toxicity or the risk of the appearance of uncontrolled side effects, it is a usual and necessary clinical practice since, because of the complex treatment. Being aware of the current situation make a more rational use of these drugs.

Key Words: psychopharmacological treatment; dual pathology

PO-31. From intense to occasional use of cocaine in Dual Disorder (Adult Attention Deficit Hyperactive Disorder/Cocaine Use Disorder) patients treated with stimulant medications

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INTRODUCTION: In Adult ADHD cocaine use can represent a sort of self-medication for inattentive symptomatology. Treating ADHD with stimulant may reduce cocaine use almost in this kind of Cocaine Use Disorder. **METHODS:** 24 patients with adult ADHD and Cocaine Use Disorder (CUD) were investigate with the Cocaine Problem Severity Index questionnaire at the starting and and the last evaluation of the follow-up during a pharmacological trial with stimulant medication (atomoxetine and ritalin). Clinical Global Impressions regarding ADHD and CUD were registered by CGI. **RESULTS:** At the start of trial only 2 (8.3%) patients were using cocaine occasionally, 8 (33.3%) assumed it 2-3 times a week, 11 (45.8%) did it 4-6 times a week and 3 (12.5%) daily. 12 (50.0%) were using inhaled cocaine and 12 (50.0%) intravenously. The quantity of cocaine used was relevant: 9 (37.5%) patients using 2-4 grams, 12 (50.0%) 5-6 grams, 2 (8.3%) more than 6 grams a week. Only 1 patient were using 1 mg or less a week. After a mean observational period of 7.77 ± 7.5 months (min 1, max 30), all remained 22 patients were using cocaine occasionally and only at recreational level. This strong reduction of cocaine use, reported by patients, was correlated to the observed improvement in Adult ADHD and CUD symptomatology. **CONCLUSION:** At least in DD(A-ADHD/CUD) patients, stimulant medications seem to reduce significantly the use of cocaine.

Key Words: DD; Adult ADHD; Cocaine Use Disorder; Stimulants medications

PO-32. Impact of methadone long-term pharmacotherapy program on the results of HIV treatment in Latvia

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INTRODUCTION: This study was planned to be carried out in RIGA EAST UNIVERSITY HOSPITAL - "Latvian Infectology Center", what became impossible after struggles with interpretation of new GDPR regulation. After what access was closed, why the study will have second part as planned in the beginning. The State-funded methadone program in Latvia (Riga Centre of Psychiatry) has been active only

since 1996. One of the most important and proven functions of the methadone program is the prevention of HIV / AIDS infection amongst intravenous drug users and the improvement of the physical and mental health of these users by ensuring continuous health monitoring. Meanwhile the incidence of HIV in Latvia remains one of the highest in Europe, which makes you think of predisposed groups of people. Also both citizen's and some healthcare professional's stigma towards both drug addicts and HIV patients is next level problem which must be solved in time. Politic towards drug addicts is zero tolerant. **METHODS:** This study was planned as quantitative retrospective cross-sectional research at first. The research was going to be carried out in Riga East University Hospital - "Latvian Infectology Center", patient ambulatory cards planned to be used. • Research sample would be: - 50 patients with HIV positive enrolled in the MMT and receiving ART; - 50 patients with HIV positive and are users of I / V drugs and receive ART. Study was conducted as retrospective analytical research of patients enrolled both in MMT and HIV treatment program. Data were obtained from 154 outpatient cards (34 patients each have 3-7 paper cards) in Riga's centre of psychiatry and addiction. Results of general physical examination, social data, and blood test results – CD4 count, viral load. Statistical analysis was performed using SPSS 22 program. **RESULTS:** 47% of respondents had significant CD4 count rise after at least 3 years of MMT, 42% had opposite results. **CONCLUSION:** For more statistically significant informative results study must be implemented as was planned at first. Which will happen after access to data will be available - 20.09.2018. Study is important to implement and spread also because it's the first attempt to analyze these two problems in one research in Latvia. There was strict resistance from colleague and peers. Archived data wasn't prepared to be analyzed in RPNC.

Key Words: methadone long-term pharmacotherapy; HIV treatment; Latvia

PO-33. Personality traits of patients with dual disorders: A psychobiological approach

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INTRODUCTION: Substance Use Disorders (SUD) with comorbid Severe Mental Illness (SMI) is a highly prevalent condition for which personality traits has shown to be a very important factor in order to achieve a better understanding of the evolution and prognosis of both disorders. Despite personality's important role very few studies have explored the personality profile of these patients with Dual Disorders (DD). Therefore, our aim is to explore the possible differential personality profile of a sample of DD patients regarding their comorbid SMI. **METHODS:** We assessed a sample of 100 male patients with SUD who were divided in three groups considering their comorbid SMI: Schizophrenia (SUD-SZ; N=37), Bipolar Disorder (SUD-BD; N=28), and Major Depressive Disorder (SUD-MDD; N=35). Personality assessment was delivered with the Spanish version of the Zuckerman-Kuhlman Personality Questionnaire (ZKPQ); sociodemographic and clinical variables were also controlled among groups. **RESULTS:** We observed different personality traits associated with each combination of SUD and SMI. Patients with SUD-BD showed the highest levels of Neuroticism-Anxiety ($F=5.838$; $p<0.01$; $\eta^2=0.108$) and Impulsivity-Sensation Seeking ($F=10.772$; $p<0.001$; $\eta^2=0.183$) compared to both SUD-SZ and SUD-MDD patients, which showed similar scores. Moreover, patients with SUD-SZ showed the lowest scores in Sociability ($F=3.887$; $p<0.05$; $\eta^2=0.075$) compared to patients with SUD-BD. Compared with the other two groups, SUD-MDD patients did not showed significant differences neither for the main scales nor for the subscales of the ZKPQ. **CONCLUSION:** Data of our study point out that the comorbid SMI in patients with SUD is associated to different personality traits. In this sense, patients with SUD-BD were more likely to be emotionally upset, worried, and fearful, they showed a higher lack of planning, as well as, a higher need for thrills and excitement. Patients with SUD-SZ were less likely to enjoy parties or interact with people; they tended to have fewer friends and prefer to be alone or in little groups. Thus, the understanding of personality as a group of dimensional traits could bring more tools to design personality-targeted interventions according to the comorbid SMI of SUD patients. This work was supported by the Spanish Ministry of Economy, Industry and Competitiveness (PSI2015-65026, MINECO/FEDER/UE).

