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Background and Aims: Drug use, in isolated "primitive" communities, has been considered as a mechanism of social integration; in ethnocultural subgroups in contact with mainstream society, drug use has been considered as a marker, or sometimes as a cause of social disorganization.

Methods: This is a retrospective archives study. Admissions in Detox Unit of Thessaloniki (residential facility, part of Addictions Department at the Psychiatric Hospital and the only Detoxification Unit in Greece) for the decade 1996-2005 were studied. Socio-demographic and clinical characteristics of patients were recorded.

Results: Patients belonging to ethnocultural subgroups represent 4.8% of the total number of patients admitted (109/2265) and 7.2% of the total admissions number (191/2655). 86.73% are men and 13.27% are women. The mean age is 29.68 years old. The vast majority (77%) is Greek repatriated from European Community Countries and the Former Soviet-Union Republics, and some are from Albania. The median length of stay in Greece is 8.9 years. The rest (17%) belong to ethnocultural Greek subgroups (Roma, Greek Muslim minority). Most of the patients admitted are singles and have a secondary education level. The vast majority (84.6%) are unemployed.

Conclusions: The very low percentage of these admissions, 7.2%, doesn't necessarily represent the actual ratio of users in ethnocultural subgroups in Greece. Specific programs would undoubtedly lift some of the obstacles that hinder minority users from seeking help.

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Minorities in a detoxification unit in Greece: II. Clinical characteristics

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Background and aims: Drug use, in ethnocultural subgroups, has been considered either as a mechanism of social integration or as a marker/cause of social disorganization. The health status and health outcomes of many minorities have remained poor, or have deteriorated, despite massive health promotion campaigns.

Methods: This is a retrospective archives study. Admissions in Detox Unit of Thessaloniki (residential facility, part of Addictions Department at the Psychiatric Hospital and the only Detoxification Unit in Greece) for the decade 1996-2005 were studied. Socio-demographic and clinical characteristics of patients were recorded.

Results: Patients belonging to ethnocultural subgroups represent 4.8% of the total number of patients admitted (109/2265) and 7.2% of the total admissions number (191/2655). 44% of the total admissions completed the 21 days of stay and 46% left prematurely (median length of stay 5 days). 62% were admitted only once and 43% completed the program. 38% were admitted more than once and 45% of these admissions were successfully completed. The initiation drug is cannabis (82%) and the mean age of beginning drug use is 17 years old. The main substance is heroin, the median period of drug use is 7.5 years and the main way route of administration is intravenous (85%). 48% of them tested positive for Hepatitis C, 1% for Hepatitis B, and 9.1 for both HBV&HCV. 70% have problems with the law.

Conclusions: The percentage of completed admissions of the minorities in Detox is comparable to the Greek patients, but more campaigns about hepatitis seem to be necessary.

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Nonspecific treatment response in alcoholics

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Background: Nonspecific treatment response is common in pharmacotherapy trials for alcohol dependence, and results in a marked decrease in alcohol consumption even before subjects' enrollment in a treatment study. We propose that nonspecific effects are associated with trait and state factors operating prior to treatment to influence participants' expectation/perception of future treatment outcome and their drinking behavior. Trait factors include personality, and state factors include readiness to change and severity of drinking at screening. Our study goal was to determine how these nonspecific effects contribute to pre-double-blind clinical outcome.

Methods: We examined the association of trait factors (gregariousness or conformity on MacAndrew Alcoholism Scale (MAS)) and state factors (stages-of-change scale, level of drinking at screening) with pre-double-blind clinical outcome among 321 alcoholics in a pharmacotherapy trial.

Results: Nonspecific effects were associated with significant reduction in alcohol consumption among heavy drinkers (10.3 ± 5.9 drinks/day at baseline vs 5.3 ± 5.1 drinks/day during the last week of single-blind treatment; $p < 0.001$) but not non-heavy drinkers (3.07 ± 0.65 vs 2.98 ± 2.6 ; $p > 0.05$). Partial correlations indicate that significant predictors of pre-double-blind drinking reductions were: level of drinking (-0.215) and the stages-of-change subscales of pre-contemplation (-0.152), contemplation (0.144), and the struggle to maintain (-0.284). The MAS did not predict pre-double-blind drinking reductions.

Conclusions: Participants with higher motivation levels and greater drinking severity were most likely to experience nonspecific treatment effects before double-blind treatment. Gregariousness and conformity were not associated with nonspecific treatment effects.

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Multimodal treatment of alcoholic patients in a day hospital setting: A preliminary study of retention

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Background and aims: Outpatient treatment may be as effective as inpatient treatment if clients are retained, especially in the early phase. On the contrary, dropping out from treatment predicts relapse in alcohol dependence. We investigate early predictors of retention in a cohort of alcoholics undergoing a day-hospital rehabilitation programme.

Methods: A consecutive sample of 85 patients entered this prospective study by completing an intensive start-up phase. The main characteristics of the sample were: mean age 43.1 ± 10.7 ; 65% male; 68% employed; 27% polyabuser; 76% ongoing psychopharmacological therapy. Clients were assessed (AWRS, VAS for alcohol craving, ODDS, SCL-90-R) at baseline, T30, T60, T120 and T180. The statistical significance of comparisons was tested by Chi square and Mann-Whitney.

