were after suicide attempt (OR=1.6; 95%CI=1.3-1.9). The OR in multiple analysis was 1.4 (95%CI=1.1-1.8).

There is higher risk for suicide attempt among females in non-DDP (OR=.6; 95%CI=.5-.8), no differences according to gender in DDP (OR=.7; 95%CI=.5-1.1).

Opiates (OR=1.6; 95% CI=1.01-2.5) and Cocaine (OR=1.9; 95% CI=1.1-3.2) were found to elevates, but Cannabis were found to lower (OR=.4; 95% CI=.3-.6) the risk of suicide attempt.

**Conclusions:** DDP have grater risk for suicide attempt than non-DDP. In non-DDPs females have grater risk for suicide attempt than males, however in DDPs there were no differences. DDP with Opiates or Cocaine abuse are in risk group for suicide attempts. These findings suggesting that preventive efforts that have shown promise in non-DDP may need to be tailored differently to address the risk factor profile of DDP.

## P325

Risperidone versus haloperidol treatment in dual diagnosis inpatients: preliminary results from a 6 week, randomized controlled, open label pilot trial

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**Background:** About a quarter of patient's admissions ages 18-65 in Abarbanel mental health center (MHC) are with substance abuse (Natan, Gimelfarb, Barak & Baruch, 2005). Concurrent comorbidity has become the rule among psychiatric inpatients. Unfortunately the majority of the clinical trials with Antipsychotic drugs exclude the Dual Diagnosis patients (DDP).

**Objective:** To compare the efficacy, safety, drugs craving and compliance with Risperidone versus Haloperidol treatment of DDP.

**Method:** Ten DDP (meeting DSM-IV criteria for Schizophrenic spectrum disorders; median age=28 years [range, 20-39 years]) from MHC were randomly assigned to either Resperidone (N=5; mean endpoint dose 5.2 mg/day) or Haloperidol (N=5; mean endpoint dose 6.0 mg/day) treatment.

**Results:** There were no differences between Resperidone and Haloperidol according to efficacy, safety, drugs craving and compliance in each point of time.

Comparing to start-point in each of the groups: No difference in treatment efficacy between the groups (NS); No weight change during Risperidone treatment (NS) and there was weight gain about 2.6 BMI points (SD=.3) after Haloperidone treatment (p<.05); No differences in drugs craving and compliance between the groups (NS).

Although not significant, 60.0% of DDPs who received Haloperidol (N=3) relapsed compared with 0.0% of the DDPs on Risperidone (Fisher's Exact Test p<.08).

**Conclusions:** The preliminary results suggest, that treatment efficacy and drugs craving are equal in both groups. Compliance with Risperidone is equal to compliance with Haloperidol. But side effects' profile of Risperidone is more convenient than of Haloperidol.

## P326

Prevalence of dual diagnosis elderly inpatients: Is the phenomenon rare?

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**Background:** Over the past decade clinicians have become more aware of the problem of substance abuse (SA) in individuals with mental illness. Concurrent comorbidity has become the rule among psychiatric inpatients. About a quarter of patient's admissions ages 18-65 in the Abarbanel mental health center (MHC) are with SA (Natan, Gimelfarb, Barak & Baruch, 2005). The changing demography shows an ever increasing percentage of elderly in mental hospitals, however, information about dual diagnosis in elderly is unclear!!

**Objectives:**

1. To explore the trends of dual diagnosis elderly patients (DDEP) in Abarbanel MHC in the period of June 2003 to June 2005.
2. To compare the admission's profile of DDEP to non-DDEP according to socio-demographic and clinical characteristics.

**Method:** Descriptive analysis of consecutive admissions: men and women ages 60 and more years (06/2003–06/2005) and laboratory analysis of urine.

**Results:** Twenty seven of 535 admissions of elderly inpatients (5.1%) were with SA. There is a tendency of increasing of DDEP rate: in the 1st year the rate was 3.4% and in the 2nd year–6.8% (p<.07).

Profile of DDEP and non-DDEP admissions is significantly different according to place of birth, gender, age, family status, patient's suicide attempts, physical diagnosis.

**Conclusions:** There is decreasing of SA with age, but the phenomenon is fairly frequent among elderly, previously "young" DDEP. More strict assessment of SA patterns is recommended. Profile of DDEP's admissions is more complex then non-DDEP's admissions. There is significant clinical need to appropriate approach for DDEP

## P327

The impact of feedback and punishment on the decisions of male heroin addicts

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Computerised decision making tasks have identified cognitive deficits among people who use illicit drugs. These deficits have been hypothesised as originating in the Ventromedial Prefrontal Cortex (VmPFC) and Orbital Frontal Cortex (OFC). This hypothesis is based on Functional Magnetic Resonance Imaging (fMRI) studies conducted during the decision tasks and comparison studies with patients who have suffered bilateral damage to the VmPFC.

The deficits identified include dysfunctional inhibitory control, hypersensitivity to reward, difficulties in reverse learning (or strategy shifting) and insensitivity to future consequences.

However other research suggests that addicts poor performance is an artefact of tasks which encourage poor decisions initially, paired with an impaired ability to switch task strategies as experience and knowledge is gained.

To date, the dominant trend in this field is to report group data. Using a case-study paradigm, the research reported here indicates a layer of processes that have hitherto not been investigated. This study uses a micro-analysis of individual response behaviours within decision tasks to reveal strategies, correlates and markers of decision making performance.

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