Key Words: Personality traits; dual disorders; psychobiological approach

PO-34. Disease burden in ageing long-term opioid maintenance treatment patients; the triple burden

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INTRODUCTION: Opioid maintenance treatment (OMT), with long-acting per oral opioid agonists, is publicly provided as a long-term treatment in Norway and is aimed to stabilize patients, so that they can benefit from other medical care and psychosocial services. Consequently Norway is experiencing a substantial proportion of patients surviving into older age. Research has shown that mortality in ageing OMT patients is more associated with comorbid somatic conditions than with ongoing illicit drug use. The aim of the study was to look at what somatic health problems this population endure and their correlates. **METHODS:** 156 long-term OMT patients (more than three years in treatment) were interviewed by trained clinicians about their substance and medication use (EuropASI), mental distress (SCL-25), and somatic health. From a list of 16 common somatic problems, with every somatic problem scored from 0-4, a somatic disease burden scale from 0-64 was created, with high numbers indicating higher burden. To understand factors that may contribute to somatic disease burden, a hierarchal multiple linear regression was performed with somatic disease burden as the dependent variable. Independent variables included were those with significant bivariate correlations: SCL-25 score, number of chronic diseases, total years in OMT, satisfaction with OMT, gender, amphetamine use, and employment/studying (whether they were currently employed or pursuing education). **RESULTS:** Mean age was 47.8 years and mean total OMT duration 10.7 years. Almost three quarters (73.5%) of the patients in the group reported having at least one chronic somatic condition and over one half reported being infected with hepatitis C (52.9%). On the somatic disease burden scale the average score was 13.6 (SD 9.3) out of 64, with over half of the patients reporting at least seven somatic complaints. The most commonly reported complaint was reduced memory, reported by 74%. Other complaints that plagued over half of the patient group were headaches, indigestion, constipation, dizziness, teeth/gum ailments, joint pains, respiratory ailments, and visual disturbances. Mental health burden (SCL-25) was positively and strongly associated with somatic disease burden ($\beta=0.513$, $p<0.001$), explaining 33.3% of the variance. The next most important variable was number of chronic diseases ($\beta=0.288$, $p<0.001$).

More years in OMT was associated with less somatic burden ($\beta=-0.181$, $p=0.011$) and dissatisfaction with OMT was associated with the experience of greater somatic burden ($\beta=0.151$, $p=0.035$). **CONCLUSION:** Long-term ageing OMT patients are a group that experience a large amount of somatic complaints, while in treatment. The relatively low score of the somatic disease burden with a high number of different somatic complaints, points to patients in this group often experiencing a diffuse and varied list of multiple complaints, rather than one or few severe and specific issues. Both somatic and mental health issues combine to the experience of health burden. The origin of the different complaints may be the general ageing process, consequences of a long-term drug using lifestyle, side-effects from medications, chronic or acute infections or chronic non-communicable disorders increasingly common in ageing populations. Clinicians should have this in mind while trying to provide the best possible health care experience for ageing long-term OMT patients. A way forward seems to be a strengthened focus on alleviating the experience of health burden from both somatic and mental health issues.

Key Words: Disease burden; long-term opioid maintenance treatment

PO-35. Excessive use of new technologies as a risk factor for eating disordersF. Mora Mínguez, S. Fernández Rojo, Cristina Banzo Arguis, M. F. Alcántara and J. Q. Gutiérrez del Álamo
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INTRODUCTION: Eating disorders (ED) have a significant prevalence in children and adolescents. The use of new technologies allows to access to a big amount of information. Excessive use of these technologies at this stage of life, decreases social and family relationships and provides access to online content in favor of these disorders, which can affect to the development of an ED. The aim of this study is to analyze the relationship between the use of new technologies and the risk of developing an ED. **METHODS:** We have selected a sample of 500 patients who were in the 2nd year of secondary school to which has been applied a battery of scales, including the EAT-26 scale for ED; and has been collected sociodemographic data, including the use of internet and mobile phone. We used SPSS to analyze the relationship between these variables. **RESULTS:** We have analyzed

clinical and sociodemographic characteristics of the sample. In relation to the risk of developing an eating disorder we have found that high frequencies of use of the Internet and high frequencies of use of mobile phones (especially more than 4 hours a day) increases significantly the score in EAT-26 scale for ED ($p < 0.05$). **CONCLUSION:** Regarding the results, we can say that, in our sample, the use of internet and/or mobile phone more than 4 hours a day, significantly increases the probability of having a high score on the scale for ED. This data can be essential when planning treatment or establish a preventive strategy.

Key Words: Excessive use; new technologies; risk factor; eating disorders

PO-36. The efficacy of IDDT on hospitalized dual disorder patients

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INTRODUCTION: The prevalence of both substance use disorders and psychiatric illnesses (dual diagnosis) is not rare. It is recommended to treat all disorders in an integrated manner. One of the methods for delivering integrated treatment is IDDT (Integrated Treatment of Dual Disorders). The evidence for this treatment is limited. Often, only parts of the IDDT method were investigated. The outcomes in these studies was diverse. In this study we analysed the effect of IDDT on psychiatric symptoms, substance use and social problems in a residential dual disorder ward in The Hague, the Netherlands. **METHODS:** Routine Outcome Monitoring data (Health of the Nations Outcomes Scale (HONoS), Clinical Global Impression (CGI), CGI-substance use (CGI-VZ) and Global Assessment of Functioning (GAF) were analysed of all patients who completed treatment at our hospital in 2016. Data were collected at hospital admission and at discharge. **RESULTS:** A total of 196 patients were hospitalized in 2016 (131 of them once, 17 twice, 9 three times and one patient four times). The mean duration of hospitalisation was 55,3 days and the median was 33,5 days. 119 patients (60,7%) had a psychotic disorder, 27 had a mood disorder (13,8%), 33 ADHD (16,8%), 10 an autism spectrum disorder, 17 mental retardation and 61 a personality disorder (31,1%). 76 patients had an alcohol use disorder (38,8%), 78 cannabis (39,8%), 64 cocaine (32,7%), 22 opiates (11,2%), 11 amphetamine (11,2%) and 43 patients had a polysubstance use disorder (21,9%).

In total, 12 of the 15 items of the HONoS improved significantly. Only the HONoS items ,Ärelational problems,Ä, ,Ämotivation,Ä and ,Ädaytime activities,Ä did not improve. The CGI, CGI-VZ and GAF improved too. **CONCLUSIONS:** The effects of IDDT are still under investigation. This study shows that an IDDT treatment can generate positive effects.

Key Words: IDDT; dual disorder patients

PO-37. Evaluation of seclusion in patients with severe dual disorders

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INTRODUCTION: Seclusion in mental health care is considered to be undesirable. Since 2002 for a push has been made to reduce the number and duration of seclusion in the Netherlands. Learning about experiences of patients is an important way to gain more insight in the advantages and disadvantages of seclusion. In our study we analysed the evaluations of our patients with severe dual disorders who were secluded. **METHODS:** Retrospectively we collected data from all patients who were secluded in our psychiatric ward specialised in treating patients with a severe dual diagnosis, in the period January 1st till July 1st 2016. Our ward has four units with 36 places in total. We have two seclusion rooms. The procedure is that, within one week, the seclusion is evaluated with the patient by a nurse using a questionnaire. **RESULTS:** In total, there were 29 seclusions, involving 21 patients during the study period. In the study period 144 patients were hospitalised. So 14,6% of all patients were secluded at some point in their hospitalisation. In total, the 21 patients were secluded for almost 944 hours, with a mean seclusion period of 44 hours 57 minutes (variance was 45 minutes to 222 hours). On average, patients were secluded 0,6% of de hospitalisation period (36 places x 181 days x 24 hours). Of the 29 seclusion episodes, 25 were evaluated (86,2%) (twice it was forgotten, twice an evaluation was not possible due to direct hospital discharge after the seclusion). Six patients refused an evaluation. So, in this study, we describe 19 evaluations (65,5%). The diagnoses and the results of the evaluations will be presented in the tables on the poster. **CONCLUSIONS:** Seclusion evaluation is a meaningful manner to discuss the seclusion with the patient and to improve mental health care for patients with serious dual disorders. This will aid our push to decrease the

number and duration of seclusions.

