

insomnia can be a major symptom, that calls for medical attention and treatment in its own right.

**Patients and Methods:** One hundred forty one medical in-patients with insomnia as a predominant or major symptom, were studied over a 12 month period as to their basic patient and illness characteristics. They were 52 men and 89 women (age range 27–90yrs, median 69yrs). The aim was to confirm the presence of insomnia and determine its character, severity and relationship to the medical illness or possibly co-existing psychiatric disorder.

**Results:** The patients' most frequent medical conditions included chronic pulmonary and cardiac disorders and diverse musculo-skeletal or degenerative neurological diseases. The majority of the patients were anxious and depressed (81%) though only a small proportion (6%) had a formal history of depression. Other diagnoses included organic confusion with or without underlying dementia, alcohol dependence and brief psychotic reactions.

**Treatment and progress:** In most patients, insomnia showed a good and fast response to treatment of the underlying physical symptoms, in the context of the overall medical management. Only in 16 cases (14%) was it necessary to use a benzodiazepine hypnotic, again, as a short-term adjunctive measure.

**Conclusion:** Insomnia as a major symptom in medical in-patients, is closely linked to the medical illness, and responds best to treatment of the physical and/or possibly co-existing psychiatric symptoms.

## P54. Substance related disorders – alcohol induced

### P54.01

Alcohol dependence in the elderly – characteristics and consequences

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**Objectives:** Demographic data predicts the increase of the absolute number of elderly people with alcohol problems. The aim of study was to find out the time when the patients had begun to drink alcohol, their family status, level of education, and complications of alcoholism.

**Methodes:** 32 patients (10 female, 20 male) with average age of 66,8 years. Patients have met the ICD-10 criterias for Alcohol Dependence, Alcohol Dependence Scale and Munchner Alcoholismtest.

**Results:** 50 % of male patients live without any partner, but 90 % of female patients were divorced or widowed. 81,2 % of patients had elementary education, 15,6 % finished secondary school, 3,12 had university education. 84,4 % have begun drinking in early adulthood. About 60 % of patients had some psychiatric disorders and more than 80 % somatic diseases.

**Conclusions:** Old male patients with alcohol dependence usually give a history of drinking that began in the early adulthood, but the majority (90%) of female patients have begun drinking in the middle age or in the elderly. They usually are medically ill and had some psychiatric disorders.

### P54.02

Hepa-Merz in treatment of alcohol and drug-induced encephalopathy

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Hepa-Merz (L-ornitine-L-aspartate) is a very effective drug from the group of hepatoprotectors. We have used it in complex treatment of alcohol and drug-dependent patients with hepatic encephalopathy in withdrawal and in periods of remission (I. Vlokh et al. "Alcoholic depressions and suicide", *J. European Psychiatry*. Vol.11, p.332,1996). We prescribed Hepa-Merz together with psychotropics, metabolic drugs, as well as vascular and anticonvulsants. Treatment lasted for 5–8 weeks in doses of 15–30mg/day (I.Vlokh et al. "Information letter on Hepa-Merz administration in complex treatment of alcohol and drug dependence", #34–2001).

To study the influence of Hepa-Merz on main symptoms of withdrawal syndrome we observed and treated 34 male patients, aged 21–55, with diagnosis of alcohol (20) and drug dependence (14). It was detected, that Hepa-Merz weakens symptoms of alcohol and narcotic abstinence, stimulates the function of liver, decreases symptoms of hepatic encephalopathy, improves intellectual and mnesic sphere, at the same time reducing the asthenic symptoms, benefiting in rehabilitation of the patients.

### P54.03

Tiapride and carbamazepine in the treatment of alcohol withdrawal

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Chlomehiazolc (CLO) still represents a therapeutic standard in the treatment of alcohol withdrawal and delirant syndromes in Germany. CLO, as well as benzodiazepines, have disadvantages such as addictive potential, marked sedation and respiratory depression. Neuroleptics or clonidine are associated with seizures and cardiovascular complications. Both carbamazepine (CBZ) and tiapride (TIA) as single agents have shown to be active in the treatment of withdrawal syndromes with less toxicity – however, with poorer efficacy than CLO. This paper compares the combination of CBZ with TIA to CLO in two explorative studies.

Outcome parameters were cardiac rate, blood pressure, complications, a withdrawal rating scale (CIWA?Ar) and the CGI. A retrospective evaluation of medical records (30 CLO, 30 CBZ/TIA, matched groups) was followed by an open prospective study (40 CLO vs. 40 TIACBZ, matched groups).

Both studies revealed equal efficacy in terms of psychopathologic and vegetative symptoms. Therefore, the combination of TIA with CBZ could provide a superior risk/benefit relation.

### P54.04

Cognitive evoked potentials P300 in patients with alcohol dependence F10.1

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**Introductions:** Dysfunctions of cognitive functions is one of the consequences in patients with alcohol dependence. The purpose of this study was to determine the evaluations of the parameters of auditive evoked potentials P300(KEP) in patients with alcohol dependence (according to the definitions). The research has been

performed on a group of 50 male patients, mean age 43,78 with range 20–69, with no sign of somatic complication admitted in Military Medical Academy, Department of Psychiatry between 1998–2000.

