

Aim: The aim of this study is the recording, the estimate and the cross-correlation with social - demographic elements for the behaviors of adolescents as long as it concerns the consumption of alcohol.

Methods: The sample constituted 225 adolescents students that studied in the 1st and 2nd Professional Lycea-schools of Tripolis, Greece, which had mean of age the 16,8 years. The questionnaire that was used has as base the equivalent that uses Youth Risk Behavior Surveillance System of American Center for Disease Control.

The attendance in the research was anonymous and voluntary.

Results: Almost the total of adolescents (94,7%) reports that tried some alcoholic drink.

The half students percentage (50,7%) report that they have drunk 40 or more times alcohol.

The consumption of alcohol is bigger in the boys.

The mean of first contact with alcohol they are the 13,1 years. The boys drink the first glass in smaller age than the girls.

Systematically consume alcohol the 39,2% of school population and in particular the boys drink systematically more often from the girls.

Excessive consumption alcohol reports that made at least 3 times the last month of the 23,8% of school population with proportion between the boys and girls 3:1.

Conclusions: The consumption alcohol is moved in worrying high levels. The results that show the make are the small age of first contact, as well as the high rates of use and abuse alcohol.

P0008

Alcohol relapse prevention with Quetiapine

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Objectives: Quetiapine is a novel antipsychotic, which is efficacious in the treatment of positive and negative symptoms in schizophrenia. Research has shown that Quetiapine also reduce the craving and consumption for stimulants and alcohol. We set out to examine the tolerability and efficacy concerning relapse prevention of withdrawn alcoholics suffering from additional symptoms.

Methods: Our case observations attempted to evaluate nine alcoholics after withdrawal suffering from persisting craving, sleep disorder, excitement, depressive symptoms or anxiety symptoms. We followed the patients up in our outpatient clinic.

Results: Eight out of nine patients were abstinent under quetiapine over a period of 2 to 7 months. One of these patients relapsed after he stopped taking the preparation at his own initiative after 10 weeks. The ninth patient stopped taking the preparation immediately because of swollen nasal mucosae. All target symptoms disappeared in the patients after an average of [mean ± SD] 24.5 ± 18.1 days. The overall tolerability was considered to be very good, however initial sleepiness appeared in four patients.

Conclusion: The tolerability has proven to be very good and patients reported to be very satisfied with the medication. Reports about clearly reduced craving seem particularly worthy of attention. A double-blind placebo-controlled study is in preparation to confirm these preliminary findings. Quetiapine may hold the potential for preventing alcohol relapse in alcoholics suffering from additional above mentioned symptoms, or as an alternative in alcoholics who do neither tolerate acamprostate nor naltrexone.

P0009

Evolutional patterns of drug use among medical students

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Background and Aims: Although the use of drugs by medical students is not different from that of the majority of other college students, they will be the professionals in charge of diagnosing and treating dependence in the future. The objective of this study is to describe evolutional patterns of drug use in a distinguished Brazilian medical school (UNIFESP). Different patterns might guide preventive strategies tailored for specific sub-groups of students.

Methods: Recent use of psychoactive substances among 456 medical students throughout the six grades was surveyed by way of a self-report questionnaire using World Health Organisation criteria.

Results: Among male medical students, the most frequently used substances were alcohol (80.5 %), cannabis (25.3 %), solvents (25.2 %), and tobacco (25.2 %), whereas among female students the most frequently used drugs were alcohol (72.6 %), tobacco (14.6 %), solvents (10.5 %), and tranquillisers (7.5 %). Male students showed a progressively increasing use of cannabis from the first (13.6 %) to the fourth (38.4 %) academic years. Contrastingly, the proportion of female students using cannabis markedly decreased during the same period (12.9 % to 0%), although they reported at the same time an increasing proportion of tranquillisers use (from 3.4% to 11.1 %). Switch from illegal to legal drugs were observed only among female students. Male students tended to alternate cannabis and solvents throughout college years.

Conclusions: Interventions aiming to influence patterns of drug consumption among medical students must consider both gender differences and evolutional patterns of substance use throughout medical course.

P0010

Naltrexone implants: Can they prevent relapse into heroine use?

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Background: The Miroya Foundation specializes in Anesthesia Assisted Rapid Opiate Detoxification (AAROD) for opiate addiction. After psychosocial and medical intake patients are hospitalized for 24hours for AAROD. A subcutaneous naltrexone implant is inserted. We start with an 8week implant and advise patients to use 6months Naltrexone implants for at least one year. We prescribe Naltrexone tablets to patients who cannot afford implants. All patients are offered one year psychotherapy.

Aim: To evaluate the effectiveness and risks of Naltrexone Implants.

Method: Retrospective descriptive study of all patients with naltrexone implants.

Results: July 2007 there were 159 Naltrexone implants used in 80 patients. 26 patients are in the first year of treatment with a 1st, 2nd or 3rd implant. 3 patients used heroine while having an effective implant. 54 patients finished the treatment year.