Key Words: Seclusion evaluation; dual disorders

PO-38. Sociodemographic and clinical characteristics of methamphetamine shabu users in Barcelona

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INTRODUCTION: Crystal methamphetamine use is a major public health concern due to the neurotoxic and neurocognitive effects on its users. Among the community of Philippine immigrants in Spain, its consumption is common and it is often used as a “performance enhancer”. Little is known about the characteristics of shabu users. The present study aims to analyze the sociodemographic, healthcare and clinical characteristics of patients using shabu who have been treated by the Psychiatry and Addiction Department of a tertiary hospital since 2016. **METHODS:** We analyzed all the cases of patients with methamphetamine use disorder treated in the Psychiatry and Addiction Department of the Hospital del Mar in Barcelona-Spain since 2016. We collected sociodemographic variables, monitoring features and psychiatric comorbidity from the review of medical records. **RESULTS:** A total of 32 cases with severe amphetamine (shabu) use disorder were identified. Patients were mostly from Philippines (23 cases, 72%). Twenty four were men (75%). At the beginning of the medical follow-up the average age was 37 years (range: 21-51 years). Regarding their marital status, 12 patients were married, nine were single, six were separated and five were cohabiting. From total, 23 reported being unemployed (72%), eight were employed and one was a student. Regarding their first consultation to Psychiatry department, 19 patients (59%) contacted in first term with the Emergency Department (18 in Psychiatry emergencies and one in General emergencies), four were referred from outpatient treatment centers, three were attended by the liaison addiction service during an admission at Cardiology and Neurology Services, respectively, three were referred from child protective services, two were referred from a Philippine Community Association, and one patient was referred from an outpatient psychiatry center. In 23 cases methamphetamine use was confirmed by urine detection. Other psychiatric disorders were diagnosed in 26 (81%) patients: main-

ly psychotic disorders (23), and, in a minor extend, mood disorder (1), gambling disorder (1) and behavior disorder (1). Also, two patients presented severe cardiologic comorbidity (dilated cardiomyopathy and severe heart failure, probable induced by methamphetamine).

Twenty six (81%) required hospital admission in acute psychiatric unit or in a dual diagnosis unit due to the severity of comorbid diagnosis. **CONCLUSION:** Shabu is a methamphetamine drug used mainly in the Philippine community in Spain. Patients consulting to health services for shabu addiction are mainly young men, that use the drug in a social and private context. The high prevalence in emergency consults compared to outpatient consults, suggests a low risk perception by users. Some patients presented severe psychotic symptoms and severe medical conditions that ended in hospital admissions. Health staff should be aware of the effects of this substance in order to detect patients with addiction.

Key Words: Sociodemographic characteristics; clinical characteristics; methamphetamine; shabu

PO-39. Clinical Characteristics of Dual Disorder (Adult ADHD with and without cocaine abuse) patients

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INTRODUCTION: Adult ADHD is often complicated by substance use disorder (SUD), in particular by alcohol use disorder (AUD), cannabis use disorder (CUD) and Stimulants Use Disorder (StUD). **METHODS:** Studying the impact of substance use in adult ADHD clinical manifestations, we evaluated 62 adult ADHD (47 males and 15 females) aged between 18 and 61 years (mean age 30.10 ± 11.3) with the CAARS. We compared 24 patients affected by Dual Disorder (adult ADHD and Cocaine Use Disorder) with 38 patients without Substance Use Dis-

order. **RESULTS:** the two groups were homogeneous for age, marital status, working activity, adequate income, birth location, living location and living situation. Adult-ADHD Dual Disorder patients showed more frequently a male gender and a low education level. Clinical manifestations, recorded by CAARS, did not show significant differences in the quality and quantity of symptomatology. **CONCLUSIONS:** The Cocaine Use Disorder does not seem to get worse the clinical manifestations of the adult-ADHD.

Key Words: Clinical Characteristics; Dual Disorder; Adult ADHD; cocaine abuse

PO-40. Pathological personality traits among patients with Alcohol Use Disorder: Assessment of comorbidity of personality pathology and alcohol dependence

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INTRODUCTION. Personality traits may provide underlying risk factors for and/or sequelae to alcohol use disorders. Impulsivity related personality traits such as sensation-seeking, novelty seeking, reward-sensitivity and behavioural disinhibition, are strongly linked to adolescent and adult substance use and misuse. The role of anxiety-related traits, in the development of substance misuse is less clear. Nonetheless, anxiety disorders are very common amongst adult substance misusers and almost certainly play a critical role in the maintenance of a substance use disorder and influence treatment effectiveness. Gender factor also may be important and affect patterns of normative and pathological traits relevant to alcohol misuse. **METHODS.** In this study profiles of the Latvian Clinical Personality Inventory (LCPI) traits of males (n=21, age 23-62) and females (n=15, age 21-57) from a clinical inpatient sample with alcohol use disorder were analysed. All patients in the sample had the F10.2: Alcohol Dependence Syndrome diagnosis (based on ICD-10). Patients were contacted individually and after providing informed consent, they were asked to complete anonymous survey packet during their own time. Completed packets were returned to attending physician or clinics psychologist. Only valid protocols (based on the LCPI Validity scales) were used in this study. **Results.** The data suggest that among alcohol dependent males in our sample the most typical traits (median scores \geq 60T) were

Irresponsibility (Mdn = 70T), Separation Insecurity (Mdn = 65T), Deceitfulness (Mdn = 61T) and Emotionality (Mdn = 60T), while in alcohol dependent females the most typical traits were Depressivity (Mdn = 70T), Anxiety (Mdn = 69T), Emotional Lability (Mdn = 67T), Emotionality (Mdn = 65T) and Separation Insecurity (Mdn = 65T), Submissiveness (Mdn = 64T), Vulnerability (Mdn = 61T), Suspiciousness (Mdn = 62T) and Mistrust (Mdn = 60T), Social Withdrawal (Mdn = 63T), Intimacy Avoidance (Mdn = 60T), Perfectionism (Mdn = 66T) as well as such antisocial personality traits as Irresponsibility (Mdn = 66T), Deceitfulness (Mdn = 61T) and Anger-proneness (Mdn = 62T). In addition both males and females showed high median scores in such personality functioning characterizing additional scales of LCPI as Low Self-esteem (Mdn = 64 for males and Mdn = 73 for females), Intensive and Ambivalent interpersonal Relationships (Mdn = 60 in both groups), but high score of Suicidal Ideation was found to be typical only for females (Mdn = 61 vs. Mdn = 46 in male group). **Conclusion.** Results of this study not only corroborated previous research in showing associations of negative emotionality, impulsivity (or disinhibition) and antagonism to SUD, but also showed the importance of such higher order personality domains as Detachment, Dependence and Compulsivity highlighting the importance of these traits and domains for indicating substance use proclivity or the possible chronic effects of substance use. These findings suggest the importance of systematically integrating pathological and normative traits in reference to substance-related diagnosis. Based on our results we suggest that trait-based approach could be more useful in assessment of individual differences among patients with substance use disorder and in assessment of personality pathology patterns in particular patient than traditional criterion-based approach to personality disorders. We believe that interventions which are matched to these relevant personality traits of alcohol dependent men and women may improve treatment outcomes for alcohol misusers.