**Methods:** Electrophysiological findings of cognitive evoked potentials were performed using acoustic stimulations with standard tones f 1500Hz with target tones f6000 Hz with random stimulations. The recording being made on 3 channels from electrodes Fz,Cz,Pz located on scalp and reference electrode on auriculas. Amplitude and latency of the P300 response were determined.

**Results:** The latency of the P300 wave was 456ms on the left and 462,3ms on the right side, with median 437.5 on the left and 436.5 on the right side. The amplitude of the P300 wave was 7.07 microV on the left and 7.76 microV on the right side, with median Q2 5.02 on the left and 6.77 on the right side.

**Discussion:** The latency of the P300 wave was in the normal average value according to the average value in our laboratory. The amplitude of the P300 wave was below of the normal average value according to the average value in our laboratory with significant difference on the left side.

**Conclusion:** Normal latency of the P300 wave, with decreasing amplitude, was mostly proportional with cortical changes with significant decreasing of cognitive functions on sub-clinical level in patients with alcohol dependence F10.1

#### P54.05

Perception of emotions by alcoholic patients during long-term treatment with naltrexone

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Opioid addicts receiving long-term treatment with opioid antagonist, naltrexone, often complain of decreased perception of positive emotions what may contribute to their premature drop-out from the therapy. In alcoholics, the intake of naltrexone decreases immediate positive emotions connected with alcohol drinking. The aim of our study was to investigate whether long-term treatment of alcoholic patients with naltrexone may increase their perception of negative emotions. Fifty-one alcoholic men (age 40±8 years, length of dependence 12±7 years) were studied. They have received naltrexone, 50 mg/day, during 16 weeks of treatment and did not have drinking relapse during this period. The answers on item 9 of quality of life scale (SF-36) were analyzed, before the start of treatment with naltrexone and on the last day of the treatment. Compared with baseline assessment, after 16 weeks of naltrexone treatment patients reported more feelings of joy, peace, energy and happiness and less feelings of sorrow, nervous tension and fatigue. Our results suggest that treatment with naltrexone does not induce a decrease of feeling of positive emotions in alcoholic patients maintaining abstinence.

#### P54.06

Childhood sexual abuse in a sample of female alcohol dependent inpatients

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**Objectives:** To identify variables associated with childhood sexual abuse (CSA) in a UK sample of alcohol dependent women.

**Method:** Clinical and socio-demographic data were collected from 103 women admitted over a 3-year period, to a Specialist Alcohol Inpatient Unit.

**Results:** Of the 103 females in the sample, 32 (31.1%) had a history of CSA. Victims of CSA were more likely to be non-white (p<0.05), to have a family history of alcoholism (p<0.05) and fewer years of excessive drinking prior to admission (p<0.01). They were also more likely to have a lifetime diagnosis of depressive (p<0.001), anxiety (p<0.05), or eating disorder (p<0.05), and more likely to have a comorbid post-traumatic stress disorder (PTSD) (p<0.001) and borderline personality disorder (p<0.001). Using logistic regression fewer years of excessive drinking prior to admission, and a diagnosis of PTSD and borderline personality disorder were identified as being significantly and independently associated with having had experienced CSA.

**Conclusions:** Victims of CSA may represent an important subgroup of alcohol dependent patients. They may require the combination of various forms treatments to match their clinical needs.

#### P54.07

Switching to mirtazapine from other antidepressants in addictological practice

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**Objective:** Severity of depression influences the relapse risk among alcoholics and drug-user or drug-dependent patients, and may be associated with dysfunction of serotonergic neurotransmission, stress hormones and neuromodulators.

**Aim of the study:** To assess efficacy and tolerability of Mirtazapine (30–60 mg/day) in depressed and addicted patients after switching from other antidepressants, in an open-label, non-comparative naturalistic study.

**Methods:** 253 addict patients treated by us (114 alcoholics and 139 drug-dependents) aged 20–63 years, were treated with tianeptine, anafranil and SSRIs (fluoxetine, citalopram, sertraline, paroxetine). The patients changing antidepressants due to various reasons, were included and assessed by a checklist at screening, after 3 weeks and 3 and 6 months after starting Mirtazapine.

**Results:** the reasons for switching were lack of efficacy (53%), side effects (31%) or their combination. (25%). The patients complained of nausea, headache, insomnia, erectile dysfunctions and libido loss, dry mouth, dizziness. 11 patients (7,2%) dropped out. Headache disappeared or improved in 80% of affected patients, insomnia in 85%, libido loss in 82%, erectile dysfunctions in 90% and nausea in 75%. 64% of the patients that complied to treatment remained abstinent after 3 months, 52% after 6 months. The results demonstrate that in everyday addictological clinical practice Mirtazapine is efficacious and well tolerated by depressed patients switching from others antidepressants.