performed on a group of 50 male patients, mean age 43,78 with range 20–69,with no sign of somatic complication admitted in Military Medical Academy, Department of Psychiatry between 1998–2000.

Methods: Electrophysiological findings of cognitive evoked potentials were performed using acoustic stimulations with standard tones f 1500Hz with target tones f6000 Hz with random stimulations. The recording being made on 3 channels from electrodes Fz,Cz,Pz located on scalp and reference electrode on auriculas. Amplitude and latency of the P300 response were determined.

Results: The latency of the P300 wave was 456ms on the left and 462,3ms on the right side, with median 437.5 on the left and 436.5 on the right side. The amplitude of the P300 wave was 7.07 microV on the left and 7.76 microV on the right side ,with median Q2 5.02 on the left and 6.77 on the right side.

Discussion: The latency of theP300 wave was in the normal average value according to the average value in our laboratory. The amplitude of the P300 wave was below of the normal average value according to the average value in our laboratory with significant difference on the left side.

Conclusion: Normal latency of the P300 wave, with decreasing amplitude, was mostly proportional with cortical changes with significant decreasing of cognitive functions on sub-clinical level in patients with alcohol dependence F10.1

P54.05

Perception of emotions by alcoholic patients during long-term treatment with naltrexone

M. Ziókowski[1] *, A. Araszkiewicz[1], J.K. Rybakowski[2]. [1]*Department of Psychiatry, University School of Medicine, Bydgoszcz;* [2]*Department of Adult Psychiatry, University of Medical Sciences, Poznan, Poland*

Opioid addicts receiving long-term treatment with opioid antagonist, naltrexone, often complain of decreased perception of positive emotions what may contribute to their premature drop-out from the therapy. In alcoholics, the intake of naltrexone decreases immediate positive emotions connected with alcohol drinking. The aim of our study was to investigate whether long-term treatment of alcoholic patients with naltrexone may increase their perception of negative emotions. Fifty-one alcoholic men (age 40±8 years, length of dependence 12±7 years) were studied. They have received naltrexone, 50 mg/day, during 16 weeks of treatment and did not have drinking relapse during this period. The answers on item 9 of quality of life scale (SF-36) were analyzed, before the start of treatment with naltrexone and on the last day of the treatment. Compared with baseline assessment, after 16 weeks of naltrexone treatment patients reported more feelings of joy, peace, energy and happiness and less feelings of sorrow, nervous tension and fatigue. Our results suggest that treatment with naltrexone does not induce a decrease of feeling of positive emotions in alcoholic patients maintaining abstinence.

P54.06

Childhood sexual abuse in a sample of female alcohol dependent inpatients

J. Martínez-Raga[1] *, F. Keaney[2], J. Marshall[2], D. Best[2], D. Ball[2], J. Strang[2]. [1]*Conselleria de Sanitat, Generalitat Valenciana, Spain* [2]*National Addiction Centre, Institute of Psychiatry, London, UK*

Objectives: To identify variables associated with childhood sexual abuse (CSA) in a UK sample of alcohol dependent women.

Method: Clinical and socio-demographic data were collected from 103 women admitted over a 3-year period, to a Specialist Alcohol Inpatient Unit.

Results: Of the 103 females in the sample, 32 (31.1%) had a history of CSA. Victims of CSA were more likely to be non-white ($p<0.05$), to have a family history of alcoholism ($p<0.05$) and fewer years of excessive drinking prior to admission ($p<0.01$). They were also more likely to a have a lifetime diagnosis of depressive ($p<0.001$), anxiety ($p<0.05$), or eating disorder ($p<0.05$), and more likely to have a comorbid post-traumatic stress disorder (PTSD) ($p<0.001$) and borderline personality disorder ($p<0.001$). Using logistic regression fewer years of excessive drinking prior to admission, and a diagnosis of PTSD and borderline personality disorder were identified as being significantly and independently associated with having had experienced CSA.

Conclusions: Victims of CSA may represent an important subgroup of alcohol dependent patients. They may require the combination of various forms treatments to match their clinical needs.

P54.07

Switching to mirtazapine from other antidepressants in addictological practice

M.F. Kerekes*. *National Institute of Alcohology, Budapest, Hungary*

Objective: Severity of depression influences the relapse risk among alcoholics and drug-user or drug-dependent patients, and may be associated with dysfunction of serotonergic neurotansmission, stress hormones and neuromodulators.

Aim of the study: To assess efficacy and tolerability of Mirtazapine (30–60 mg/day) in depressed and addicted patients after switching from other antidepressants, in an open-label, non-comparative naturalistic study.

Methods: 253 addict patients treated by us (114 alcoholics and 139 drug-dependents) aged 20–63 years, were treated with tianeptine, anafranil and SSRIs (fluoxetine, citalopram, sertraline, paroxetine). The patients changing antidepressans due to various reasons, were included and assessed by a checklist at screening, after 3 weeks and 3 and 6 months after starting Mirtazapine.

Results: the reasons for switching were lack of efficacy (53%), side effects (31%) or their combination. (25%). The patients complained of nausea, headache, insomnia, erectile dysfunctions and libido loss, dry mouth, dizziness. 11 patients (7,2%) dropped out. Headache disappeared or improved in 80% of affected patients, insomnia in 85%, libido loss in 82%, erectile dysfunctions in 90% and nausea in 75%. 64% of the patiens that complied to treatment remained abstinent after 3 months, 52% after 6 months. The results demonstrate that in everiday addictological clinical practice Mirtazapine is efficacious and well tolerated by depressed patients switching from others antidepressants.

https://doi.org/10.1016/S0924-9338(02)80901-4 Published online by Cambridge University Press