Key Words: Personality; Alcohol Use Disorder; Assessment

PO-41. Early abstinence, exercise and craving: A preliminary study

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INTRODUCTION: Exercise is showing a potential utility through different stages of drug addiction treatment, although more studies are lacking. A recent paper by Beiter RM et al (2016), with a rat model, showed that exercise during early abstinence robustly attenuated subsequent cocaine seeking and the effect persisted even when exercise ended on the seventh day of abstinence, while exercise during late abstinence was not effective. The results suggested that exercise during early, but not late, abstinence may provide long-term protection against cocaine relapse. Based on this interesting possibility, a preliminary study, regarding patients hospitalized in an addiction and dual disorders treatment unit, was developed. **METHODS:** A total of 39 patients, between 18 and 55 years of age, most males (24 males/15 females), accepted to participate in the study. Twenty of them followed the usual treatment programs of the unit while the other 19, being the group of study, were asked to exercise 15 minutes on stationary bicycle, morning and afternoon, under close supervision. Those periods of time were empirically decided, as no previous study existed. Sociodemographic data were collected, and traits of personality were evaluated using the DSM5 PID-5 brief version. Regarding the substances used, 36 (92%) had an alcohol use disorder, associated with tobacco use in the 61% of them, and with different combinations of substances in the 38%, being cannabis the most frequently used (71% of this patients). To be included, participants had to be physically healthy, with no evidence of significant cardiovascular, pulmonary, endocrinological or neuromuscular problems, severe anemia or cognitive disorders. **RESULTS:** Of the 19 patients in the exercise group, 10 (52%) didn't experience any craving since the beginning (one of them left the unit after 2 days). The other 9 abandoned the protocol at a certain point, 3 of them had light craving symptoms during the first days and dropped out, the other 6 after several days without any symptom. In the control group, 13 (65%) patients experienced no craving since the beginning. The other 7 had light symptoms the first 5-7 days, which disappeared later. **CONCLUSION:** Daily exercise during early abstinence may be useful for addiction treatment and evolution, although the results of this preliminary study, with a limited number of patients and an arbitrary exercise lapse of time, are not conclusive. A study including more patients, with an extensive evaluation of coexistent disorders, the assessment of different lapses of time and maybe

of other modalities of exercise, will give more information about this adjunctive possibility that could be useful not only for the first steps of drug disorders treatment but also to prevent relapse, and will also help to clarify which patients would most benefit.

Key Words: Early abstinence; exercise; craving; preliminary study

PO-42. "Chemsex": How and why should we treat this patients in an addiction center

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INTRODUCTION: In Spain since 2015 the phenomenon of chemsex has been much talked about. First in the media and later as a sanitary issue were the infections aspects predominate. Otherwise little has been said about the holistic treatment of the phenomenon. **METHODS:** A descriptive analysis of a sample of patients attending an Addiction Center in Madrid : demographics, consumption patterns, other accompanying substances, use of geo-social applications and comorbid medical and psychiatric disease data were described. We also describe the characteristics implemented to attend specifically this population and the evolution in treatment. **RESULTS:** Polydrug use was observed in 100% of patients, with a very frequent association of mephedrone, cocaine and GHB (67%). Most patients used geo-social applications (73.3%) and engaged on group sexual activity (73.3%). 93% of patients were HIV-positive. 60% had psychiatric disorders, the most prevalent of these being adjustment and depressive disorders. After adjusting treatment for this population 60,60% still continuous in-treatment, 30,30% had abandon treatment and 9% had been discharge from treatment. **CONCLUSION:** Polydrug use was observed in 100% of patients, with a very frequent association of mephedrone, cocaine and GHB (67%). Most patients used geo-social applications (73.3%) and engaged on group sexual activity (73.3%). 93% of patients were HIV-positive. 60% had psychiatric disorders, the most prevalent of these being adjustment and depressive disorders. After adjusting treatment for this population 60,60% still continuous in-treatment, 30,30% had abandon treatment and 9% had been discharge from treatment.

Key Words: Chemsex

PO-43. Factors related to brain impairment in dual schizophrenia

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INTRODUCTION: The comorbidity of Schizophrenia (SZ) and Substance Use Disorders (SUD) has demonstrated that patients with dual schizophrenia (SZ+) exhibit a better neurocognitive functioning during the first years of illness, followed by a serious long-term decline. Despite of these findings, little is known about the factors of SUD that modulate the impact of comorbidity in the brain structure and functions. **METHODS:** A systematic review was realized according to the PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) criteria. We search for following keywords: “Substance-Related Disorders” and “Schizophrenia”, and “Magnetic Resonance Imaging” or “Image Processing, Computer-Assisted”, and “Comorbidity” or “Brain/pathology”, using computerized databases (MEDLINE, Web of Science and Cochrane Library). 33 papers out of a total of 94 were selected. **RESULTS:** We considered two categories of results, up to five years and over five years of illness, taking into account the existence of confounding factors and their impact on the course of illness. In the first category, although there are brain alterations in both groups, SZ showed more brain abnormalities than SZ+: smaller gray matter, more asymmetry in lateral ventricles and a lower left superior parietal cortex volume. The lower impairment of SZ+ patients has been related to type of substance used and to a better premorbid function, such as a smaller amygdala in SZ+ cannabis users. Nevertheless, in the early illness stages patients with SZ+ showed an increasing impairment compared with those SZ, including greater volume deficits in cerebellum and thalamus, as well as more shape abnormalities in hippocampus, thalamus and striatum. These results are also modulated by type and severity of substance use, observing greater deficits for SZ+ patients with alcohol intake. **CONCLUSION:** Underlying brain changes in SZ+ are greatly influenced by

substance use factors. Heavier use of substances for a long-time period and current drug use in SZ have brain neurotoxic consequences; in contrast, in the first stages of the illness SZ+ patients exhibit less brain alterations and better functioning compared to SZ. More research in this field is needed in the future, given its relevance for the therapeutic management of patients with such disorders. This work was supported by the Spanish Ministry of Economy, Industry and Competitiveness (PSI2015-65026, MINECO/FEDER/UE).

