

**Mon-P6****NMDA RECEPTORS IN ALCOHOLISM: PHARMACOLOGICAL CHALLENGE WITH THE NON-COMPETITIVE NMDA ANTAGONIST DEXTROMETHORPHAN**

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The glutamatergic system, especially NMDA receptors have a become major focus of interest in psychiatry. Alcoholism has been no exception. Preclinical studies have indicated that acute as well as chronic effects of alcohol seem to be mediated by NMDA antagonistic effects of alcohol. Acamprosate, a medication showing significant reduction in abstinence rate, seems to be a NMDA modulator.

In the current study detoxified alcoholics (n = 20) and age and sex matched healthy controls (n = 20) each receive 2.0 mg/kg per bodyweight Dextromethorphan (a non-competitive NMDA antagonist) in a double blind placebo controlled fashion.

Subjective effects (ASS, ARCI, POMS, VAS) including craving (ACQ), physiological effects (RR and pulse), neuroendocrine (Prolactin, Cortisol, HGH) and neurochemical (MHPG, HVA) parameters are monitored. Data from a preliminary pilot study indicate clear alcohol-like subjective effects with a peak 90 min after ingestion (a mean change of 45% on VAS for feeling drunk). We found no significant changes in physiological parameters. Prolactin and HGH showed a clear peak only 120 min after ingestion.

We expect different results for the alcohol dependent patients due to the changes in the NMDA system in alcoholics. In alcoholics tested so far Dextromethorphan seems to induce craving, possibly due to a priming effect. Results will be discussed not only in relating psychological and physiological changes, but also in light of similar challenges using serotonergic and noradrenergic substances.

**Mon-P7****THE EFFECTS OF GRANISETRON ON HEROIN WITHDRAWAL SYNDROME**

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**Introduction:** Preliminary clinical trials indicate a positive effect of 5-HT<sub>3</sub> receptor antagonist granisetron in the regulation of limbic cortical functioning. We investigated the effect of granisetron in averting withdrawal symptoms.

**Methods:** This was a methadone controlled open trial. 16 heroin dependent patients/10 male, 6 female/aged between 18–32 years/mean 24.8/volunteered to enter the study. Severity of withdrawal symptom was confirmed by Gross scale.

Dosage regimen of granisetron 3 mg/day and methadone 30 mg/day. Hospital withdrawal treatment lasted on average 21 days and induced standard treatment/rehydration, vitamin therapy, trace elements, magnesium salts/.

**Results:** 8 patients were treated with granisetron from the first day of admission to prevent the onset of withdrawal syndrome. After the first three days of granisetron treatment the total daily dose of the drug was reduced by 30% until 7th day when granisetron was discontinued. At the methadone treated group a significant decrease of the withdrawal score was observed within the 3rd day. The granisetron therapy promptly reduced withdrawal symptoms and prevented heroin withdrawal syndrome in 60% of cases.

**Conclusion:** Selective 5-HT<sub>3</sub> receptor antagonist granisetron potently reduces the development of withdrawal symptom. The improvement was significantly greater in the granisetron treated group in comparison with the methadone treated group.

**Mon-P8****IS THERAPEUTIC WORK ON INPATIENT RELAPSES DURING QUALIFIED DETOXIFICATION PRACTICABLE AND HELPFUL? A SINGLE CASE OBSERVATION**

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Only little is known about relapses and relapse-interventions during qualified detoxification of alcohol-patients. The concept of the "Heidelberger Rückfall Konfrontation" (HRK; Heidelberg Relapse Confrontation) is illustrated by the case of a 44 year old female patient with psychiatric triple diagnosis (alcohol- and benzodiazepine dependency, generalized anxiety disorder). During two qualified detoxifications no significant change of the patients situation was achieved. Two alcohol relapses occurred during a third inpatient treatment, both were understood and treated on the background of the patients' biography. Therapeutic work on these relapses led to an increase of treatment motivation, a reduction of anxiety symptoms and the beginning of a long-term treatment. The case-report exemplifies a possibility of dealing with relapses in a constructive and helpful manner in the qualified detoxification of alcohol patients. It is important to further investigate this field of addiction treatment empirically - also when taking into account aspects of ensuring the quality of standards and quality-assurance.

**Mon-P9****THE INSTALLATION OF A PSYCHIATRIC OUT-PATIENT DRUG AND ADDICTION SERVICE FOR ADOLESCENTS — FIRST RESULTS ON CLINICAL AND INSTITUTIONAL PROBLEMS**

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**Introduction:** Neither the traditional adolescent psychiatric services nor drug counselling agencies nor schools and youth care authorities have developed systems to cope with the increasing number of regular drug abusers and sometimes addicts in the age group between 12 and 25 so far.

The rise of synthetic and so called designer drugs triggered the contact between well integrated young citizens that would never touch Heroin and the "modern" drugs such as MDMA and its many derivatives.

**Report:** In this paper we discuss the institutional and technical problems (and solutions) of installing an adolescent psychiatric drug and addiction service in a northern German University city. Cooperation between very different professional approaches and specific offers to the above mentioned age group will be outlined.

After one year of work (1997) we found several tendencies such as the great demand of school education on designer drugs, an increasing number of families seeking counselling and more and more adolescents that present unspecific symptoms such as dysphoria, sleeping disturbances or memory loss.

**Discussion:** As medicine and psychiatry can only contribute their specific competencies to the growing drug problem in adolescents (and not more), cooperation and building up regional networks seem to be a reasonable way to cope with this challenge. But theoretical and institutional differences between health and youth care providers and schools sometimes prevent effective anti-drug programs. Child and adolescent psychiatry can be an integrating factor in building up services due to its traditional multidisciplinary approach.