

A REVIEW AND EVALUATION OF METHADONE DOSE ASSESSMENT

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Despite the widespread need and clinical importance of methadone dose assessment within UK addiction services there are no empirical studies to support the process or outcome of any one method. The main goal of assessment is to provide an adequate dose of methadone in order that other treatment goals can be achieved after stabilization. An excessive dose must be avoided in the interests of individual safety and to minimise the risk of diversion of methadone on to the black market, and consequent public harm. A literature review reveals that methods of assessment vary considerably in their intensity of involvement of health professionals. Results of a recent national survey of assessment methods provides a summary of the current range of assessment methods used. An evaluation of two different assessment protocols is discussed in terms of service resource inputs and dependent variables such as client engagement, client perceptions, methadone dosage changes and other potential health gains.

RAPID OPIATE DETOXIFICATION AND NALTREXONE INDUCTION UNDER GENERAL ANAESTHESIA AND ASSISTED VENTILATION: EXPERIENCES WITH 265 PATIENTS IN THREE DIFFERENT CENTRES

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Using broadly similar techniques, we have successfully detoxified 265 patients (71 in London, 19 in Athens, 175 in Merchantville) dependent on heroin or up to 200 mg of methadone daily and transferred them to full doses of naltrexone (50–100 mg) under anaesthesia with endotracheal intubation and assisted ventilation. This is a modification of methods originally developed by Loimer et al (1988) in Vienna and avoids the hazards of the method described by Legarda and Gossop (1994).

Methods: For most patients, anaesthesia was induced and maintained (for 4–6 hours) with *i/v* propofol but in five cases, isoflurane via closed circuit was used. It seems a satisfactory and more economical alternative. Atracurium is used for muscle relaxation. Antiemetics are given prophylactically, as is octreotide which greatly diminishes the gastric hypersecretion and profuse diarrhoea commonly accompanying the procedure.

Results: No significant anaesthetic complications occurred. Most patients were fit to return home within 24 hours. It can often be done as an out-patient procedure if suitable non-hospital observation facilities are available. However, 10–15% of patients benefit from an extra day or two of nursing, especially if home facilities are poor. Flexible post-detoxification care is needed to accommodate these differences. While objective withdrawal manifestations generally diminish sharply within 24 hours, some patients have a more prolonged subjective abstinence syndrome which may need vigorous medical and psychosocial management. The technique is equally rapid and successful for both methadone and heroin withdrawal. There was no apparent relationship between previous heroin or methadone dose and speed of recovery.

Conclusion: Withdrawal and naltrexone induction under anaesthesia is rapid and effective and makes detoxification a less frightening and unattractive prospect. Continued treatment after withdrawal, preferably including supervised naltrexone, is important for most patients.

ALCOHOL CONSUMPTION AMONG CHRONIC MENTALLY ILL RESIDENTS OF THERAPEUTIC HOMES

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We conducted a study on alcohol consumption habits in the five therapeutic homes for the mentally ill in Mannheim. Through assessment by their case managers we collected data for 136 residents. The medium age of the study population was 40.3 years; 57.4% were male. In 80.1% of the cases of schizophrenia was diagnosed, secondary alcohol abuse before entry into the home was known in 4.4% through admission diagnosis.

Frequent alcohol use is currently reported in 12.5%, which remained consistent for most residents during the time of stay in the home. This group of frequent alcohol users, predominantly male, is characterized by a higher age at entry into the institution and a lower dosage of neuroleptic medication. No significant relation was found regarding the age at onset of disease, the rehospitalisation rate and the general life satisfaction. Severe problems through alcohol use were seen only in isolated cases, but in all clients with an earlier diagnosis of alcohol abuse. We conclude that in therapeutic homes problematic alcohol abuse is reported less frequently than in other comparable populations of chronic mentally ill clients.

It appears that through selective mechanisms (house rules, admission criteria) mentally ill people with additional alcohol problems are excluded from the care in therapeutic homes. Verification is needed whether patients with dual diagnosis actually desire this kind of complementary support, or possibly refuse this offer because of the infringements of individual rights, as it is the rule in therapeutic institutions.

PREVALENCE OF CHILDHOOD SEXUAL ABUSE IN MALTESE SUBSTANCE ABUSERS ATTENDING SERVICES

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The main goal of this research is to investigate the prevalence of childhood sexual abuse amongst substance abuse population attending services in Malta. The epidemiological analysis of such prevalence in Malta has never been studied before.

The study was conducted using an interview based on 'The Child Maltreatment Interview Schedule' by Briere J.N. Subjects were randomly chosen from the several drug and alcohol services on the island.

Results show a high prevalence rate amongst this population, which to some extent is comparable with similar data collected from most European countries and world-wide.

Some cultural specifics are identified and defined.

