

candidates to recognize early anorexia symptoms and prevent to express them.

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The assessment of hair trace elements level in the early onset of anorexia

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Anorexia behaviours, without complete typical symptoms of anorexia nervosa, are becoming more often and often common reaction to stress in young women. Some authors are in the opinion that even in early onset of anorexia may diagnose micronutrient deficiency. Hair are simple diagnostic material to assess trace elements status. The occurrence of anorexia behaviours was assessed by Eating Disorders Questionnaire based on DSM-IV and adapted to the Polish conditions. The questionnaire was fulfilled by 73 women aged 22–24 years. About 30% of subjects showed anorexia behaviours (AN Group). Rest of the women created control group (CON Group). In the both of groups calcium, magnesium, zinc, copper and iron were measured by FAAS method. However, there were no significant differences between analysed groups in the hair calcium, magnesium and iron (respectively mean: 1900, 66, 30 µg/g); the level of hair zinc ($p < 0.001$) and hair copper ($p < 0.05$) was significantly higher in the CON Group than in the AN Group (respectively mean: Zn – 251 vs. 194 µg/g and Cu: 15 vs. 12 µg/g). These results confirm opinion about fast decreasing of some micronutrient during fasting. Zinc is very important trace elements have a great importance in the protein synthesis such as neurohormones, and the low level of this element could fortify appetite deficiency.

Poster Session 1: ALCOHOLISM AND OTHER ADDICTIONS

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Effectiveness of daily outpatient alcohol detoxification by an Irish public psychiatric hospital

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Background and aim: The Irish are amongst the highest consumers of alcohol in Europe. This study aimed to assess the effectiveness of daily outpatient alcohol detoxification in an Irish Public Psychiatric Hospital.

Method: The outpatient records of patients presenting to St Brendan's Hospital in one year with symptoms of Alcohol Dependency Syndrome (ADS) and commencing daily outpatient detoxification were examined retrospectively for parameters relevant to the aim of the study.

Results: Forty patients underwent outpatient alcohol detoxification in one year and complete records were available for 32 patients. 20 patients had fixed addresses in the hospital catchments areas, 8 patients had no fixed addresses and the remaining 4 patients had addresses outside the catchments areas. 7 patients, all known to sector services, presented with a co-morbid psychiatric condition. For the detoxification, 28 patients attended on the second day whilst 22

patients attended their third day's appointment. Only 17 patients completed the outpatient detoxification. 13 patients received at least two outpatient detoxifications during the year; of whom 7 patients received their second detoxification within two months of the first one. The record of 20 patients showed that they had received advice regarding self-referral to counselling services.

Conclusion: A high proportion of patients (47%) presenting with symptoms of ADS did not complete daily outpatient detoxifications. A high proportion of all patients (40.6%) also underwent multiple outpatient detoxifications during the year. It is possible that the separation between alcohol detoxification and alcohol counselling services in Ireland contributed to these disappointing results.

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A baseline audit of opiate substitution therapy and 12-week retention in treatment

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Background: The National Treatment Agency has set 12-week retention as an outcome measure for the treatment of opiate addiction. Both methadone and buprenorphine show research evidence of efficacy in this condition. To ensure that these medications are being used optimally, we performed a baseline audit in two drug treatment services in North East London with a view to identifying potential improvements in service delivery.

Method: Prescriptions for patients being treated for opiate addiction have been generated from a computerised system since April 2004. We obtained a list of all prescriptions generated between April 2004 and August 2005. As well as demographic data, we noted what medication had been prescribed, the daily dose at stabilisation, and whether the patient was still in treatment at 12 weeks.

Results: 214 patients received 226 episodes of treatment. 114 episodes involved treatment with methadone, 112 with buprenorphine. 69% of episodes in which a patient was treated with methadone (mean daily dose 51mg) were associated with still being in treatment at 12 weeks; the figure for buprenorphine was 43%, with a mean daily dose of 11mg.

Conclusion: Methadone currently seems to be associated with better retention than buprenorphine, though some guidelines suggest that the dose of buprenorphine is too low. Other guidelines suggest that increasing the dose of methadone has potential for a small additional improvement in retention. We aim to get daily doses of methadone to a mean of 60mg, buprenorphine to 16mg, and will re-audit.

