

Patients were mostly admitted from ambulatory clinic for detoxication purpose (n = 55).

“Patient’s profile” was obtained and consisted on the higher percentage of: male (75.5%), mean age of 42,5 years old, married (62.7%), in active labor (49%), with low levels of education (n=51.3%) and socioeconomics (n = 74%).

At the time of discharge 65 patients received a double diagnosis, with 32 having Affective Disorders (depressive, except for one bipolar disorder) and 14 were diagnosed with Personality Disturbances.

Some of the hypotheses justifying such a high percentage of Affective Disorders remount to the possibility of patients not having a “sufficient abstinence” time and therefore depression can be over diagnosed. By other hand, is it that Anxiety Disorders (n=1) were mistaken for Affective Disorders?

There are other major points for discussion and authors correlate their results with the ones described in the most actual literature.

### P303

Resilient of adolescents from alcoholic families

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**Objectives:** Purpose of this study was to examined resilient of adolescents from alcoholic families which parents were treated at the Institute of mental health in Belgrade and compared with their peers.

**Methods:** Study was made in period 2000-2004 at Department of alcoholism. Total sample was N=296 (155 male, 141 female), age 10 – 19 years. Into account were taken: demographic data (age, educational, place were live and members of family), family history of alcoholism and resilient of adolescents. The following instruments were used: Socio-psychiatrically Checklist, Children of alcoholics Screening Test (Jones 1981)- CAST 6 and Adolescents Resilience Assessment Scale (Biscol, Harris 1994)-ARAS.

**Results:** Obtained results confirmed our hypotheses that some elements of resilience of adolescents from alcoholics families were better statistical significant compared to adolescents without family alcoholism.

**Conclusion:** In order to estimate more exact data we need study about children from alcoholics families in their earlier age; it is necessary to follow further functioning of these children in their families.

### P304

Dual diagnosis in a psychiatric hospital

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**Background and aims:** Comorbidity between drug consumption and several psychiatric disorders is a topic of increasing interest. It is known that between 30% and 80% of psychiatric inpatients use drugs, and these patients often show worse prognosis, for what their identification turns out to be one of the biggest challenges for the clinician.

Based on clinical practice in a psychiatric hospital, we investigate the possible existence of underdiagnosis for misuse of drugs in psychiatric inpatients.

**Material and methods:** It is analyzed, retrospectively, all admission to a psychiatric hospital in 2000 and 2005, in which diagnosis to the discharge involves drug misuse (dependence, abuse, toxic psychosis). Likewise it is analyzed laboratory information of drug screening

in urine (obtained of every patient suspicion of consumption). Both results are then compared.

**Results:** Our hypothesis is confirmed, being very scanty the number of diagnosis to the discharge associated with drug misuse, compared to the high prevalence of drug use demonstrated in the laboratory screening.

**Conclusion:** Although it is known that drugs are often used by psychiatric patients, clinicians often elude to diagnose it (probably another diagnosis, such as schizophrenia, are so important for us that we don't pay enough attention to drugs).

This investigation should remind clinicians that drug use is frequent, adds worse prognosis, and must be specifically treated.

### P305

Physician drug addictions: Additional data support the gold hypothesis

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We have previously reported the over-representation of anesthesiologists among physician addicts which has been evident in impaired professional programs for over a decade. This has been attributed to access to the drugs of abuse. We suggested that opioid abuse and dependence may be an occupational hazard and related to the quality of the air or second hand opioids in the operating room (OR). We have further noted that while physicians in general show very good recovery and return to workplace rates anesthesiologists have more relapses and a less able to return to their original workplace. We suggested re-exposure to low levels of the offending drug is responsible for the significant proportion of those physicians requiring a change of work environment following treatment. We have developed methods to measure nano-quantities of drugs in the OR air and consistently demonstrated that propofol, and fentanyl, are present in the OR air following IV administration. We have identified sources of exposure in the OR. We have found fentanyl and propofol in OR air samples. Fentanyl was recovered from the air over medical waste containers. Tests of the anesthesiologist's work surfaces revealed the presence of fentanyl which could be absorbed through the skin. Re sensitization does not require quantities of drug sufficient to produce blood levels or noticeable symptoms. We have suggested a novel hypothesis which may explain some of the cases of anesthesiologist addicts. This hypothesis is testable in every hospital.

### P306

Cocaine abuse in 2006

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