be done in order to create psychiatric and public health concepts to cope with this growing problem.

COMPLIANCE WITH PSYCHOPHARMACA — CLINICAL PRESCRIPTION MAINTAINS HOW LONG?

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This work took place in a community based psychosocial centre. One of the tasks of this centre is take of care for patients after their hospitalization in a psychiatric ward. Some are motivated to come immediately after their stay, others need weeks or months to make this effort. All of them answer a questionaire, including prescription from the hospital and how long it took time until the medication was changed. It was also of interest by whom the modification was made and which motivation caused it. The questionaires of 50 patients were examined in this first step. It can be shown that there are critical times after about two or three weeks and a few (two to four) months. One of the cornerstones is the level of information offered. The more the patients know about the effects and side effects the more they get a realistic view of what is possible and can be awaited. This entails a longer staying on the medication and better compliance.

THE LATEST TREATMENT POSSIBILITY OF KORSAKOW SYNDROME WITH FLUVOXAMINE AND COGNITIV TRAINING

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The possible pathogenetic role of the serotonerg dysfunction in the alcoholic amnestic disorder suggests the authors to treat 16 Korsakow patients with fluvoxamine. After the deliriosus-confused state the clinical diagnosis was confirmed by a specific Korsakow-test. Before the beginning of the treatment with fluvoxamine, after a two-week treatment, and at the end of the fluvoxamine and cognitiv training treatment the orientation- and memory disturbances were registrated with psychometric test. The improvement of the orientation troubles and the recently acquired memory functions was significant with the fluvoxamine therapy. Authors could measure further improvement because of fluvoxamine and cognitiv training as to the recently acquired memory. The improvement was more expressed by patients, whose IQ was higher, who didn't have dementia index and who could be placed into the reversible group on the basis of the special Korsakow-test examination. Authors drow the attention to the possibility of a new drug and cognitiv training therapy by alcoholic Korsakow patients.

CRITERIA FOR CARBAMAZEPINE AND CLOMETHIAZOLE TREATMENT REGIMEN OF ALCOHOL WITHDRAWAL

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Objective: Studies with carbamazepine (CBZ) and clomethiazole in treatment of alcohol withdrawal have shown efficacy of these drugs under controlled conditions. This study was designed to evaluate effectiveness and criteria of a treatment regimen with CBZ and clomethiazole in alcohol withdrawal under clinical conditions.

Methods — Design: Exploratory, observational, prospective study. *Setting:* Detoxification unit, Dept. Psychiatry, General Medical Center. *Subjects:* 200 consecutively admitted patients, inclusion criteria: admission for treatment of alcohol withdrawal, alcohol dependence (ICD-10: 10.25), exclusion criteria: current use or withdrawal from opiates, benzodiazepines, barbiturates and other substances. *Main outcome measures:* Duration, kind, and dosage of medication, incidence of seizures and delirium tremens. *Results — Group 1:* 99 patients had a history of previous withdrawal seizures, including 30 patients with previous delirium (high risk patients) and received prophylactic CBZ treatment (fixed schedule) after admission, 8% in this group developed seizures during the fast 30 hours with magnesium serum levels < 0.7 [mmol/l] in all subjects, 59.6% received concomitant medication with clomethiazole (individualized regimen), in 9.1% development of delirium. *Group 2:* 101 patients did not have any history of seizures or delirium, 64.4% in this group did not need any pharmacotherapy, 35.6% were treated with clomethiazol (individualized regimen), 2% in this group developed seizures, in 5% development of delirium. *Conclusions:* (1) Neither fixed-schedule nor prophylactic treatment with clomethiazole or CBZ seem warranted in patients without high risk criteria. (2) Data from patient's history seem to be good criteria for indication for prophylactic pharmacotherapy and inpatient treatment. (3) Prophylactic treatment with CBZ did not prevent seizures in all high risk patients and needs further evaluation. (4) Because of cost-containment in medical care, development of criteria for inpatient treatment of alcohol withdrawal may be important.

SUBJECTIVE AND BEHAVIORAL RESPONSES AND EVENT RELATED POTENTIALS FOLLOWING COCAINE ADMINISTRATION IN SUBJECTS WITH AND WITHOUT A FAMILY HISTORY OF ALCOHOLISM

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Despite the numerous studies showing an association between a positive family history of alcoholism and a higher risk for alcoholism, there is little information on the relationship of such family history of alcoholism with a susceptibility to other drugs of abuse. In the present study, we report the differences in the P_{300} wave of the event-related potentials, and in subjective and behavioral responses after intranasal cocaine (0.9 mg/kg) or placebo in subjects with a positive family history of alcoholism (FHP) and with a negative family history of alcoholism (FHN). Fourteen FHP and 14 FHN healthy, male ocassional cocaine users provided informed consent and volunteered to participate in this study. Each subject served as his own control and was tested under double-blind conditions on two experimental sessions. Both groups were compared on the characteristics of the P_{300} wave, on the scores in the Addiction Research Center Inventory (ARCI) and in the answers to 8 visual analogue scales (VAS). FHP subjects had significantly lower amplitudes than FHN individuals on the frontal electrodes at the $t = 10$ ($p < 0.005$) and $t = 30$ ($p < 0.03$) time points, and significantly higher amplitudes on the occipital electrodes at the $t = 30$ ($p < 0.05$) and $t = 60$ ($p < 0.03$) time points. In addition, 10 minutes after cocaine administration the FHP group had significantly higher change scores on the BG and A scales (that measure euphoric states) of the ARCI. On the VAS, FHP subjects had significantly higher change scores on how good, how happy, how high, and how stimulated they felt 10 minutes after cocaine administration. These data suggest the potential use of the P_{300} a a risk marker for cocaine abuse as it differentiates between FHP and FHN subjects. In addition, the enhanced immediate subjective response to some of the reinforcing cocaine effects may explain that FHP subjects could be at a higher risk for developing cocaine abuse.

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