Key Words: Schizophrenia spectrum; Substance Use Disorder

PO-44. Substance use and severe mental health outcomes in sexual assault victims

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INTRODUCTION: Violent victimization is prevalent in patients with severe mental illness who misuse drugs. Whereas severity of childhood trauma was associated with severity of psychotic symptomatology, research on the association between adult sexual trauma and the course of schizophrenia is scant. This study aims to explore the role of substance use and adult sexual assault characteristics as risk factors for psychiatric hospitalizations of adults with schizophrenia. **METHODS:** All victims treated at the largest medical center for sexual assault victims in the country during 10 years were included in an epidemiological catchment study based on lifetime psychiatric admissions from the National Psychiatric Hospitalization Case Registry of the State of Israel. **RESULTS:** The prevalence of individuals diagnosed with schizophrenia among sexual assault survivors seeking care in a hospital-based setting was higher than among the general population. Recurrent event Cox analyses that were computed to examine the psychiatric re-hospitalization risk revealed that the only

situational risk factor that predicted long-term deleterious illness course is drug use shortly before or during the sexual assault. **CONCLUSION:** Substance use among victims of sexual assault was associated with an exacerbated course of schizophrenia, pointing to a possibly modifiable risk factor that should be targeted in prevention, assessment, treatment formulation and implementation.

Key Words: Substance use; severe mental health; outcomes; sexual assault; victims

PO-45. Alexithymia and benzodiazepine misuse

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INTRODUCTION: Benzodiazepines and opioids are among the most misused drugs.

A drug is considered misused when used in an inappropriate way with respect to the indications, the dosage, the duration and the modality of the therapy. Scientific community recommends to limit benzodiazepines prescription to short-term use (2-4 weeks), despite that, doctors of all over the world are still prescribing them for several months or even years. Scientific literature highlights a correlation between drug addiction and alexithymia. Basing on this observations, we investigate in this work the relationship between alexithymia and benzodiazepines misuse. **METHODS:** We performed an observational study comparing the prevalence of alexithymic features between two populations: 257 psychiatric patients and 250 dermatological patients with psoriasis. The 20-item Toronto Alexithymia Scale (TAS-20) was used to assess alexithymia. **RESULTS:** The data analysis carried out shows the relationship between alexithymia and the presence of benzodiazepines in therapy as the most significant value ($p = 0$) among the analyzed variables. **CONCLUSION:** A careful consideration on the role of alexithymia in drugs addiction may help understanding the mechanisms behind the uncontrolled problem of benzodiazepine misuse.

Key Words: Alexithymia; benzodiazepine misuse

PO-46. Cannabis hyperemesis syndrome in a patient with generalized developmental disorder

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INTRODUCTION: The cannabinoid hyperemesis syndrome (SHC) is a clinical entity first described in 2004, which affects chronic cannabis users and is characterized by cyclic episodes of incoercible vomiting accompanied by compulsive hot water baths. The etiology is unknown. These episodes last from 2 to 4 days. Vomiting is characterized by not responding to the usual antiemetic treatment. SHC only disappears to abstinence from cannabis, reappearing in periods of consumption of this substance. **METHODS:** We present a clinical case. **RESULTS:** Male, 23 years old, adopted since 2 years of age. Born in Paraguay and currently living in Spain with adoptive parents. He has no children, friends or stable partner. He has never had a job. Disabled being his parents his legal guardians. He has studied at the Center for Special Education. Currently without occupation. Denies legal background or pending court cases. No medical-surgical history or allergies of interest. At the age of 12, he began follow-up in child and adolescent mental health due to behavioral disorders and severe adjustment difficulties. He is diagnosed with Generalized Developmental Disorder. Smoker of 20 cigars / day from the age of 14. At 16 he starts regular consumption of 1.5-2 grams of marijuana per day. At 18 years, he is admitted to the hospital for a THC detoxification, achieving abstinence for 4 months. At present, the patient smokes 8-10 joints per day. For two years he had morning sickness. Since five months ago he suffers sickness accompanied by vomiting that improves the days when he does not use cannabis. The patient presents with repetitive vomiting that does not respond to the conventional antiemetic regimen. He has come many times to the emergency services for vomiting and all the tests and image tests are normal. To alleviate the discomfort, he drinks about 3 liters of water that he says do not help him to alleviate the symptoms. He doesn't think that these symptoms are related to cannabis use and he smokes whenever he has economic availability and even sells his belongings to buy marijuana. Currently he does not want to take the medication he has been taking for 3 years because he believes that it is the medication that causes the vomiting. He has lost 5 kilos of weight. **CONCLUSION:** Despite the use of cannabis as an antiemetic in the control of nausea and vomiting in

patients undergoing chemotherapy in some countries, we can observe that sometimes serious paradoxical reactions appear that have to be taken into account. It is important to know this syndrome in addiction professionals and emergency services for early diagnosis and avoid repeated tests.

Key Words: Cannabis hyperemesis; generalized developmental disorder

PO-47. Erectile dysfunction secondary to repeated priapism due to chronic consumption of GHB

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INTRODUCTION: The association between drug use and risky sexual practices has been amply demonstrated. GHB (gamma-hydroxybutyric acid) is a central nervous system depressant that produces euphoria, increased sexual desire, sensuality and sociability which is why it is frequently used to perform Chemsex in order to increase their sensitivity and achieve a rapid and lasting erection, which could damage the penis chronically and irreversibly due to ischemic lesions. **METHODS:** We present a clinical case. **RESULTS:** Male patient of 45 years single, without stable partner. No drug allergies or known diseases. Consumption of cocaine via snorted 2g / week for 10 years, 6 years abstinent. Consumption of GHB between 0.5-2 grams / day in a sauna context, achieving prolonged erections and pleasurable sexual sensations. After 12 years of daily consumption, he has erectile dysfunction that has not responded to taking Sildenafil. Go to consultation for anxiety-depressive clinic secondary to the sexual situation and to the decrease in GHB consumption. You do not want to start psychopharmacological treatment. (i) Hemogram, biochemistry and coagulation are performed without finding pathological findings. Negative serologies Glycemia, HbA1C, lipid profile, thyroid hormones and free testosterone calculated within normality. (ii) The record of rigidity and nocturnal penile tumescence: no erections. (ii) Intracavernous injection test: erection is not achieved. (iii) Dynamic Doppler mapping of penile arteries: decreased blood flow in the cavernous arteries. **CONCLUSION:** Episodic use of GHB leads to rapid and lasting erections while chronic use can

cause erectile dysfunction due to repeated episodes of priapism that cause a prolonged ischemic state that will lead to cell death, edema and inflammation and subsequent fibrosis in the process of tissue repair