SOURCES OF INFORMATION, KNOWLEDGE AND ATTITUDES ABOUT AIDS AMONG UNIVERSITY STUDENTS IN SPAIN

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To assess sources of information, knowledge and attitudes about AIDS, 5515 university students from 19 faculties of Granada University (Spain) were surveyed in 1991. A questionnaire consisting of 40 items was administered. Seventy-seven percent of University students did not consider themselves well informed and 87% did not

feel there was enough information. However, good general knowledge about means of transmission (98% reported blood and 82% semen) and prevention measures (78% indicated condom use) was shown. Despite a predominant positive attitude towards people with AIDS (68% would increase closeness), attitudes of rejection were shown (7% said would have nothing further to do with a HIV+ friend and 4% would exclude that person from work or school). Students' responses indicated lack of knowledge and misconceptions, only 41% of students mentioned vaginal secretions as a mean of transmission. In addition, 30% of students thought they could be infected by sharing a toilet with an HIV+ patient, 5% by sharing dishes and drinking glasses and, 4% by sharing a napkin. The most striking misconceptions about preventive measures were, choice of partner (reported by 27%) and faithfulness (reported by 22%). Television (78%) and newspapers (49%) were the most common sources of information about AIDS. University students mentioned doctors as the best person to inform about AIDS. These results should be taken into account when designing AIDS related information programs, in order to address prevalent misconceptions among university students.

PSYCHOLOGICAL MORBIDITY, SOCIAL CIRCUMSTANCES, SEXUAL BEHAVIOUR AND HIV IN KENYAN COMMUNITY SAMPLE

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Objectives: To study social factors, sexual behaviour and psychiatric morbidity associated with HIV in a community sample of working adults in Western Kenya.

Design: Cross-sectional cohort study with subjects and raters blind to HIV status.

Setting: An occupational health clinic for statutory annual health checks of workers in the food industry.

Subjects: Working adults who attended the clinic over a 10 week period beginning in September 1994.

Main outcome measures: HIV serostatus tested by ELISA. Psychiatric and neuropsychological morbidity.

Results: 40% of those tested were HIV positive. Women had a higher rate than men and those who worked as barmaids or were divorced, widowed or separated were particularly at risk. There was almost universal understanding of HIV transmission but unrealistically low perception of personal risk of infection. Most of the cohort were living in conditions of overcrowding with poor sanitation, predisposing them to infectious disease in the event of compromised immunity. Though the 92 HIV positive subjects had a total of 200 current sexual partners, only 6 were regular condom users. They had a total of 481 dependents. There was no difference in psychiatric morbidity or neuropsychological function between the HIV positive and the HIV negative subjects.

Conclusions: Though there was a good understanding of how HIV is transmitted, there had been little appropriate behaviour change to reduce risk of infection. The large number of dependents of currently economically active HIV positive individuals suggests the likelihood of major social problems in the future. Asymptomatic HIV infection is not associated with an increase in psychiatric or neuropsychological morbidity.

LE JEU DRAMATIQUE EN PEDOPSYCHIATRIE: TRAVAIL SUR L'ACCES A LA TRANSITIONNALITE

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Thérapeutes travaillant dans un centre de consultation de Psychiatrie infanto-juvénile de la banlieue de Paris, les auteurs proposent une présentation théorique et clinique, à propos d'un groupe thérapeutique de Jeu Dramatique hebdomadaire réunissant une dizaine de préadolescents de 10 à 12 ans.

Ces jeunes patients, présentant un ensemble de troubles du comportement -avec leur retentissement scolaire et social- ont tous expérimenté de multiples prises en charge psychologiques dont les résultats sont restés aléatoires. Leurs carences narcissiques, leurs tendances à l'agir, ainsi que la pauvreté de leur jeu fantasmatique les confrontent à des représentations crues ou à un vécu de vide interne, qu'ils cherchent parfois à combler par une dépendance audiovisuelle ou l'accrochage à des groupes de jeunes.

Le Jeu Dramatique a, dans ces cas, pour objectif principal la restauration d'une capacité à jouer et à imaginer, dans un climat de holding à la fois pare- excitant et stimulant. En créant un cadre très structuré et en permettant un étayage sur le groupe, il procure un contenant propice à la mise en scène des fantasmes. Il en découle une meilleure utilisation de l'aire transitionnelle.

Souvent proposé à cet âge charnière entre l'enfance et l'adolescence, ce type de prise en charge permet également de garder avec ces jeunes très perturbés, des liens, préparant l'éventualité d'un suivi ultérieur plus individualisé.

OUR EXPERIENCE IN URGENT PSYCHIATRIC CONSULTATIONS IN A GENERAL HOSPITAL CENTER

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Task: Investigation of the most common psychiatric pathologies in providing psychiatric consultations (Urgences and Liaison Psychiatry) in General Hospital Center "Le Fontenoy", Chartres. This aims improvement of the therapeutic strategies later (in short and long term).

Method: Diagnosis are decided according to criteria of ICD-10.

Results: In a period of one month, chosen occasionally, we have consulted 186 men. 150 of them were urgently hospitalised in Urgences and the rest 36 were hospitalised because of non-psychiatric reasons in the somatic departments of the hospital. For 127 men the main syndrome in the clinic table is the depressive one and 88 who were consulted in the Urgences had tried to commit suicide/most often medicamental). The depressively ill from the latter group are primarily young women, experiencing critical circumstances.

Perspectives: The specificity of the most common symptomatology leads us to the notion of changing the therapeutic strategy toward those patients through a quick diagnosis decision, urgent crisis interventions and adequate orientation.

THE EXPERIENCES OF WITHDRAWAL AND CRAVING IN ALCOHOL AND OPIATE DEPENDENCE

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While observational studies have confirmed the existence of the withdrawal state, there has been much debate regarding the concept of craving. A literature review demonstrated the inadequacy and inconsistency of the instruments utilised for measuring withdrawal