Results: The overall retention rate was: 60 pts (70%) at T30, 54 pts (63%) at T60, 42 pts (49%) at T120, 35 pts (41%) at T180.

The following comparisons reached statistical significance: the VAS score for craving at baseline was lower among retained clients at T30 ($p=0.01$) and T60 ($P=0.02$), and so was the OCDS compulsion score at baseline among retained clients at T30 ($p=0.04$); those receiving a psychopharmacological therapy after the start-up phase showed a better retention at T30 ($p=0.01$) and at T60 ($p=0.04$).

Conclusion: According to this preliminary analysis, alcohol-related symptom distress at baseline and lack of psychiatric medication after the intensive treatment phase are more frequently observed in early drop-out. Further analysis is necessary to identify true predictors of retention in a multivariate model.

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Positivity of borna disease virus (BDV) in patients with substance abuse

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Backgrounds and aims: BDV is a RNA virus belonging to the family Bornaviridae with a high affinity to the limbic system. BDV interferes with receptors in the CNS, causing changes in neurotransmitter systems, mood and behavioural changes. Higher positivity of BDV has been described in psychiatric patients during the acute course of disorders in comparison with remission and healthy individuals. Substance abuse is associated with behavioural, mood changes, craving, chronic course and high risk of relapses. These characteristics are explained by the influence of drugs and alcohol to opioid and dopamine systems accountable for the reward mechanism. We suppose higher BDV positivity in substance addict patients in the beginning of treatment, lower positivity due to the abstinence period associated with decrease of craving.

Methods: Examination of hospitalised patients for substance abuse according to ICD 10 for serum positivity of BDV infection (antigens-Ag, circulating immunocomplexes-CIC) by ELISA on day 1 and day 56 (2 months of abstinence). Evaluation of Questionnaire of Psychic Dependence on day 1 and 56.

Results: We have investigated 21 patients to day. Till December 2006 we suppose there will be minimally 30 investigated patients. We have at disposition results with statistical evaluation in February 2007.

Conclusions: Higher BDV positivity in substance addict patients can be associated with immune changes during abuse. BDV can influence through neurotransmitter systems (dopamine) behaviour of these patients (craving) and be associated with higher risk of relapse. Higher BDV positivity is supposed in the beginning of treatment and associated with more intensive craving.

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Alexithymia in patients with substance addiction being treated by cognitive-behavioural psychotherapy within Minnesota model treatment

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Background and aims: Alexithymia is the incapacity to identify and describe one's own feelings. Our study questions whether alexithymia is a constant personality "trait" or a "state" phenomenon occurring in addicted patients. Our hypothesis is that this may change with cognitive-behavioural psychotherapy.

Method: 96 patients (69 male and 27 female) suffering from multiple substance addictions defined by DSM-IV criteria participated in

group cognitive-behavioural treatment sessions, for a period of 8 weeks. The patients did not have concurrent psychotic and organic cerebral diseases, withdrawal syndrome, and were abstinent from psychoactive and substitution medication. Each patient was evaluated at the beginning of the first and the last week of psychotherapy according to Schalling-Sifneos Personality Scale Revised, State-Anxiety Inventory of Spilberger, Hospital Anxiety and Depression Scale, Hopelessness Scale. Duration of the addiction, educational and social-economic states were analysed.

Results: 60% of patients (44% of female and 67% of male) were established as alexithymic. These patients showed the highest scores in all psychometric tests compared with non-alexithymic patients.

After cognitive-behavioural psychotherapy the majority of the patients improved their scores and only 30% of patients (22% of female and 33% of male) remained alexithymic. There are correlations between alexithymia and the severity of anxiety-depression manifestations, the duration of addiction, the educational and social-economic states.

Conclusion: Alexithymia is a "state" phenomenon within patients with substance addiction and can be improved with cognitive-behavioural psychotherapy.

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Aggregate - level beverage - specific effect of alcohol on alcoholism and alcohol psychoses rate

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Background: It is very important to monitor and analyze statistics on the adverse consequences of alcohol abuse. In fact, there is already a tradition of using the alcohol consumption per capita level as an index of magnitude of alcohol-related problems.

Statistical data of narcological service reports turns out to be a unique source of information regarding the problem.

Purpose: In the present paper we focused on the aggregate-level, beverage-specific effect of alcohol consumption on alcoholism and alcohol psychoses morbidity rate.

Method: Trends in alcoholism and alcohol psychoses morbidity rate and beverage-specific level of alcohol consumption per capita from 1970 to 2005 in Belarus were analyzed employing ARIMA analysis in order to assess bivariate relationship between time series.

Results: According to official statistics, alcohol psychoses rate increased 3.5 fold (from 6.8 to 23.7 per 100.000 of population) and alcoholism rate increased 6.0 fold (from 51.5 to 304.7 per 100.000 of population).

The results of analysis suggest close relationship between alcohol psychoses morbidity rate and total level of alcohol consumption per capita ($r = 0.72$; $SE = 0.18$), as well as strong spirits (vodka) consumption ($r = 0.47$; $SE = 0.18$).

Conclusion: The outcome of present study suggests that alcohol psychoses morbidity rate is considered to be reliable enough statistical index reflecting the level of alcohol-related problems in the society.

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Influence of childhood adhd history on personality traits of pathological gamblers

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