mild sedative properties and a non addictive profile what makes it a suitable agent to investigate its potential for the treatment of insomnia associated with substance addictions.

Objective: To evaluate the effect of quetiapine for the treatment of insomnia in addictive pathologies.

Method: Observational retrospective chart review of patients with diagnoses of substance addiction and insomnia (DSM-IV-TR) and who received quetiapine for the treatment of their sleep disorder. In and outpatients were included. Outcome was measured with the Spiegel Sleep Questionnaire (SSQ). Patients' compliance and adverse events were also collected.

Results: 53 clinical histories were reviewed. 73.6% were males and mean age was 31 years. Heroine (65.4%) was the most frequent drug of use followed by cocaine (19.2%). Mean dose of quetiapine was 62.4 mg/day (SD:35.9). 73.6% completed the treatment with quetiapine for 60 days. Initial severity of insomnia was 2.42 ± 0.61 (mean; SD) as measured by the SSQ global score (n=42), improving to 4.07 ± 0.69 (p<0.0001) after quetiapine treatment. All items of the questionnaire improved significantly (p<0.0015). The greatest improvement in sleep occurred in the first week of treatment (p<0.001). Compliance was >90% in 71.8% of patients. The most frequent side effect was dry mouth (34%).

Conclusion: Quetiapine at low doses showed benefits on sleep in drug dependence subjects suffering from insomnia as measured by SSQ. Quetiapine was associated with a fast onset of response and maintenance of effect up to 60 days

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Evolution of drug use after enforcing a new protocol in a medium stay unit

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Background and aims: Comorbidity between drug misuse and mental disorders affects negatively in the prognosis of psychistric illness, so it́s important to guarantee drug abstinence at least during hospitalization. This is even more significant in a medium stay unit because patients are more serious and resistant to treatment.

In February 2003, a multidisciplinary group was formed to evaluate the situation of drug use in a psychiatric hospital and a drug screening protocol was then created.

We evaluate if with the protocol, drug use decreases during hospitalization in a medium stay unit in a psychiatric hospital.

Material and methods: It is compared drug use (positive results in urine samples) from 2000 to 2002 (before protocol: urine samples collected when theŕes drug misuse suspicion) with the period after the protocol was enforced (from 2003 to 2006). In the protocol urine samples are collected when theŕes a past misuse history, consumption suspicion, randomly and every time they leave for home.

Results: It is proved that drug use decreases during hospitalization since the new protocol came into force.

Conclusion: The introduction and exhaustive completion of a protocol designed to decrease drug misuse in a psychiatric hospitalization unit, provokes a high reduction of drug use, so we think it́s convenient to generalize this kind of measures.

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Behavioural inhibition and behavioural activation systems in cocaine dependent patients

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Background and aims: Research on personality and substance use has shown that some traits of personality might be involved in the onset and later development of addictions. According to Gray's Reinforcement Sensitivity Theory (RST; Gray, 1981), there are two basic brain systems that control behaviour and emotions (Corr, 2004): the Behavioural Inhibition System (BIS) and the Behavioural Activation System (BAS). It has been suggested that high levels of BAS sensitivity predispose psychopathological conditions that are characterized by a pathological engagement in approach behaviours, such as alcohol and drug abuse (Franken, Muris, Georgieva, 2006)

The aim of the present research was to analyse individual differences in the BIS and BAS in a sample of cocaine dependent patients in comparison to a non-clinical population group.

Methods: To carry on this study a number of BIS/BAS related scales were administered in a sample of 30 cocaine dependent patients and in a non-consumers control group of 30 participants recruited from general population.

Results: Cocaine addict patients showed higher BAS scores, specifically in Sensitivity to Reward, Non-planning Impulsivity, Motor Impulsivity and Cognitive Impulsivity in comparison to the control group. Moreover, the Disinhibition scale, of the Sensation Seeking Scale, a measure also related to BAS activity, predicted age of onset of cocaine consumption.

Conclusions: These results suggest that BAS might be a vulnerability factor of cocaine misuse, while BIS might be a protector factor.

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Impact of various psychopharmacological agents on anxiety, depressive symptoms and global functioning during alcohol detoxification

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Aims: The objective of the present study was to compare the effects of the administration of mirtazapine, venlafaxine, topiramate and amisulpride as detoxification adjuncts, on anxiety and depressive symptoms and global functioning in a sample of alcohol dependent subjects

Methods: Four age-matched groups, comprising 25 subjects each, were treated with psychotherapy and adjunctive venlafaxine, mirtazapine, topiramate, or amisulpride. The Hamilton Depression Rating Scale, the Hamilton Anxiety Rating Scale and the Global Assessment Scale were administered at the beginning and at the end of a 4-6 week detoxification period for the assessment of psychopathology. ANOVAs were used for comparisons between groups.

