

## EV112

**Hereditary influence in alcohol dependence**J. Teixeira<sup>1,\*</sup>, G. Pereira<sup>2</sup>, T. Mota<sup>2</sup>, J. Cabral Fernandes<sup>2</sup><sup>1</sup> Centro Hospitalar Psiquiátrico de Lisboa, Lisbon, Portugal<sup>2</sup> Lisbon's Psychiatric Hospital Center, UTRA, Lisbon, Portugal

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**Introduction** Alcohol dependence is one of the psychiatric disorders for which hereditary influence is strongest. In fact, the importance of genetic factors in transmission of vulnerability to alcohol dependence was first described in literature many years ago by psychiatrists who dedicate to its study. That vulnerability may be explained by an epigenetic model in which biological hereditary factors associate with environmental factors to cause alcohol dependence.

**Objectives** Study the influence of genetic factors on alcohol dependence.

**Methods** During 4 consecutive months a sample of alcoholic patients was collected from the Alcohol Treatment Unit of CHPL (inpatients and outpatients). Biographic data, patient's psychiatric diagnosis and family history of alcohol dependence or of dependence of other drugs were recorded.

**Results** Initial sample included 122 patients. After exclusion of patients who were also hospitalized in that period, the final sample included 102 patients (26% female), with a mean age of 48 years old. Main patients' diagnosis was alcohol dependence but most of them (52%) presented psychiatric comorbidity. Most patients (55%) had family history of alcohol dependence or dependence of other substances, 26% did not have and 19% did not know. For 61% of patients, the father and/or mother were the affected relative. Most patients (61%) who had a family history of alcohol dependence or dependence of other substances had 2 or more affected relatives.

**Conclusions** Most patients with alcohol dependence have family history of alcohol dependence or dependence of other substances, usually in more than 1 relative, which must be taken in account during treatment.

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## EV113

**Treatment of tobacco dependence in Romanian women – a vulnerable population that needs a more personalized approach**L. Trofor<sup>1,\*</sup>, R. Gherghesanu<sup>1</sup>, R. Chirita<sup>1</sup>, A. Trofor<sup>2</sup><sup>1</sup> Clinic of Psychiatric Diseases, Psychiatry I, Iasi, Romania<sup>2</sup> Clinic of Pulmonary Diseases, Pulmonology I, Iasi, Romania

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**Background** Women face unique and greater health risks from smoking than men and have a different nicotine dependence pattern.

**Aim** To design a personalized approach for women addressing Romanian tobacco dependence treatment centers to quit smoking.

**Material and methods** A group of 68 smoking women received a 3 months tobacco dependence treatment intervention, consisting of 3 DVD educational sessions, 20 minutes each and a face to face cognitive – behavioral counseling intervention, emphasizing particularities of tobacco dependence in women (pregnancy risks, passive smoking, female hormones configuration, nicotinic receptors interactions, efficacy of nicotine dependence therapy according to gender, etc.).

**Results** Females under study were heavy smokers (17.16 ± 8.03 SD packs cigarettes/years) with high nicotine dependence scores (6.52 ± 6.03 SD).

Abstinence rate evaluated in end of treatment (3EOT) phase by an office visit (self-declared abstinence and exhaled carbon monoxide validation) was 38% and increased at 44.1% at 6 months follow-up when evaluated by a telephone contact visit (6TCV).

**Conclusions** Personalized tobacco dependence treatment approach, focusing on specific women tobacco use concerns increased abstinence rates, comparatively to previous data in women not benefiting educational DVD and face to face sessions [1].

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

**Reference**

- [1] Trofor L, Barnea E, Bucur D, Miron R, Bodescu M, Chirila C, et al. Smoking cessation rates in women versus men – outcomes of a reimbursed tobacco dependence treatment program. P 4462. ERJ 2014;44(Suppl. 58).

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## EV114

**Cognitive factors in social adaptation of opium addicts in remission**L. Tursunkhodjaeva<sup>1,\*</sup>, L. Muzaffarova<sup>2</sup><sup>1</sup> Tashkent, Uzbekistan<sup>2</sup> Tashkent Institute of Physicians' Post-Graduate Study, Academic

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Given significant influence of factors contributing or preventing social adaptation of drug addicts after termination of drug abuse on the stabilization of remission, their study is quite a challenge. To study cognitive factors in social adaptation of opium addicts in remission, a patient's ability to predict people's behavior in various everyday situations, to discern intentions, feelings and emotional states of a person by non-verbal and verbal expression we used M. Sullivan's method in examination of 75 opium addicts at the Republican Tertiary Detox Center.

More than 80% of the patients demonstrated low scores in a number of subtests, such as "a story to be completed", "a verbal expression" and "a story to be extended". That was the evidence for the patients' poor understanding association between behavior and its consequences, which can cause them to get into conflict or dangerous situations. The patients had poor ability to understand changes in initial meanings of verbal reactions by the context of the situation caused. They poorly discerned various meanings one and the same verbal messages may have by the character of relationships between people and peculiarities of communication. Even during the period of prolonged withdrawal, the patients are found to poorly discern associations between behavior and outcomes, to misunderstand character of social relationships, and find it difficult to predict people's behavior. All above makes difficult the process of interaction with the persons surrounding them, reduces possibilities for social adaptation, prevent stabilization of remission and poses the risk of the addiction recurrence.

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## EV115

**Nalmefene for daily consumption of alcohol**J. Valdés Valdazo<sup>1,\*</sup>, L.T. Velilla Diaz<sup>2</sup>, C. Martínez Martínez<sup>2</sup>,A. Serrano García<sup>2</sup>, C. Manso Bazus<sup>2</sup>, C. Llanes Álvarez<sup>3</sup><sup>1</sup> Leon, Spain<sup>2</sup> Caule, Psychiatry, Leon, Spain<sup>3</sup> Complejo Asistencial Zamora, Psychiatry, Zamora, Spain

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