

three baseline uses and less than 20 years of prior use were associated with abstinence rates of 25, 30, and 42 %, respectively. One of the lessons learned was the potential value of assessing cocaine use during the baseline period prior to randomization. Another lesson learned was the use of both standardized assessments across sites and outcome measures that were also employed within individual sites. This allowed exploratory analyses within sites to determine sensitivity of outcome measures.

S10.04

Behavioural therapies for the treatment of cocaine dependence

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Cocaine, already a significant drug problem in North and South America, has become a more prominent part of the European drug scene. No specific effective pharmacological treatment is available for cocaine addiction, although a number of medications have shown promising results. Behavioural therapies have demonstrated some effectiveness and are currently the standard type of treatment for cocaine addiction. At the present time, Cognitive-Behaviour Therapy (CBT) and Contingency Management (CM) techniques have the strongest empirical support for application with cocaine users. Cognitive behaviour approaches, such as relapse prevention, are grounded in social learning theories and principles of operant conditioning. Several randomised clinical trials have demonstrated the efficacy of cognitive-behaviour therapy (CBT) in the treatment of cocaine-dependent outpatients, particularly more severely dependent cocaine users and depressed. Contingency management approaches are based on principles of behavioural pharmacology and operant conditioning. It is a procedure that decreases the reinforcing efficacy of cocaine via the delivery of reinforcement contingent on abstinence and/or the delivery of punishment contingent on cocaine use. The two most commonly used CM strategies for treating cocaine and stimulant use disorders are voucher-based reinforcement therapy extensively investigated by Higgins and colleagues, and variable magnitude of reinforcement popularized by Petry and colleagues. CBT and/or CM possibly have additive effects when combined with pharmacotherapies.

A variety of other types of behavioural treatment like motivational therapy (MT), community reinforcement and the Matrix model have also been shown to be potent interventions for cocaine addiction. These behavioural interventions, excepted CBT and MT, are not used in France. It seems necessary to evaluate these approaches.

Symposium: Hallucination in children and adolescents: Risk factors and treatment strategies

S13.01

Coupling repetitive TMS with functional MRI for the treatment of drug-resistant hallucinations in children with early onset schizophrenia

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To date, there is an absence of curative treatment for very early onset schizophrenia. The antipsychotic drugs that are currently recommended have very little effect and are often badly tolerated by children. We report a case-study which results show a beneficial and significant efficacy of fMRI-guided rTMS in the treatment of pharmaco-resistant hallucinations. Moreover, rTMS applied over several cortical regions provided the means to reveal for the first time a functional dissociation between auditory-verbal hallucinations and agency impairments. These results demonstrate the efficacy of rTMS for young patients suffering from drug-resistant hallucinations but they furthermore question the physiopathology of the hallucinatory process by suggesting that agency and hallucinations may be subserved by different neural networks.

S13.02

The effectiveness of hallucination focused integrative treatment

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Background and Aims: Early intervention in psychosis is considered important in relaps prevention. Limited results of monotherapies prompt to development of multimodular programmes. Presentation concerns Hallucination focused Integrative Treatment (HIT) integrates specific motivational strategies and family treatment with cognitive behavioural treatment, coping training, medication, targeted psycho-education, crisisintervention and rehabilitation interventions. In patients with chronic schizophrenia effectiveness of HIT appeared significantly greater on subjective burden, control of voices as measured with the AHRS + occurrence of hallucinations, anxiety and depression, global psychopathology as measured with the PANSS, quality of life (WHOqol) and social functioning (GSDS) compared to treatment as usual. Effects remained significantly better during followup (18 months).

Method: Presentation of HIT modules + pilot data of 14 consecutively referred adolescents with AVH.

Results: Good compliance and high satisfaction in most adolescents. 65% free of AVH, substantial improvements on mastery, anxiety, interference with thinking and social functioning.

Conclusion: HIT is feasible in community psychiatry, appears to be an acceptable and effective early intervention in adolescents with AVH.

S13.03

Prevalence and correlates of psychotic-like experiences and other putative antecedents of schizophrenia in children aged 9-12 years

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