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Occupational stress and alcohol use: A study of two nationwide samples of operational ambulance personnel and police in Norway

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Background and aims: Police and ambulance personnel are widely believed to have a high prevalence of excessive alcohol consumption. However, the empirical basis for this assumption is scant or non-existent. We assessed the association of alcohol use with burnout and job stress, with ‘drinking to cope’ and neuroticism as two possibly moderating factors in two occupations, the police- and ambulance services.

Methods: A comprehensive nationwide questionnaire survey of police (n = 2665) and ambulance personnel (n = 1180) in operational duty. The questionnaire encompassed the Alcohol Use Disorders Identification Test (AUDIT), the Maslach Burnout Inventory, the Job Stress Survey, and the Basic Character Inventory (BCI). A series of multiple linear regression analyses were conducted to examine relationships among the variables.

Results: With a modified AUDIT score of 6 or more, the prevalence for men was 17.7% (police) vs. 16.6% (ambulance personnel). The prevalence for women was 9.1% vs. 7.4%, respectively. Personnel who were male, younger, and with higher levels of neuroticism reported higher levels of alcohol problems. ‘Drinking to cope’ was most strongly associated with higher levels of alcohol problems (standardized beta = 0.29, p < 0.001), and was found to moderate the effect of depersonalization and gender.

Conclusion: The prevalence of hazardous drinking was moderate in both groups. However, among those personnel who drank to reduce stress, males and those experiencing higher levels of depersonalization may be at increased risk of developing alcohol-related problems.

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Alcohol dependence ambulatory clinic in Hospital de São João

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It is unquestionable the importance of a consultation turned on the treatment of the most frequent substance dependence existing in our country, culturally “intoxicated” by the myths and traditions about alcohol intake.

In alcohol-dependent patients that have no severe signs of withdrawal, detoxication can be safely and effectively undertaken in ambulatory setting.

In this study, the authors intended to evaluate the socio-demographic and clinical characteristics of 115 individuals followed in Alcohol Dependence Clinic, in the past four years. Data were collected from their clinical registries.

Patients were referred to this consultation exclusively for alcohol detoxication program, in their majority (81,4%).

Most remarkable characteristics that define a socio-demographic profile of the studied population are: masculine gender (80,9%), mean age of 46,15 ± 10,6, without permanent occupation (57,7%) and from low socio-economical level (Classes III and IV of Graffar modified Score: 93,5%). Alcohol consumption pattern was most frequently the Cloninger’s type II (53,2%), the most consumed beverage

was wine (85,0%), with 52,1% of patients having the first consumptions during adolescence. In 69,2%, there was a positive familiar history of alcohol dependence.

On the topic of psychopharmacological treatment, there was the obvious use of benzodiazepines, being the tiapride the second most prescribed medicine (71,7%).

After a six months follow-up, most patients presented reduction in consumptions of alcohol (54,7%).

This investigation may contribute to a qualitative improvement of care to alcohol-dependent patients who seek treatment and, eventually, to the future design of guidelines for referral and management of this individuals.

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Different psychiatric profile for the alcohol and paramiloidosis transplant groups

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There is a lot of evidence about the importance of the psychiatric evaluation of liver transplant candidates, particularly the ones with history of alcoholism.

We studied 53 sequential liver transplantation candidates of a Liver Transplantation Unit integrated in a Public General Hospital (20,7% Paramiloidosis, 16,9% Alcoholic Cirrhosis, 11,2% Hepatitis C, 3,7% Liver Cancer, 47,7% other diagnosis and mixed diagnosis).

We aimed to study the psychiatric profile of this population by means of a psychiatric interview, DSM-IV diagnosis, TAS (Taylor 1991), Neo FFI (Costa 1992), HADS (Zigmond 1963), PACT (Olbirisch 1989) and HRARS (Booth, 1993).

Out of our patients (70% males, 56% married, 32% active), 18,9% had had at least one episode of depression, 3,8% an anxiety disorder, 5,7% alcohol abuse disorder, 17% alcohol dependence disorder, 3,6% dependence or abuse of other substances and 24,6% mixed psychiatric diagnosis.

The actual psychiatric diagnosis was in 26,4% Major Depressive Disorder, 20,8% Generalized Anxiety Disorder, 5,7% adaptive disorder, 1,9% dependence/abuse of other substances than alcohol, 1,9% dementia, and 3,7% mixed diagnostics.

We found that 17% were alexithymic, 28% had moderate-high scores for HADS-anxiety, and 14% for HADS-depression. The mean score for neuroticism, extraversion, and conscientiousness was high for this population, the social support was good in 62,3% and within the alcohol group, the risk of alcohol relapse was moderated in 42,1% and high in 36,8%.

There were significant differences in psychiatric profile for the Alcohol and Paramiloidosis groups showing they require specific strategies of psychiatric approach.

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Impact of quetiapine in the treatment of insomnia associated with addictive pathologies: a retrospective study

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Sleep disturbances are often present in addictive disorders. The atypical antipsychotic quetiapine has a favourable tolerability profile,

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. Heroin (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 psychiatric illness, so it's 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 there's drug misuse suspicion) with the period after the protocol was enforced (from 2003 to 2006). In the protocol urine samples are collected when there's 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 it's 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 ± 6.27 ; Mirtazapine: HARS= 4.78 ± 4.0 , HDRS= 3.71 ± 3.45 , GAS= 86.15 ± 7.57 ;