Results: The results were: Venlafaxine: HARS=37.90 ± 4.49, HDRS=41.52 ± 3.47, GAS=46.00 ± 5.07; Mirtazapine: HARS= 36.02 ± 8.41, HDRS=41.39 ± 5.02, GAS=7.00 ± 5.61; Topiramate: HARS=37.35 ± 3.49, HDRS=41.00 ± 3.16, GAS=46.50 ± 4.00; Amisulpride: HARS=37.46 ± 3.06, HDRS=40.82 ± 1.94, GAS=47.48 ± 3.67 (ANOVA, NS). By the end of the detoxification period psychopathology significantly subsided in all four groups. However this reduction was more marked in the mirtazapine treatment group: Venlafaxine: HARS=7.44 ± 3.36, HDRS=8.28 ± 3.45, GAS=$83,43\pm6,27$; Mirtazapine: HARS=4.78 ± 4.0, HDRS=3.71 ± 3.45, GAS=86.15 ± 7.57;

Topiramate: HARS=9.55±1.25, HDRS=9.65±2.89, GAS=82.65± 4.75; Amisulpride: HARS:4.72±3.44, HDRS=6.53±3.42, GAS= 82.53±6.37. Thus, the mirtazapine augmentation group differed significantly from the venlafaxine group (p<.000), the topiramate group (p=.002), and the amisulpride group (p=.014).

Conclusions: Moderate to severe anxiety and depressive symptoms with concomitant low functioning were present in all subjects before treatment. Following 4-6 weeks of alcohol detoxification using various medications (venlafaxine, mirtazapine, topiramate, amisulpride) these symptoms subsided and reached normal levels in all study groups. However, in our study, mirtazapine appeared to be more efficient than the other medications in reducing psychopathology and improving global functioning.

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Addiction and pregancy

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Backgraund: There is a lack of research-based information on all aspects of woman's substance use and related problems including physiological and psychological effects and consequences during pregnancy.

Use of illicit substance during pregnancy can result in many pathological effects to fertility, maternal and fetal risks.

Methodes: The study reported our therapeutically approach which include best way to find safest treatment for mother and child, to reduce opioid or other illicit drug use, to reduce maternal or infant deaths, to prevent transmitted disease HIV and HCV, to reduce crime associated with drug use, to facilitate an improvement in social functioning, to prevent drug related harms occurring to pregnancy of addicted woman and to improve health and development outcomes for the baby.

Results: Pregnant women aged 15 to 25 were more likely to use illicit drugs and smoke cigarettes during the pregnancy women aged 26 to 44.7% of pregnant women aged 15 to 44 used illicit drugs during pregnancy22% reported binge alcohol use.40% reported smoking cigarettes.

Conclusion: Our resrch suggesting recommendation for the comprehensive program. That provided health care for mother and infant and monitoring of mother ability to retain in treatment and avoid using illicit drugs. Support women to be encouraged to register with a GP and seek maternity care. Effective pharmacotherapy treatment of PAS dependence for mother and appropriate obstetric, perinatal and neonatal outcomes. Creating of Vulnerable Infants Project (VIP).

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Mechanisms of addiction and relapse: Startling evidence for lingering appetitive effects of drug-cues in smokers and former smokers

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Background and aims: Implicit memories like consumption habits and conditioned reactions to drug-related stimuli are operational in addiction and relapse. The affective startle paradigm is an attractive tool for the measurement of the incentive salience of drug-related cues. We tested whether the stronger appetitive valence of drug cues, shown in two recent startle studies in smokers, does persist after prolonged abstinence, and may thus contribute to relapse.

Method: We examined the auditory startle reflex magnitude of mildly deprived (4-6 hours) heavy smokers (n = 24), former smokers (n = 16, mean abstinence interval 18 months), and non-smokers (n = 24) while they viewed smoking-related scenes or standardized unpleasant, neutral and pleasant control scenes from the International Affective Picture System.

Results: As expected, non-smokers showed no appetitive reactions toward smoking-cues. In smokers, smoking-cues had both appetitive implicit (startle suppression) and explicit (ratings for valence and craving) motivational effects, resembling those of pleasant scenes and differing from neutral and unpleasant scenes. This effect was more pronounced in smokers who later relapsed after a smoking cessation program, and in smokers consuming less than 20 cigarettes per day. Former smokers, despite reporting no craving and negative reactions to smoking cues, still showed evidence of implicit appetitive valence of these cues.

Conclusions: Nicotine addiction results in automatic appetitive reactions to drug-cues, which does not vanish after prolonged abstinence and which may thus contribute to relapses. Heavy smoking may result in a progressive internalization of smoking habits and a decline in reactivity towards external smoking-associated cues.

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Quality of life in patients undergoing opioid maintenance therapy - A comparative study of slow release morphine versus methadone treatment

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Background: Increasing research interest is focussing also on Quality of Life (QoL) in substance dependent individuals. QoL-assessments have been acknowledged as promising measurements in order to evaluate drug treatment programs.

Methods: A prospective, randomized, double-blind, double-dummy, cross-over study design was used in order to compare methadone and slow-release morphine maintenance on patientś QoL. Sixty-four participants were randomized between two treatment groups receiving either slow-release morphine capsules for 7 weeks followed by methadone oral solution for another 7 weeks (group A), or vice versa (group B). At baseline, week 7 and week 14 QoL status was evaluated using the German version of the Lancashire Quality of Life Profile.

Results: A significant time effect with respect to the domains: general state of health (0.018), mental health (p=0.001), general well-being (p<0.001), leisure time at home (p=0.032) and leisure time out of home (p=0.008). Our findings did not show any statistically significant differences between between the two treatment groups in any Quality of Life scores at week 7 and 14. At the end of study phase (week 14) group A showed significant increases in the domains general well-being (0.010), leisure time at home (p=0.014). Significant improvements for group B were assessed with regard to general well-being (p=0.003), mental health (p=0.003) and general state of health (p=0.017).