

**Mon-P10****DRUG USE AND PSYCHOLOGICAL PROFILES IN MILITARY CONSCRIPTS**

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**Objectives:** The aim of this study is to determine the prevalence of legal and illegal drug use and its relationship with the psychological profile of a sample of young male conscripts from Asturias (Spain).

**Subjects and Method:** The WHO Questionnaire for drug consumption, the Eysenck Personality Questionnaire-Adult form (EPQ-A), the Zuckerman Sensation Seeking Scale and the Dupuy Psychological General Well-Being Index (PGWB Index) were administered to 972 young male conscripts [mean age = 20.548 (2.797)].

**Results:** Cannabis is the most highly used illicit drug after alcohol and tobacco (lifetime prevalence 36.3%, 92.3% and 69.8% respectively). The other illegal drugs have lower lifetime prevalences: psychedelics 12.4%; cocaine 11.2%; amphetamines 10.9%; tranquilizers 10.2%; ecstasy 9.7% and volatiles 6.4% (the other illegal drugs have lifetime prevalences  $\leq$  3.5%). Youngsters (early adolescents) begin with alcohol [mean age of first use = 13.775 (3.269)], tobacco [mean age of first use = 14.534 (4.569)] and volatiles [mean age of first use = 15.491 (2.494)]. Mean rates of drug consumption, both legal and illegal combined and illegal drugs alone were 2.704 (2.105) and 1.083 (1.889), respectively. Men who have used illicit drugs "sometimes" obtain higher scores on the neuroticism scale of the EPQ-A [11.9646 (5.967) vs 11.0675 (5.718);  $p = 0.017$ ], on the psychoticism scale [5.1415 (3.897) vs 3.9487 (3.107);  $p = 0.000$ ], on all sensation seeking subscales [Thrill & Adventure Seeking: 7.0307 (2.557) vs 6.0839 (2.927),  $p = 0.000$ ; Disinhibition: 7.0165 (1.966) vs 5.6624 (1.983),  $p = 0.000$ ; Experience Seeking: 5.6785 (1.754) vs 4.3723 (1.583),  $p = 0.000$ ; Boredom Susceptibility: 4.9267 (2.223) vs 4.1624 (2.108),  $p = 0.000$ ; Total Sensation Seeking Scale: 24.7163 (6.725) vs 20.4105 (2.800),  $p = 0.000$ ] and on the PGWB Index [65.6454 (15.021) vs 60.6636 (15.370),  $p = 0.000$ ].

**Conclusions:** A moderate prevalence of consumption of illicit drugs was observed. Those who consume illegal drugs have a different psychological profile characterized by high sensation seeking with emotional instability, high levels of psychoticism, impulsivity and believe that they have a poorer general well-being when compared with non illegal consumers.

**Mon-P11****RELATIONSHIP BETWEEN CHRONIC ALCOHOLISM, PERIPHERAL POLYNEUROPATHY (PNP) AND CARDIAC AUTONOMIC NEUROPATHY (CAN)**

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**Methods:** Data were prospectively sampled from 46 alcoholics (DSM-III-R), who were admitted to our hospital and asked to withdraw from alcohol. They included comprehensive medical (clinical data, abdominal sonogram, ECG, laboratory testing), psychiatric (addiction history, MALT, SCL 90) and neurologic (Neuropathy-Impairment-Score; 1) examinations. In addition cardiovascular autonomic function (CAF) was assessed by computerized investigations of 5 min-resting heart-rate variability (HRV) including spectral analysis ("Neurodiag", H. Lambeck, Munich) and standard

bedside tests (30:15 ratio, Valsalva, sustained handgrip). Patients data were compared to those obtained from a well matched group of healthy controls ( $n = 80$ ). Follow-up CAF-investigations were performed in 12 patients, who were treated with Acamprosate.

**Results:** Complete baseline data are available from 35 alcoholics (mean age 42.9 y; male/female 20:15). Their mean daily alcohol intake was 270 g/d (75–560) over a period of 12.4 years (2–30). No patient had liver cirrhosis. According to established criteria (1) 22 alcoholics had PNP. At least one pathological result in CAF-testing was found in 9/35 (25.7%) alcoholics; all nine patients also had concomitant PNP. Thus, there was a significant correlation of CAN and PNP ( $p < 0.01$ ). Compared to conventional autonomic tests in alcoholics standardized measurements of 5-min resting HRV provide more definite information on cardiovascular autonomic function. Interestingly treatment with Acamprosate was followed by a slight deterioration of those HRV-parameters known to reflect parasympathetic activity (CVr, RMSSDr).

**Conclusion:** Alcoholics without clinical evidence for PNP had no CAN. However, about 40% of alcoholics with PNP had concomitant CAN. HRV-changes during Acamprosate might suggest that the drug at least partially acts with central GABA-receptors.

- (1) Dyck JD et al. Human diabetic endoneurial sorbitol, fructose and myoinositol related to sural nerve morphometry. *Ann Neurol* 1980; 8: 590–596; (revised *Neurology* 1991; 41: 799–801; *Neurology* 1995; 45: 1115–1121)

**Mon-P12****SUBSTANCE ABUSE AND PSYCHIATRIC COMORBIDITY**

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Substance Abuse not only induces psychopathology but often worsens one. We studied all patients ( $N = 67$ ) requiring psychiatric hospitalizations for suicidal or homicidal ideations, over a period of 12 months. There were 25 patients with a diagnosis of Substance Abuse (SA), 27 with Dual Diagnosis (DD), and 15 with only Psychiatric (PS) diagnosis. The SA did not differ significantly ( $p = NS$ ) from DD in age ( $42.94 \pm 8.62$  vs  $42.92 \pm 9.35$  years), but were significantly ( $p = .005$ ) younger than PS ( $55.39 \pm 17.33$  years). The DD required longer ( $p = .005$ ) hospitalization of  $27.33 \pm 20.49$  days than did the SA for  $13.12 \pm 10.42$  days. In contrast the PS required the longest ( $p = .0001$ ) hospitalization of  $49.07 \pm 28.71$  days. The incidence of rehospitalization within 12 months was 56% for SA and 55.55% for DD ( $p = NS$ ) but PS had significantly ( $p = .05$ ) lower incidence of 40%. These data shows that SA and DD represent younger patients with higher potential for relapse. In comparison to SA, DD represents increased morbidity and a higher cost of treatment. Therefore, the patients with psychiatric comorbidity among the substance abusers draw attention to need for specialized treatment as well as pose a challenge for medical economics.

**Mon-P13****THE IMPACT OF CRAVING ON TERMINATION OF ALCOHOL ABSTINENCE**

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**Objective:** Craving - the very strong desire for alcohol - is attributed by many alcoholics as important reason for being unable to stop drinking alcohol and also for relapse. However, thus far 'craving'