Complications: Reason for stopping Naltrexone implant treatment in 54 patients:

Conclusions: 159 implants used in 80 patients.. Only 1 severe complication occurred. Relapse rate in 80 patients 3,75% suggests

that naltrexone implants are very effective. Most common reason for stopping use of naltrexone implant: lack of money 46%.

Complications:

Severe	Severe infection, implant removed (psychiatric patient, history of auto mutilation)	1	1.25%
Minor	Withdrawal symptoms after insertion	1	1.25%
	Infection suspected, antibiotics prescribed	5	6.25%
	Itching	4	5%
	Swelling	20	25%

Reason for stopping Naltrexone implant treatment in 54 patients

	Nr of Patients	
End of treatment year	17	31%
No money for next implant	25	46%
Complications	2	3%
Cosmetic reasons	2	3%
Relapse, not coming back for next implant	9	16%
Reason unknown	6	11%

P0011

Alpha7 nicotinic receptor polymorphisms in schizophrenia and nicotinic replacement therapy

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Patients with schizophrenia and with ADHD smoke cigarettes at a higher rate than normal subjects (Borland and Heckman 1976). Forty-two percent of men and 38% of women diagnosed with ADHD are current smokers, almost twice as high as the number in an unselected population (Milberger et al. 1997; Pomerleau et al. 1995). In this study we hypothesized that the allele 113bp in D15S1360 marker at CHRNA7 and the 2bp deletion allele at CHRFA7A are associated with increased smoking in patients with schizophrenia and Adult ADHD. Our sample consisted of 78 DSM-IV patients affected by Adult ADHD and schizophrenia from the Toronto area. Current smoking status was assessed by a medical history questionnaire, and there were 29 current smokers and 49 non-smokers. We analyze the single marker association by chi-square and the CHRNA7-CHRFA7A interaction by logistic regression, considering the 113bp and the -2bp deletion dominant. In our sample the 113bp allele in CHRNA7 does not confer risk for smoking in the ADHD (chi-sq=0.47, 1df, p=0.492). Finally, we compared the frequency of the 133bp genotype in schizophrenic smokers with non psychiatric smokers who started nicotine replacement treatment and we found significant difference in genotype distribution (p=0.0063). The analysis of a7 genes in ADHD showed no association with smoking. The molecular hypothesis of a7/a7like interaction and the number of a7like copy variation remains very interesting for psychiatric phenotype and nicotine addiction even though the a7/a7like showed no interaction in conferring risk for smoking in this sample.

P0012

Alcohol consumption: Heroin addiction aftermath

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Background: Narcotics addiction has commonly been regarded as a single-substance phenomenon.

Aims and Methods: Follow-up interviews on a sample of 32 heroin addicts who had been in nonmethadone treatment for narcotics addiction at our Institute (spring 2007) were used to examine alcohol use and substitution of alcohol for heroin. Groups were classified as: no use of alcohol, irregular consumption and daily consumption, with aim to identify background and baseline factors related to substitution. We analyzed data relevant to the aims of our research in two stages of addiction career (before the treatment and 6 months after the beginning of treatment)

Results: One fourth of the sample (8 patients) used alcohol as a substitution pattern. The substitution was found to be related to higher levels of alcohol problems before addiction. The results showed a strong relationship between substitution and parental alcohol problems and family quarrels which had existed before the treatment, as well as 6 months after they entered the treatment. Aggressive behavior of the subjects who used alcohol in the substitution pattern caused problems with law in the both stages of addiction career. All 8 patients fulfilled criteria for depression (HAM/D below 21).

Conclusions: The results confirmed the validity of substitution as a powerful construct in identifying behavioral differences before and after addition. The phenomenon of substance substitution during the treatment should be considered not as evidence of the treatment failure but as an additional aspect of the addiction that must be addressed within the therapeutic framework.

P0013

Modafinil for cocaine addiction: Multi-site clinical trial

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Background and Aims: Modafinil was tested for efficacy in facilitating abstinence in cocaine-dependent patients, compared to placebo.

Methods: This is a double-blind placebo-controlled study, with 12 weeks of treatment and a 4-week follow-up. 210 treatment-seekers with DSM-IV diagnosis of cocaine dependence consented and enrolled. 72 participants were randomized to placebo, 69 to modafinil 200mg, and 69 to modafinil 400mg, taken once daily on awakening. Participants attended the clinic three times per week for assessments and urine drug screens, and had one hour of individual psychotherapy once per week. The primary outcome was the increase in weekly percentage of non-use days. Secondary outcomes included: decrease in the weekly median log of urine benzoylecgonine, subgroup analyses of balancing factors and co-morbid conditions, self-report of alcohol use, addiction severity, craving, and risk behaviors for HIV.

Results: 125 participants completed 12 weeks of treatment (60%). The GEE regression analysis showed that for the total sample, the difference between modafinil groups and placebo in the weekly percentage of cocaine non-use days over the 12-week treatment period was not statistically significant (p=0.95). A post-hoc analysis showed a significant effect for modafinil, only in the subgroup of cocaine patients without alcohol dependence. Modafinil 200mg also showed significant effects of an increase in the total number of consecutive non-use days for cocaine (p=0.02), and a reduction in craving (p=0.04).