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EV1440

What are the predictors of success in smoking cessation program?

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Smoking is the most important avoidable cause of morbidity and premature mortality in the European Union and other countries. Identification of individual characteristics that predict success in smoking cessation is highly desirable. Psychological determinants of smoking cessation, especially depression and anxiety disorders are associated with a higher prevalence of smoking, a higher rate of nicotine dependence, and elevated withdrawal symptoms. In this study, we aimed to identify the determinants that effect the smoking cessation program success. We scanned 232 patient files, who attended between February 2016–June 2016 in Smoking Cessation Program in a State Hospital. The patients who have applied at least two times to unit were included to study. Phone calls were done 6 months after first admission to check the status of smoking. Then we compared sociodemographic characteristics, nicotine dependence levels and psychological symptoms of patients. Sociodemographic Data Form, Fagerstrom Nicotine Dependence Scale and Symptom Check List-90 were done with every patient. It is important to determine the predictors to quit smoking for smoking cessation program. In many studies, the level of nicotine dependence has been identified as the main predictor of successful smoking cessation. It is known that the psychiatric co-morbidity is related with low success in this program. Determining psychiatric co-morbidity and treating this will be effective for success of smoking cessation.

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Alexithymia in patients with substance use disorders

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Introduction Alexithymia is considered as a deficit in emotion processing. It includes difficulty to identify and describe feelings as well as discriminate between feelings and physical sensations. Alexithymia may be a risk factor for substance use (SUD).

Objectives The objective of this work is to identify the prevalence and correlates of alexithymia among patients with SUD.

Methods This study concerns 40 subjects who were hospitalized in a rehabilitation center in Sfax. The subjects completed a form investigating sociodemographic and drug use characteristics. Alexithymia was assessed using the Toronto Alexithymia Scale TAS-20 a. The TAS-20 have three factors: difficulty in identifying feelings (F1), difficulty in describing feelings (F2), and externally oriented thinking (F3).

Results The mean age of 30.86 ± 8.07 years. The mean score of alexithymia was 65.39 ± 9.65 (42–83). The scores of its dimensions were 25.3 ± 6.10 for F1, 17.16 ± 3.3 for F2 and 23.16 ± 3.18

for F3. The prevalence of alexithymia was 62.8% among addicts. High alexithymic patients did not differ from low or moderate alexithymic patients in terms of, employment, education or the type of substance. TAS-20 was correlated to socio-economic status ($P=0.002$). No correlation was observed between age and alexithymia (total TAS-20) when measured as a continuous variable ($P=0.802$). High alexithymic patients exhibited a higher preference for poly-substance use compared with no alexithymic patients ($P=0.05$).

Conclusion Findings suggest that alexithymia is frequent in SUD patients. It should be noted in clinical practice that many patients with SUD may have a reduced capacity to identify and describe feelings during detoxification.

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An unusual case of 'laughing gas' addiction in Singapore

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Objective Recreational use of nitrous oxide (N₂O) or 'laughing gas' inhalation is a common phenomenon in countries like UK and US where it is associated with music festivals and parties. However, as far as we know, recreational N₂O use in Singapore has hitherto not been reported in the press or scientific journals. We report the first case of N₂O use and addiction in a young Singaporean male who was introduced to it by a friend from a Western country where its use is prevalent.

Methods A 20-year-old Singaporean male with an existing psychiatric diagnosis of major depression, presented with a 3 year history of solitary regular N₂O inhalation that escalated from infrequent low dose use to the current daily high-dose use which he was unable to control. He exhibited symptoms of dependence – including preoccupation, tolerance, withdrawal and difficulty in cutting down. No major adverse medical complications were noted so far.

Results The patient was assessed to have Nitrous Oxide Dependence; and is currently undergoing regular counselling sessions in an attempt to motivate him to cut down or stop his N₂O use.

Conclusion This case is unique for 2 reasons:

– extant literature suggests that only anecdotal evidence exists for psychological dependence of N₂O in Singapore; yet our patient clearly demonstrates psychological dependence;

– this is the first reported case of N₂O use disorder in Singapore; and perhaps ASEAN, with the unusual presentation in a young male whose use is solitary and private.

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Readiness to change, insight and motivation in hospitalized alcohol-dependent patients in three countries

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Introduction Alcohol dependence is a serious problem in Central Europe and the treatment effect depends on level of patient's motivation. The theory of change assumes that therapeutic approaches should be adapted to the motivation stage.

Objectives To examine the state of readiness to change at the beginning and the end of inpatient 6-week and 12-week therapeutic program in Slovakia, Poland, and Czechia.

