

P03-256

PSYCHIATRIC COMORBIDITIES AND THERAPEUTIC MANAGEMENT IN OPIATE-DEPENDENT PATIENTS UNDERGOING A REPLACEMENT THERAPY PROGRAM IN SPAIN: THE PROTEUS STUDY

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Introduction: According to 2008 data, there are 80.000 patients undergoing replacement opiate programs (RMP) in Spain. However, the clinical therapeutic management and the psychiatric and medical comorbidities have not been well described.

Objectives: To describe the current therapeutic management and psychiatric comorbilities of opiate-dependent patients undergoing a RMP in Spain.

Methods: We carried out an observational, cross-sectional, multicenter study from September 2008 to February 2009. Patients ≥ 18 years, with written informed consent, with a opiate-dependence according to DSM-IV-TR criteria and currently scheduled in a RMP in Spain were included.

Results: 624 patients (38.89 \pm 7.95 y.o.,84% men) were included in the study from 74 centers.

Psychiatric comorbidities were clinically detected in 68% of all valuable patients, most frequently anxiety (53%), mood (48%) and sleep disorders (41%). Patients receiving buprenorphine-naloxone suffered less sleep disorders (19% vs. 43%; $p=0.0327$) The proportion of patients with at least one psychiatric comorbidity was directly related to methadone dose ($p=0.0066$).

The most frequent replacement therapy was methadone (94%), usually in ≤ 40 mg/day (38%) and 40-80 mg/day doses (40%); mean follow up period being 45.88 \pm 51.86 months. Significant differences were found between methadone doses and retention. Patients with HIV and HCV infection received higher doses of methadone (HIV+ patients ($p=0.0024$) and HCV+/ HIV+ patients ($p=0.0250$) due to ARV treatment; and showed less PMM retention.

Conclusion: Patients present high rates of dual diagnosis, and infectious and non-infectious comorbidities, expecting higher doses of methadone than found (54.04 \pm 47.26 mg/day) in the study to assure a proper retention in the maintenance programs.