Key Words: Erectile dysfunction; priapism; GHB

PO-48. ADHD in heroin addicts: Prevalence and psychiatric comorbidity

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INTRODUCTION: Attention Deficit Hyperactivity Disorder (ADHD) is a neurodevelopment disorder that commonly persists in adulthood and is often associated with psychiatric disorders. The most common association is with substance use disorders. The co-occurrence of ADHD - substance use disorders (and often also other psychiatric disorders), has received considerable attention in recent clinical and scientific investigation for the important implications in clinical practice. This study aimed to investigate the prevalence of attention deficit / hyperactivity disorder (ADHD) and the association with other psychiatric disorders in a sample of heroin addicts. **METHODS:** The study included heroin addicts, receiving agonists methadone/levomethadone or buprenorphine at a public addiction treatment center (Local Health Service n.2) in Castelfranco Veneto, Italy. These outpatients were evaluated with a psychiatric visit and then Adult ADHD Self-Report Scale (ASRS-v.1.1) was administered. Positive patients for ASRS and/or clinical observation continued the study. They were investigated with another psychiatric visit and the administration of the following scales: BROWN Scale, Mini International Neuropsychiatric Interview (M.I.N.I. v. 5.0.1) and hypomania/mania checklist (HCL-32). **RESULTS:** The study included 111 patients. Among the 20 patients diagnosed with ADHD, 5 (25%) were female and 15 (75%) were male; the average age was 39.5 years. The prevalence of ADHD in this sample was 18%. The most frequent psychiatric comorbidity is the major depression in 11 patients (55%) of which 4 with hypomania (bipolar disorder); 4 patients also present suicide risk. The following are panic anxiety disorder (40%) and antisocial personality disorder (25%). Patients, who in addition to the diagnosis of ADHD and drug addiction, have at least two other psychiatric diagnoses are 45%. In this sample the diagnosis was very difficult. 20 patients meet

the criteria for ADHD. But many others have symptoms of ADHD without complete diagnosis and at least 11 are borderline for ADHD. Frequent multiple comorbidities further complicate these cases. **CONCLUSION:** The results of this study are consistent with the literature: there seems to be a high percentage of ADHD even among heroin addicts and often psychiatric comorbidity makes diagnosis difficult. Furthermore, these patients are all treated with agonists and we do not yet know the role of this therapy on the symptoms of ADHD. Finally, it seems necessary to deepen these problems with further studies, due to the important repercussions also on prognosis and therapy.

Key Words: ADHD; heroin addicts; prevalence; psychiatric comorbidity

PO-49. Multidisciplinary approach for patients with dual pathology

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INTRODUCTION: The approach to dual pathology is carried out in a multidisciplinary way. It requires a psychopharmacological treatment, psychotherapeutic and social approach that allows a better diagnosis and treatment given the particular characteristics of this user profile. All this added to an adequate therapeutic work of the multidisciplinary team allows the optimization of results. **METHODS:** Retrospective data collection was made of patients with dual pathology during the period of time from January 2017 - May 2018. It is a descriptive analysis of sociodemographic, clinical data and type of substances consumed. **RESULTS:** The sample consists of 79.5% of males and 20.5% of females. The average age of the patients is 39'6 (+ -8.6) years. As for the diagnoses found are: Paranoid Schizophrenia 6.4%; TAB type I 7.2%; TAB type II 2.4%; T. Affective 18%; TP Cluster A 2.8%; TP Limit type 21.4%; Antisocial TP 12%; Mixed TP 2.6%; TP ne 6.4%; Avoidant TP 3.2%; T. Psychotic secondary to toxic 10.4%, TOC 2.8%; T. mental and

secondary behavior to substance use 4.4%

Regarding the type of substance consumed, it is obtained that 70% would be consumers of alcohol, 58% cannabis, 43% cocaine, 28% heroin, 19% benzodiazepines and 4.5% would be addiction without substance. **CONCLUSION:** The knowledge of the high prevalence of dual pathology in the field of mental health, either within the Addictive Behavior Units or within the Mental Health network, makes adequate training of professionals in these areas essential, highlighting the necessary awareness of the professionals of the mental health network for the adequate detection and management of addictive disorders.

Key Words: Multidisciplinary approach; dual pathology

PO-50. Rehabilitation in dual diagnosis: Filling the gap in the Israeli policy

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INTRODUCTION: The number of patients suffering from dual diagnosis (DD) has been increasing during the last decades and constitutes between 40-60% of all mental patients. In 2010 the Ministry of Health, launched the national policy for the treatment of Mental Dual Diagnosis. **METHODS:** The 1st step was education of the mental health staff of Mental Health centers, community and HMOs services. The 2nd step was the planning of in- and out-patient integrated services.. In 2000 the Law for the Rehabilitation of Mental Handicap was issued and it brought about progress in the rehabilitation of mental patients. DD patients had no rights for rehabilitation under this law .This condition has lately changed and more DD patients are included in the rehabilitation services. Nevertheless patients with lower than 40% mental handicap are still excluded. **RESULTS:** In order to fill this gap the Ministry of Health joined the Israel Anti-Drug Authority and other Ministries and proposed a three year pilot for the rehabilitation of SUD and DD patients with less than 40% mental handicap .The Pilot will be illustrated including education, dental rehabilitation, occupation, hobbies, leisure activities, well-being and finance. **CONCLUSION:** After three years, according to the results of the Pilot a new legislation will be proposed.

Key Words: Rehabilitation; dual diagnosis; policy

PO-51. A case of psychosis by ayahuasca

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INTRODUCTION: Ayahuasca is a compound extracted from the decoction of two plants, Banisteriopsis Caapi and Psychotria Viridis. It has several properties, including powerful hallucinogenic effects. This substance is being introduced in the western countries for recreational purposes. Its effects, studied on young subjects, include sensory perceptive alterations, increased introspection and autobiographical memory, as well as good humor and well-being. **METHODS:** We hereby present the clinical case of a young woman who suffered a psychotic episode after the ingestion of Ayahuasca. **RESULTS:** The main symptoms were emotional dysregulation, psychomotor restlessness, fear dystimia, delusional ideation of identity and injury, and insomnia, gradually improving all of them in a week. **CONCLUSION:** This substance presents a high risk of producing psychotic disorders by itself or with the concomitant use of other toxics. Given its growing popularity, we have considered it as a possible cause of some psychotic disorders that we can observe in our daily clinical practice.

Key Words: Psychosis, ayahuasca

PO-52. First psychotic episodes in smoked methamphetamine users: Patterns of use and clinical features

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INTRODUCTION: Methamphetamines and amphetamines are the second world's most widely used drugs just after Cannabis. Although methamphetamines are slightly consumed in Spain (0.6% prevalence in general population), the number of patients seeking treatment for these substances in Barcelona has been increasing since 2016. Also the number of psychiatry admissions in psychiatry units due to psychotic syndromes in people using smoked methamphetamines has increased. **OBJECTIVE:** The aim of this study is to describe demographic data and clinical features of a sample of patients with a first episode of psychosis

