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#### EW0788

### The medical model of rehabilitation treatment of drug addicts with psychiatric comorbidity: Efficacy evaluation

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**Introduction** The medical model assumes the professional psychotherapeutic assistance at all stages of the rehabilitation process and pharmacological treatment of comorbid mental disorders.

**Aim** Evaluation of the efficacy of the medical model rehabilitation based on the clinical, psychological, and social characteristics of patients at the all stages of the treatment.

**Subjects** Eighty-five drug-addicted patients with psychiatric comorbidity. The inclusion criteria were: age above 18 years, withdrawal status. The patients were examined four times:

- 1 – during the first weeks of treatment;
- 2 – after 45 days;
- 3 – after 6 months;
- 4 – after 12 months.

**Results and conclusions** The primary evaluation the highest scores noted in the sections: “family and social connections”, “health status”, “psychiatric status” and “legal aspects” received lower scores. In the second measurement, the results established a significant improvement on the scale of “health status”, “mental status”, “alcohol”, “drug use” compared with original values. Early retired patients the most high-end performance observed on the scale of “drug alcohol using”, “job/livelihood”, “health status”, “legal aspects”, the “psychiatric status”, “family and social connections” recorded lower scores. Indicators on the scale of “drug use”, “alcohol” in this group of patients was significantly higher than patients who remain on treatment, which may indicate a possible updating of the attraction to the drugs. The third measurement showed a significant improvement ASI according to the all scales as compared to the previous ones. In the course of the rehabilitation process revealed positive changes in clinical, psychological and social characteristics of patients.

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#### EW0789

### Predictive biomarkers in clozapine-treated patients: Assessment of the evidences and suggestion for research methodology

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**Introduction** Predictive biomarkers are tools that identify a sub-population of patients who are most likely to respond to a given therapy. In order to identify them a strict methodology is necessary (RCT's studies). In consideration of its cost in economic and medical terms, predictive biomarkers would be useful to distinguish clozapine-resistant patients before its administration.

**Aims** The evidence concerning genetic biomarkers was reviewed with the aim of assessing whether there is enough evidence to claim for predictive biomarkers useful in practice. Secondary aims were the assessment of the evidence concerning genetic prognostic biomarkers and predictors of side effects in clozapine-treated schizophrenic patients.

**Methods** One hundred and twenty-eight studies, searched on the Pubmed database or referenced in other studies, were included in this review. Sixty-five papers were related to clozapine efficacy and explored 167 genetic variants.

**Results** Fifty-four variants were supported as prognostic biomarkers, three were successfully replicated: rs6280, rs6314 and rs4680; 49 papers were related to clozapine weight gain and explored 216 different genetic variants. Forty-five of which were positively related to weight gain during clozapine treatment. Among these 45 variants, only two, Rs3813929 and Rs779039, were successfully replicated.

Fourteen studies explored 111 genetic variants potentially correlated to Clozapine-induced agranulocytosis. Thirty-four variants were found to be associated with agranulocytosis. Five variants had positive results, successfully replicated. In particular, HLA B38.

**Conclusions** To date there is no evidence to support a modification of clinical practice towards predictive medicine. The research could ideally progress with RCTs involving the prognostic factors found in association studies.

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#### EW0790

### Loss of motivation and frustration for visitor surgeons in provincial health centers or psychiatric hospitals in Greece

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**Introduction** The core workplace for a surgeon is the operating theatre. Secondary duties may include visits to small health centers for outpatient examinations and visitor work to psychiatric hospitals.

**Objective** The objective of our study is to highlight the mistakes of management that lead to half-empty provincial health centers and psychiatric hospitals.

**Methods** Presentation of the 2-year-experience of a surgeon visitor in provincial health centers and in a large psychiatric hospital in Greece.

**Results** The provincial health center of Lagada needs at least 4 surgeons to serve; too many patients to be examined or/and operated in 2–3 hours only. Subsequently problems arise, as simultaneously in the emergencies department a surgical eye for an abdominal pain or a bad looking leg is needed every 15 minutes. The health center of Koufalia needs 3 hours of driving per day for 3–8 surgical patients only. The psychiatric hospital offered work for 3 surgeons 5 days a week for a long period of time. During 2012–2014, only one surgeon visited the hospital once a week. The work needed to be done may kill the surgeon or force him to receive antidepressants in order to keep his functions alive.

**Conclusions** Not a hint of scientific motivation for two years is a strong reason for a surgeon to avoid the duty to provincial health centers and psychiatric hospitals which is obligatory according to