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Background and aims: Different personality factors have been investigated in connection with addictive disorders such as pathological gambling. “Impulse control”, proposed as a dimension of personality in modern “Big Five” models, has been associated with pathological gambling. Pathological gamblers have a high prevalence of childhood attention-deficit/hyperactivity disorder (ADHD), which is also associated with high impulsivity. Based on a five-factor personality model, our objective was to compare different personality dimensions in a group of pathological gamblers with childhood ADHD history, a group of pathological gamblers without such history and a control group. Special emphasis was placed on the factor “emotional stability”, which includes the subdimensions “emotion control” and “impulse control”.

Methods: A sample of 30 pathological gamblers with childhood ADHD history (ADHD+PG group), 33 pathological gamblers without ADHD history (ADHD-PG group) and 42 control subjects were assessed using the Big Five Questionnaire (BFQ). The different BFQ dimensions and subdimensions were compared.

Results: For the “emotional stability” factor, the T-scores obtained indicated statistically significant differences between groups (ADHD+PG group: 44.1; ADHD-PG group: 51.9; control group: 57.9; ANOVA, $p < 0.001$). Scheffé's post hoc analysis showed the ADHD+PG group to be less emotionally stable than both the ADHD-PG ($p = 0.002$) and the control groups ($p < 0.001$); the ADHD-PG group also scored lower on this “emotional stability” factor than the control group ($p = 0.015$).

Conclusions: Pathological gamblers with a history of childhood ADHD exhibit differential personality traits. ADHD history is associated with a lower score on the “emotional stability” factor, which includes the subdimensions “emotion control” and “impulse control”.

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Neuropsychology and alcoholism: Influence of childhood ADHD history

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Background and aims: A high prevalence of childhood attention-deficit/hyperactivity disorder (ADHD) history has been found in alcoholic patients. Patients with this history have an earlier onset and greater intensity of alcohol use, more polysubstance use and a poorer prognosis. Our objective was to study differences in neuropsychological functioning in a group of alcoholic patients according to the presence or absence of a history of childhood ADHD.

Methods: A sample of 136 male alcoholic patients and 56 male control subjects were evaluated using the Continuous Performance Test (CPT); execution in both groups was compared. The sample of alcoholic patients was then divided into two subgroups according to the presence or absence of a history of childhood ADHD, namely the ADHD+ OH subgroup (61 patients with childhood ADHD history) and the ADHD- OH subgroup (75 patients without this history); CPT execution in these two subgroups was also compared.

Results: The group of alcoholic patients made more omission ($p = 0.008$) and commission ($p = 0.009$) errors in the CPT than the control group. When comparing subgroups, ADHD+ OH patients made

more omission and commission errors than ADHD- OH patients, although the differences did not reach statistical significance.

Conclusions: Alcoholic patients perform more poorly on the CPT than control subjects. In the sample of alcoholic patients, a history of childhood ADHD was not associated to significant differences in the execution of this test.

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Smoking prevalence in the different psychiatric diagnoses in a hospitalisation unit

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Background and aims: Smoking is an important health problem associated with different medical and psychiatric disorders. A high prevalence of smoking has been described in psychiatric patients. Our objective was to determine the prevalence of smoking in inpatients admitted to a psychiatric hospitalisation unit in a general hospital, and to study the possible differences in this prevalence according to the different psychiatric diagnoses.

Methods: A retrospective analysis of the medical records and discharge reports of the 659 patients admitted to our psychiatric hospitalisation unit during three consecutive years (2003-2005) was carried out.

Results: At the time of their admission, 70.2% of our patients were smokers. This percentage reached 97.2% among patients with substance-use disorders (SUDs), and 95.5% among patients with dual diagnosis. However, only 48.6% of patients without concurrent SUDs were smokers; this difference reached statistical significance ($p < 0.001$). According to psychiatric diagnosis, significant differences were also found regarding the percentage of smokers: 83.0% in schizophrenia, 80.0% in schizophreniform disorder, 70.7% in bipolar disorder, 29.3% in major depressive disorder and 56.8% in other disorders ($p < 0.001$).

Conclusions: Although smoking prevalence among psychiatric patients is higher than in the general population, differences were found between the various psychiatric diagnoses. Thus, the prevalence of smoking was highest among psychotic patients and among those with concurrent use of other substances, whilst depressive patients had rates of smoking similar to those of the general population.

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Heavy drinkers with recreational cocaine use: Who does become a cocaine or alcohol dependent 4 years later?

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Background: Alcohol and cocaine are frequently used together. Little is known about which factors are related with the development of either cocaine or alcohol dependence in dually users.

Aims: To determine variables associated with the risk from the development of either cocaine or alcohol dependence in non-dependent drinkers with recreational cocaine use during a 4 year-follow-up period.