and concomitant methamphetamine use admitted in Parc de Salut Mar. **METHODS:** Those patients admitted for first episode of psychosis and methamphetamine use to any unit of psychiatric hospitalization of Parc de Salut Mar (Dual Diagnosis Unit, Acute Psychiatric Unit, Detoxification Unit) have been included; also, patients that have been attended in Psychiatric Emergencies, but not hospitalized, have been included in the analysis. Clinical and demographic data were collected from the review of medical records. **RESULTS:** The final sample included 26 patients (80.8% males, mean age 35 years). The majority of them were born in Philippines (73,1%), followed by China (7,7%) and Brasil (7,7%). Asiatic patients reported the use of shabu (a smoked methamphetamine, used mainly to endure long work shifts) while patients from Brasil reported use of tina (a smoked methamphetamine with recreational use often related with sexual activities). Patients were living with their partners (53,8%). Only the 3,8 % had familiar history of psychosis. The most frequent diagnose was non-specified psychosis (42,3%), followed by methamphetamine induced psychosis (34,6%). Regarding the unit of hospitalization, 17 were admitted in Dual Diagnosis Unit, 4 in Acute Psychiatric Unit, 4 in Psychiatric Emergencies and 1 in Detoxification Unit. Nine patients were readmitted during the studied period, 4 of them more than 3 times, due to relapse in both addictive and psychotic symptoms. The average duration of the admission was 16 days. During their first admission for first psychotic episode, just 9 patients were discharged during the first week, while 3 patients needed more than a month of hospitalization. **CONCLUSION:** Smoked methamphetamine is mostly consumed by the Philippine community in Barcelona. Severe psychotic symptoms related to the use of methamphetamine are frequent. Despite of remaining drug-free period during the hospitalization period, psychotic symptoms persisted for more than a week in most of the admitted patients, longer than expected in substance induced psychosis, showing greater similarity to primary psychiatric syndromes. Moreover, it should be noted that the majority of patients admitted were immigrants and with a pattern of use of the substance different from recreational, as most of the patients describe the use of methamphetamine to endure long work shifts. Both factors should be taken into account for an appropriate therapeutic approach and individualized addiction treatment. - Financial support: Instituto de Salud Carlos III-FEDER-Red de Trastornos Adictivos UE-FEDER 2016 RD16/0017/0010; AGAUR-Suport Grups de Recerca (2017 SGR530);

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Key Words: First psychotic episode; smoked methamphetamine; patterns of use; clinical features

PO-53. The new youth dual disorders day care clinic – system in progress

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INTRODUCTION: This presentation describes the new Youth Dual Disorder Division in Ness Ziona and the clinical aspects directed to deal with this complex topic. Prevalence studies clearly demonstrate that dual disorders are common and are no longer the exception. Studies have shown that dual disorders are associated with earlier drug use, heavier use, and higher likelihood of dependence, worse withdrawal, less treatment response, earlier relapses, greater familial dysfunction, worse school engagement, and more legal problems. Dually diagnosed youth who received integrated care had better substance use outcomes and significantly better overall outcomes if they were treated "under one roof". There is a significant increase in necessity of specialized divisions due to increased diagnosis. In spite of that, in Israel as in most western countries, there are almost no youth dual disorders centers despite the major requirement for specialized centers. **METHODS:** During this year, the Ness-Ziona mental health center is establishing a new youth dual disorders division, mainly through a day care clinic. The division is designed to assist youth patients, without a criminal record, who are dealing with major psychiatric illness and an addiction to either drugs, alcohol, prescription drugs or behavioral addictions. The treatment is free of charge. The staff members include psychiatrists, nurses, psychologists, social workers, family counselors, occupational therapy, psychodrama and art therapist, educators and volunteers. Entering the program is by consent only, lasts about 6 months, during which patients receive behavioral therapies, family therapy, and contingency management. **RESULTS:** The patients and their families obtain coping strategies, 12 steps program, skills learning, psychiatric stabilization, rehabilitation and much more. After discharge patients continue intensive treatment and follow up at the clinic and at the welfare department, which

include intensive psychiatric follow-ups, psychological treatment, group treatment, nurse counseling and family group treatment. **CONCLUSION:** In the future, our center plans to be a growing integrative youth dual disorders center with an ongoing research which will hopefully prove that the intensive process has positive outcomes on withdrawal and mental stabilization and rehabilitation.

Key Words: dual disorders; day care clinic;

PO-54. Towards a nosography of "dual disorder": Qualitative analysis of some clinical types

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INTRODUCTION: Our study intends to observe the different psychopathological signs in drug addicts in treatment. The goal is to identify clinical categories that help us develop a deeper understanding of dual disorder phenomenon. **METHODS:** We analyse through a qualitative observational approach, the different clinical form of dual disorder in treated drug addicts. **RESULTS:** In our study we identified nine clinical typologies. They represent almost the totality of the psychopathological manifestation in patients with dual disorder in treatment. **CONCLUSION:** The identification of the different clinical typologies can lead to a nosography of the dual disorder considered as a disorder with its own identity. As a result the concept that dual disorder is the simple co-existence of addiction and mental disorder is outdated.

Key Words: Nosography; dual disorder; qualitative analysis; clinical types

PO-55. Trazodone for insomnia in patients with substance abuse - a critical review

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INTRODUCTION: Insomnia is a common symptom among patients suffering from substance use disorders. A large proportion of those patients suffer from comorbid mood and anxiety disorders which are also associated with insomnia. Many sedative hypnotics agents are addictive and cannot be prescribed in this patient population. Trazodone, mirtazapine, hydroxyzine and quetiapine are some for the most frequently

drugs used off-label to treat insomnia. Trazodone is among the most prescribed psychotropics in the USA. We conducted a review of the relevant literature and data sources to identify the dosing patterns, side effect profile, overdose related morbidity and mortality rates, and efficacy of trazodone for insomnia in patients diagnosed with substance use disorder, or depression. **METHODS:** A comprehensive Medline search was conducted using the terms trazodone and placebo, trazodone and mortality, trazodone and lethality, trazodone and insomnia, trazodone and alcohol*, and trazodone and opi* and trazodone and heroin. In addition, the FDA "Adverse Events Reporting System [FARS] public dashboard was consulted to obtain data from submitted mortality reports associated with trazodone, and for comparison purposes with the medications mirtazapine, hydroxyzine and quetiapine. **RESULTS:** Several placebo controlled studies support the notion that trazodone dosed 50-150 mg p.o. at bedtime may be beneficial as a hypnotic agent for short term use. However trazodone is often prescribed over extensive periods of time, and only few controlled studies have assessed the safety or efficacy of trazodone as a hypnotic in longer term controlled trials. A few studies raise the possibility that trazodone may have a detrimental impact on substance use patterns. The FDA FARS data also suggests a possible increase in the lethality rate in patients who overdosed on trazodone. **CONCLUSION:** Trazodone, is among the top psychotropics by number of prescriptions written per year, and is among the top sales among generic drugs in the USA. Despite this, data on its safety and efficacy in the short and longer term treatment of insomnia is inconsistent. There is a need for longer controlled trial to fill the knowledge gap. Clinicians need to be mindful of this gap and of the drug's possible untoward effects.