Aim To compare readiness to change with insight and motivation. To find out, whether patients change during the therapeutic program and how this change leads to advances in treatment.

Methods A total of 380 inpatients were examined using Alcohol Use Disorders Identification Test (AUDIT), the Stages of Change Readiness and Treatment Eagerness Scale (SOCRATES), Readiness to Change Questionnaire (RCQ), and Demographic Questionnaire.

Results Measured by AUDIT, single patients declared higher severity of alcohol dependence than married or divorced patients. A majority of patients were at the stage of action (68.5%) or preparation (26.3%) according to RCQ at the beginning of the treatment. Readiness to change was higher at the end of both programs in terms of taking steps in married patients and in terms of Decreasing of Ambivalence in single patients. The results of the 6-week program appear to be slightly better than 12-week treatment.

Conclusions The intention and motivation to treatment changed during therapy. Marital status may increase the active component for readiness to change, while passive component (decreasing the ambivalence) is observed in single patients. Duration of the program does not seem to be crucial for readiness to change.

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EV1444

The prevalence of psychiatric co-morbidities and relapses in males treated for alcohol dependence syndrome – Prospective study from tertiary de-addiction care unit in Kerala, India

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Kerala has high percapita consumption of alcohol among the other Indian states.

Objectives Prevalence of psychiatric co-morbidities in alcohol dependence syndrome and association of severity of alcohol dependence, personality dimensions, motivation and short delay relapses.

Methods A prospective study in 91 male alcoholic patients for 2 months.

Results Two groups not relapsed (NR=48) and Relapsed (R=43) were comparable in age, SADQ severity score, average units of alcohol consumption and years of alcohol use. Average consumption was 17 units/day (500 mL spirits), age of onset before 25 years 87%, mean age 40 and severe alcohol dependence was in 57% of study population. Co-morbid nicotine use was 80.2% and in equal numbers in the relapsers and non-relapsers group.

Conclusions Bipolar disorder was the most prevalent (19.8%) in the study population. About 53.8% had alcohol dependence as the primary diagnosis with no associated psychiatric co-morbidities. Anxiety disorders (12%) and personality disorders (19.7%) were found more in the relapsers group. Anxiety symptoms seemed to be a risk factor for relapsing compared to other co-morbidities in bivariate analysis (Pearson χ^2 5.998, $P=0.014$). Psychoticism among relapsers were high (Pearson χ^2 4.901, P value 0.027, OR: 3.782, 95% CI: 1.103–12.958). Co-morbidities were not statistically significant in multivariate (Pearson χ^2 1.765, $P=0.184$, OR: 1.755, 95% CI: 0.763–4.037). Severity of alcohol dependence in relapsers was not significant (Pearson χ^2 0.650, $P=0.722$). Motivation levels of 62.8% of relapsers were low, 32.6% medium and only 4.7% reported high motivation (Pearson χ^2 11.846, $P=0.003$). Poor motivation proved to be a risk factor for future relapse ($P=0.008$, 95% CI: 1.266–4.648, SE.332).

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Anti-craving biofeedback program in clinical course of pathological addictions

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Introduction Modern clinical narcology searches for anti-craving programs to overcome psychoactive substances (PAS) pathological addiction with bio-adaptive regulation of systems (BARS).

Aims and objectives To develop computer modified biofeedback program integrated with Luscher test.

Method Twenty-two PAS addicts who were undergoing biofeedback modified psycho-training were examined. Computer rheoencephalogram (REG) was used as an external monitoring module.

Results Technologically novel biofeedback computer modification was developed with preceding Luscher computer testing for determination of the individual preference colour and the colour producing individual unpleasant associations in respondents. Consequently, biofeedback program was corrected differentially by changing standard colour templates for those personified on monitor. Cerebral hemodynamics condition transferred to individually designed for a particular respondent colour registers is used as a homeostatic parameter reflecting alcohol craving presence/absence: in case of the disordered REG parameters the signal reflects the respondent's unpleasant (negative) colour, and with no craving the screen is filled with positive, pleasant, favourite colour. During BARS auto-training the respondents' skills to mediate present subjective clinical PAS craving manifestations with unpleasant colour and the experimental auto-training method have been mastered, and those psycho emotional states which displace PAS craving symbolic colour from the screen are selected, and it is substituted with favourite colour (symbol of healthy mode of life motivations).

Conclusions Usage of combined BARS biofeedback improved effectiveness of the training and allowed to objectivize and control the condition of the patient getting reliable visual and digital information about either regress or activation of PAS craving and potential relapse of addictive behaviour.

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