

We identified 2 subgroups: early onset subgroup (<18 years); 5 subjects, mean onset at 16.6 years, mean duration 9.5 years; 3 unmarried, 2 divorced subjects; lower education level (1 primary school, 4 secondary school), 1 subject in part-time employment, 3 subjects with poly drug abuse and later onset subgroup (>18 years); 5 subjects, mean onset at 30.2 years and mean duration 13 years; 3 married, 1 divorced, 1 single; education level higher (2 secondary school, 2 college); 3 fully employed, 1 in part time employment, 1 retired; 1 subject with comorbid alcohol addiction. The subgroups differed in adherence to treatment, too, with all early onset subjects dropping out from the program after few days, while the late onset subjects adhered for at least several months to up to one year.

Our results suggest that pathological gambling may represent a spectrum disorder with different clinical characteristics and prognosis.

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Testing the self-medication hypothesis of depression and aggression in cannabis dependent subjects

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Background: A self-medication hypothesis has been proposed to explain the association between cannabis use and a number of psychiatric and behavioral problems. However, there is little knowledge on reasons for use and reactions while intoxicated, in cannabis users who suffer from depression or problems controlling violent behavior.

Methods: We assessed 119 cannabis dependent subjects using the Schedules of Clinical Assessment in Neuropsychiatry (SCAN), parts of the Addiction Severity Index (ASI), and questionnaires on reasons for cannabis use and reactions to cannabis use while intoxicated. Participants with lifetime depression, and problems controlling violent behavior, were compared to subjects without such problems. Validity of the groupings was corroborated by use of a psychiatric treatment register, previous use of psychotropic medication, and convictions for violence.

Results: Subjects with lifetime depression used cannabis for the same reasons as others. While under the influence of cannabis, they more often experienced depression, sadness, anxiety and paranoia, and they were less likely to report happiness or euphoria. Participants reporting problems controlling violent behavior more often used cannabis to decrease aggression, decrease suspiciousness, and for relaxation; while intoxicated they more often reacted with aggression.

Conclusions: Subjects with prior depression do not use cannabis as a mean of self-medication. They are more likely to experience specific increases of adverse symptoms while under the influence of cannabis, and are less likely to experience specific symptom relief. There is some evidence that cannabis is used as a mean of self-medication for problems controlling aggression.

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Attention deficit and hiperactivity disorder in cocaine addiction

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Aims: To study the incidence of Attention Deficit and Hiperactivity Disorder (ADHD) in a patients sample in treatment for cocaine addiction, and the characteristics of this group.

Method: We have recruited 43 subjects in treatment to cocaine abuse (DSM-IV-TR : F14) in Adicction Provincial Center in Grandada.

We have registered sociodemográfica and clinical data, habits of abuse, the Cocaine Effects Expectancy Questionnaire, two scales autoadministered for ADHD's diagnosis: in the infancy, Wender Utah Rating Scale (WURS) and in the adult (scale of the list of ADHD's symptoms in DSM-IV).

The sample was divided in two groups according to the presence of ADHD in adult age.

Results: In 60,5% of the sample there was history of ADHD in the infancy, with persistence 80,8% (48,8% of the sample) in the adult age.

Patients with ADHD were smokers in 95,5%. 71,4% was consuming alcohol (average 12,6 gr/week), 23,8% was consuming cocaine always together with alcohol.

61,9% of the ADHD group was consuming another illegal drug (cannabis), opposite to 31,8% in control group. (p=0,048).

The first consumption in ADHD group is earlier (17 years vs. 22 years; p=0,001) and most frequent consumption too (22,4 years vs. 27,6 years; p=0,006).

Cocaine doses used is higher in ADHD group (1,39 gr vs 1,07 gr n.s.)

Conclusions: There is a high comorbidity in cocaine abuse with ADHD. This group has different characteristics, as the age of beginning of the abuse or of the higher abuse.

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Subjective classification of drug craving cues responses: Comparison of fmri findings to self report study

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Background: In our previous study we designed a visual cue based craving task which reliably induces craving. We investigated that there are two distinguishable groups of heroin addicts: responder and non responder to the cues. In this study we used fMRI to examine this subjective difference.

Methods: 30 right handed male heroin IV abusers with IV injection for at least 6 months compared to 15 normal right handed males. DSMIV and Addiction Severity Index (ASI) were administrated. Cue Induce Craving Task was presented during and after imaging. BOLD signal analysis performed by FSL™.

Results: A number of cases demonstrate high cortical activation in: cingulate gyrus, rectus gyrus, medial frontal gyrus, nucleus accumbans and cingulum (17/30). No significant activation observed in the control group and in 13 cases. There was shown that these 13 cases had less hunger for drug consumption during the analog presentation. No significant ASI or DSMIV differences were found. They were the same as control group in their FSL feat analysis.