Key Words: Trazodone; insomnia; critical review

PO-56. Addicted patients with personality disorders: Preconditions, challenges and psychotherapeutic mechanisms of change

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INTRODUCTION: This presentation focuses on clinical characteristics and challenges of borderline and narcissistic patients with drug problems. These patients are of specific therapeutic interest because they are victims of extreme stigma, provoke signifi-

cant resistance and negative counter-transference and so they are very difficult to treat. Often their psychopathology organizes the environment. The attitude to such patients is often rejection, disgust, prejudice, or apathy and indifference. Providing efficient therapy for this hard to treat condition is a real challenge. **METHODS:** Patients' basic psychological characteristics, preconditions and reasons of their drug use and the main psychotherapeutic mechanisms of change in this kind of patients will be discussed. The presentation also provides brief clinical examples and psychotherapeutic vignettes from our work in a specialized addiction treatment clinic in Sofia. **RESULTS:** Thought patterns regarding therapeutic approach including precise assessment of the vulnerability of the patient and the setting of realistic therapeutic goals are interpreted. **CONCLUSIONS:** Main conclusions from our psychotherapeutic work are presented to assist the continuous effort of treatment providers to improve program effectiveness, together with valuable hints to addressing the therapeutic challenges with this patient population from a deeper view.

Key Words: personality disorders; Dual Disorders; Preconditions; challenges; psychotherapeutic mechanisms

PO-57. Specific psychopathology of SUDs. Comparison between Italian and migrant patients

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INTRODUCTION. Over the years, to deeply understand the substance use disorders (SUDs), it has become necessary to develop an evaluation system to investigate any psychopathology aspects that could only be related to the addiction process. Specific psychopathology of addiction has been proposed using the self-report symptom inventory (SCL-90), leading to a 5-factor aggregation of psychological/psychiat-

ric symptoms: “worthlessness and being trapped”, “somatic symptoms”, “sensitivity-psychoticism”, “panic-anxiety” and “violence-suicide” in various subpopulations of patients with SUDs. **METHODS.** With the present study, using SCL-90, we investigated these psychopathological dimensions in 14 migrants (12 males and two females, aged between 23 and 51 years - mean age 37.54 ± 8.8) with SUDs and we compared them with a standardised group of Italian drug addicted. **RESULTS.** Comparing, at agonist opioid treatment entry, the migrant SUD patients with our standardisation sample (more than 2500 Italian patients), the severity of Worthlessness-Being Trapped symptomatology, evaluated in PT score, was not statistically different (47.96 ± 10.2 ; $t = -0.74$, 2-tail $p = 0.471$). The same occurred for Somatic Symptoms (50.03 ± 12.2 ; $t = 0.010$, 2-tail $p = 0.992$), Sensitivity-Psychoticism (51.15 ± 8.8 ; $t = 0.44$; 2-tail $p = 0.666$), Panic Anxiety (51.13 ± 10.0 ; $t = 0.42$; 2-tail $p = 0.681$), and Violence-Suicide (52.23 ± 11.3 ; $t = 0.73$; 2-tail $p = 0.475$) dimensions. The majority (42.9%) of the patients showed predominant sensitivity-psychoticism symptomatology and 21.4% predominant somatic and panic anxiety symptoms. Only 7.1 belonged to worthlessness-being trapped and violence-suicide typologies. **CONCLUSION.** From a first comparison analysis, at treatment entry, the severity of psychopathological symptoms was not different between migrant and Italian SUD patients. However, the percentage of patients showing worthlessness-being trapped and violence-suicide typologies was present in a minimal number of patients.

Key Words: Psychopathological Subtypes; Severity; East-Europe; Migrants; SUDs

PO-58. Addressing smoking three times a year

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INTRODUCTION: 314 cigarette smokers in our small center for HIV- and addicted patients were repeatedly motivated to rethink their smoking habit, during the last 7 years. Initial point was a short documentation. **METHODS:** We asked about the minutes till the first cigarette of the day in the beginning and the average number of daily cigarettes. This number was then documented every 4 months. If they had quit smoking, we asked about their way of quitting. Each questioning was devised as a short moti-

national interviewing. **RESULTS:** 258 (82.2%) patients have reached the documentation for 1 year, 232 (73.9%) for 2, 207 (65.9%) for 3, 183 (58.3%) for 4, 143 (45.5%) for 5, 88 (28.0%) for 6 and 34 (10.8%) for 7 years. 31.8% / 37.5% of those, who had initially specified <10 cig/d, were nonsmokers at the 3- and 6-years documentation. 8 of the 17 (47%), who could wait at least 2 hours for the first cigarette were already nonsmokers after 2 years. 205 were HIV-patients, 127 of them (f/m = 20/107) without history of any further addiction (N), among them 89 MSM-patients. 102 patients had a current or anamnestic alcohol- or / and opioid addiction (=A) (f/m = 40/62). The annual proportion of nonsmokers among the N-patients from year 1 was 17.3%, 19.0%, 23.8%, 25.5%, 25.7%, 33.3% and 28.6%. 80.4% of them could stop smoking as a sudden decision. Many less A-patients became nonsmokers: 1.7%, 6.7%, 6.4%, 11.3%, 13.1%, 13.5% and 16.7%, and in 52.2% using an e-cigarette. The number of daily smoked cigarettes among the N-patients who continued smoking decreased only from 14.5 to 12.8, within 6 years, among the A-patients from 19.8 to 13.3. **CONCLUSION:** We found relevant differences in the smoking behavior and the way of quitting between smoking HIV-patients without an anamnesis of any further addiction and smokers with an additional addiction anamnesis. The results are of therapeutic relevance.

Key Words: Smoking

PO-59. The new dual disorders division – system in progress: past vs future

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The purpose of this presentation is to describe the Dual Disorder Division and clinical aspects directed to deal with this complex topic. For the last decade there is a growing interest in the field of dual disorders, and it has been proven that integrated treatment, in both psychiatric illness and addiction, has positive results, with less admissions and relapses. There is a significant increase in dual disorder diagnosis, which in turn is responsible for an increasing necessity for specialized divisions. In Israel as in most western countries, there are only a few dual disorder wards, despite the major requirement for a larger number of specialized centers. During the last year, Ness-Ziona center has established a new dual disorder division,

which is composed of two specialized wards, one for men and second for women; day care unit and intensive outpatient clinic. The center is now establishing a specialized adolescents day-care unit. The division is designed to assist patients who are dealing with major psychiatric illness and addiction to drugs, alcohol and prescription drugs. On top of that, the center has established a two tear program in the Continuing School of Medicine in Tel Aviv University specializing in addiction medicine. The staff members include psychiatrists, nurses, psychologists, social workers, family counselors, psychodrama therapist, photo-therapist, and volunteers (many are former addicts). Hospitalization is by consent only, lasts 4-8 weeks, during which patients and their families obtain coping strategies, 12 steps program, skills learning, psychiatric stabilization, rehabilitation and more. After discharge patients continue intensive treatment at the clinic, which include intensive psychiatric follow-ups, psychological and group treatment, nurse counseling and family treatment. In these days Ness-Ziona center is proud to be a growing integrative Dual Disorder Division, which treats any patient free of charge, under one roof. There is an ongoing research showing positive results in the long and intensive process of withdrawal, mental stabilization and rehabilitation. The center would like to present this special program, regarding adult (male and female) patients and adolescent patients, its' program so far and upcoming plans.

Key Words: Dual disorders division; past vs. future



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