## P03-212

## MESSING WITH PLEASURE: A SMOKING CESSATION PROGRAM IN A PSYCHIATRIC HOSPITAL

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**Introduction:** Most pleasures have been condemned at some time and many laws have attempted to prohibit supposedly harmful behavior. Evolution has not collaborated perhaps because addictive behaviors, associated with reward and pleasure circuits/centers in the brain, are important for survival.

Withdrawal symptoms are treatable with nicotine replacement therapy. Pleasure, is a harder problem to tackle and is associated with rituals, the senses and affect regulation and may be a major culprit in relapse.

Dopamine dysregulation may favor addiction and addiction may lead to dopamine dysregulation. Many psychiatric patients may have dopaminergic dysregulation and altered pleasure circuit function and are more prone to addiction, especially to nicotine, and probably harder to help.

**Objectives/aims:** A reflection on desire and pleasure in smokers in general and psychiatric patients and on possible strategies to overcome these difficulties.

## Methods:

- 1) A review of philosophical, sociopolitical, biological and neuropsychiatric views of pleasure
- 2) Rating of smoking as a pleasure on a visual analog scale on first assessment of a smoking cessation program in a psychiatric hospital
- 3) Reflections on difficulties encountered in a smoking cessation program and possible strategies to overcome these

**Results and conclusions:** Treating addictions poses tremendous challenges since the very mechanisms nature disposed for survival, are those gone awry. Pleasure is identified as a major driving force behind addiction in tobaco smoking therefore should be specifically addressed in smoking cessation programs. Psychiatric patients who smoke tobaco are an especially difficult patient population and one of the contributing factors may be dopamine dysregulation/pleasure dysregulation.