Conclusion: We recognized two separated groups: Heavily cue responder and non responder. They are different in subjective response to the drug cues and in their brain activation (the regions that are responsible for reward and punishment). We also found that the FMRI findings are highly correlated to the subjective responses. This means that the Visual Craving Task is a reliable device for estimating the degree of craving in the heroin addicts.

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Comorbidity and therapy of affective disturbances in associated forms of alcoholism

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Comorbid pathology of brain in formation of associated forms with the second stage of alcoholism (A): with exogenous-organic brain impairment of traumatic (group I); hypertensive (II), cervicogenic (III) genesis and without comorbidity.

Group I: A is formed early in persons with premorbidly problematic social adaptation (62,2% - excitable traits of character). Dysphoria in intoxication and withdrawal syndrome (AWS) results in psychopath-like degradation with total social desadaptation. Asthenic-explosive modality of dysphoria - quick exhaustibility of affective oscillations. Outside AWS - reactive lability, asthenic-subdepressive states with dysphoric, hysteric-excitability components, more seldom hypochondriac manifestations.

Group II: Later formation of A (26,7% - anxious personality). Psychosomatization of anxiety - neurocirculatory dystonia (NCD). Alcohol decreased level of anxiety and severity of NCD with subsequent fixing the ataractic motivation of ethanol intake. In structure of AWS anxious-phobic modality of dominating depressive disorders with cerebral-asthenic and cardiovascular manifestations of toxicogenic effects of ethanol modified development of torpid asthenic-depressive states (with cardiophobic and hypochondriac components) - formation of hypochondriac variant of remission. Clinical efficacy of antidepressant Paxil in comorbid anxious-depressive syndromes has been revealed.

Group III: Intermediate tempo of alcoholism progression acceleration with obligation of diencephalic psychovegetative, psychosensory and severe psychoorganic cognitive disorders with asthenic, more seldom dysphoric variants of alteration of personality.

Comorbidly-conditioned variants of pathologically altered biological ground in associated forms of alcoholism broadens approaches to systemization of clinical polymorphism of affective disturbances with therapeutic strategies individuation.

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Impulsivity, personality disorders and the engagement in addiction treatment

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Aims: The objective of this 12-week prospective study of 183 alcohol use disorder patients was to identify patient characteristics that predict engagement and the course in addiction treatment.

Methods: At intake, patients' addiction severity, social functioning, psychiatric symptoms and diagnoses were assessed using semi-structured interviews (Addiction Severity Index, SCID-I, and SCID-II), and self-report questionnaires (Barratt's Impulsiveness Scale, Beck Depression Inventory, Beck Anxiety Inventory, and

Symptom Checklist 90-R). Patients were reassessed biweekly for 12 weeks to determine alcohol use.

Results: In the first 28 days following intake, 100 patients had slipped or relapsed on alcohol, 75 were abstinent, and 8 were lost to follow-up. Among those patients who had consumed alcohol, the mean time to first slip was 7.3 days, and the mean time to first relapse was 12.1 days. The rate of early drop-out (<28 days) was 15% among relapsing patients vs. 3% for abstinent patients ($p=0.003$).

There were no differences between relapsing and abstinent patients in terms of their alcohol severity at intake, or their rates of depression or anxiety disorders. However, relapsing patients had more secondary drug use ($p<0.001$), lower social functioning ($p=0.011$), higher levels of impulsivity ($p=0.005$), and greater rates of Cluster B personality disorders ($p=0.004$) than abstinent patients. The hierarchical regression model accounted for 38% of the variance in abstinence status at 28 days.

Conclusions: Alcoholic patients who presented with more chaotic lives (impulsivity, secondary drug use, lack of social support) and concurrent Cluster B personality disorders were more difficult to engage in addiction treatment.

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Pathological internet use among Romanian children and teenagers

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Background: Over the last few years, there has been increased interest in the addictive potential of the internet. The current study was an attempt to replicate common findings in the literature and provide more evidence for the existence of internet addiction among school students - a population considered to be especially vulnerable.

Studies of general internet users suggest that some children's may experience psychological problems such as social isolation, depression, loneliness, and time mismanagement related to their internet use and failure at school.

Methods: All of the students ($N = 650$) came from 7 gymnasium schools and 6 high schools of Iasi, Romania. The students answered to a questionnaire comprising 34 questions related to computer activities. These were aimed at highlighting: 1. The frequency of internet use by the students; 2. The identification of a psychological problems; 3. Identification of a possible internet addiction.

Results show that the school students prefer to spend a considerable amount of time with their computers, over 5 hours/day. The purpose of this article is to describe how internet use affect socialization, academic performance, personality and to discuss how identity are constructed in cyberspace.

Conclusion: Excessive amounts of time at a computer can contribute to undeveloped social skills and a form of addictive behaviour, and failure at school. Internet addiction is marked by symptoms of increasing tolerance, withdrawal, mood changes, and interruption of social relationships. The results show that the parents don't recognize internet addiction.

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Specific rehabilitative and psychotherapeutic groups for cocaine addicted patients: A new model of treatment