

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.

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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.

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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.

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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.

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Cocaine abuse in 2006

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Attempts have been made to obtain indicators of the abuse of illicit drugs. Many techniques are expensive and/or time-consuming. Others have limitations due to the focus on specific populations. The recent outbreak of fentanyl deaths in Chicago and Detroit related to fentanyl-laced heroin suggest that mortality is a valuable indicator of a drug's presence and prevalence in a community. Drug mortality statistics are accessible from Medical Examiner/Coroner offices. It is possible that including deaths both intentional and non-intentional will give the best overall indication of trends in drug use. By following death rates, it may be possible to provide a "canary in the coal mine" for drugs of abuse. We've studied data from the Florida Department of Law Enforcement for cocaine related deaths. Data from 2005 showed 1,943 deaths compared to 1,034 cocaine related deaths in 2000, a 90% increase. Data from the first 6 months of 2006 reveals a continuing increasing trend with an increase of 10.8% compared to 2005. Supporting data from a survey of students at the University of Florida showed an increase of cocaine use in the previous year from 4.0% in 1991 to 7.1% in 2004. There appears to be a renewed epidemic of cocaine abuse in Florida. Interventions are required to prevent progression of this alarming trend.

P307

Differential comorbidity between ADHD with substance use disorder and ADHD without substance use disorder group

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Attention Deficit Hyperactivity Disorder (ADHD) presents high levels of life-long comorbidity. Several studies demonstrate an elevated co-occurrence between ADHD and Substance Use Disorder (SUD) as well as personality disorders.

The objective of this poster is to demonstrate differential characteristics between ADHD with SUD patients versus ADHD without SUD, in relation to Axis II comorbidity, ADHD symptoms severity and childhood behavioural disorders (conduct disorder and oppositional defiant disorder).

Another objective is to identify differences in the prevalence of SUD relative to gender and ADHD subtype (Inattentive, Hyperactive/Impulsive and Combined).

This will be done using a comparative-descriptive study that was carried out with a sample of 125 adults diagnosed with ADHD using the CAADID in the Adult ADHD Integral Programme (PIDAA) of Vall d'Hebron Universitari Hospital; 53 subjects presented associated SUD (DSM-IV). All the subjects were evaluated with ADHD Rating Scale, SCID-I, SCID-II and K-SADS.

Relative to ADHD group, subjects ADHD with SUD subjects showed higher comorbidity with Axis-II Disorders, especially with antisocial, schizoid and paranoid personality disorders, as well as major prevalence of conduct disorder and oppositional defiant disorder in childhood. There were no significant differences respect to ADHD symptoms severity nor ADHD subtype between both groups. A major proportion of men were observed in ADHD with SUD group compared to ADHD patients.

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Erectile dysfunction in alcoholic patients. Results of an observational study carried out in an alcohol treatment centre

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Background and aims: Alcoholism is one of the most common chronic disorders in the western world that causes and aggravates a whole range of diseases and disorders. The purpose of this study was to determine the prevalence of cases of erectile dysfunction (ED) among the alcoholics attending a detoxification unit.

Methods: 100 male alcoholic patients were selected from all consecutive visits to an alcohol outpatient unit. The diagnosis of ED was determined using the SQUED questionnaire for ED (score ≤ 12). All the patients were questioned about their use of alcohol and other drugs, the organic diseases they were suffering from and the pharmacological treatment they were receiving.

Results: One hundred patients recruited had a mean age of 47.2 ± 9.8 years. The mean daily amount of alcohol consumed was 14.4 ± 7.6 standard drink units, the mean frequency being 6.5 ± 1.4 days a week. The abstinence time over the last six months was 14.2 ± 9.8 weeks. 83% of patients were smokers and 29% consumed hypnotics-sedatives. 73% of patients were on pharmacological treatment (57% for alcoholic detoxification, 33% with antidepressants). According to the SQUED questionnaire, 26% of patients presented ED and 20% had had no sexual relationship during the last 6 months.

Conclusions: The prevalence of ED in alcoholic patients was high (26-46%). The diagnosis and treatment of ED should be an aspect to be taken into account in this type of patients to reduce their anxiety and so aid in preventing possible relapses of their alcoholism.

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The COMT Val158Met polymorphism is associated with novelty seeking in Czech methamphetamine abusers: Preliminary results

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Background and aims: Measurable traits of human personality may mark the predisposition to psychopathology. Increased novelty seeking plays an important role in the pathogenesis of substance abuse. Novelty seeking, one of the fundamental traits of the human temperament, is related to dopamine. Catechol-O-methyltransferase (COMT) is essential for dopamine inactivation. The aim of our study was to assess whether the COMT gene Val158Met functional polymorphism in patients dependent on methamphetamine is related to their novelty seeking score.

Methods: Patients dependent on methamphetamine who had been treated at the Addiction Treatment Unit in Nechanice in 2004 and 2005 agreed to participate in the investigation. We administered the Temperament and Character Inventory (TCI) questionnaire, assessed their novelty seeking score and analysed their DNA samples for COMT Val158Met genotype.

Results: The subjects were thirty-seven Czech Caucasians (women $N = 10$) dependent on methamphetamine with an average age of 23.6 ± 3.8 years. We found a significantly higher mean novelty seeking score among the patients with the Met allele (Met/Met