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Pathological gambling - Case series

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We are presenting a retrospective study of case series of patients with a DSM IV diagnosis of pathological gambling, treated during 2006 in our institute (n=10; male=9, female=1; mean age=35 years).

The youngest patient (20 years) was addicted to video games, two were addicted to poker machines, three to betting (football) and the rest had variations of a combined addiction (card games, lotto, roulette, poker machines, betting); all subjects were addicted to nicotine. The mean duration of pathological gambling was 11.5 years, with mean onset at 23.4 years of age.

We identified 2 subgroups: early onset subgroup (<18 years); 5 subjects, mean onset at 16.6 years, mean duration 9.5 years; 3 unmarried, 2 divorced subjects; lower education level (1 primary school, 4 secondary school), 1 subject in part-time employment, 3 subjects with poly drug abuse and later onset subgroup (>18 years); 5 subjects, mean onset at 30.2 years and mean duration 13 years; 3 married, 1 divorced, 1 single; education level higher (2 secondary school, 2 college); 3 fully employed, 1 in part time employment, 1 retired; 1 subject with comorbid alcohol addiction. The subgroups differed in adherence to treatment, too, with all early onset subjects dropping out from the program after few days, while the late onset subjects adhered for at least several months to up to one year.

Our results suggest that pathological gambling may represent a spectrum disorder with different clinical characteristics and prognosis.

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Testing the self-medication hypothesis of depression and aggression in cannabis dependent subjects

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Background: A self-medication hypothesis has been proposed to explain the association between cannabis use and a number of psychiatric and behavioral problems. However, there is little knowledge on reasons for use and reactions while intoxicated, in cannabis users who suffer from depression or problems controlling violent behavior.

Methods: We assessed 119 cannabis dependent subjects using the Schedules of Clinical Assessment in Neuropsychiatry (SCAN), parts of the Addiction Severity Index (ASI), and questionnaires on reasons for cannabis use and reactions to cannabis use while intoxicated. Participants with lifetime depression, and problems controlling violent behavior, were compared to subjects without such problems. Validity of the groupings was corroborated by use of a psychiatric treatment register, previous use of psychotropic medication, and convictions for violence.

Results: Subjects with lifetime depression used cannabis for the same reasons as others. While under the influence of cannabis, they more often experienced depression, sadness, anxiety and paranoia, and they were less likely to report happiness or euphoria. Participants reporting problems controlling violent behavior more often used cannabis to decrease aggression, decrease suspiciousness, and for relaxation; while intoxicated they more often reacted with aggression.

Conclusions: Subjects with prior depression do not use cannabis as a mean of self-medication. They are more likely to experience specific increases of adverse symptoms while under the influence of cannabis, and are less likely to experience specific symptom relief. There is some evidence that cannabis is used as a mean of self-medication for problems controlling aggression.

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Attention deficit and hiperactivity disorder in cocaine addiction

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Aims: To study the incidence of Attention Deficit and Hiperactivity Disorder (ADHD) in a patients sample in treatment for cocaine addiction, and the characteristics of this group.

Method: We have recruited 43 subjects in treatment to cocaine abuse (DSM-IV-TR : F14) in Adicction Provincial Center in Grandada.

We have registered sociodemográfica and clinical data, habits of abuse, the Cocaine Effects Expectancy Questionnaire, two scales autoadministered for ADHD's diagnosis: in the infancy, Wender Utah Rating Scale (WURS) and in the adult (scale of the list of ADHD's symptoms in DSM-IV).

The sample was divided in two groups according to the presence of ADHD in adult age.

Results: In 60,5% of the sample there was history of ADHD in the infancy, with persistence 80,8% (48,8% of the sample) in the adult age.

Patients with ADHD were smokers in 95,5%. 71,4% was consuming alcohol (average 12,6 gr/week), 23,8% was consuming cocaine always together with alcohol.

61,9% of the ADHD group was consuming another illegal drug (cannabis), opposite to 31,8% in control group. (p=0,048).

The first consumption in ADHD group is earlier (17 years vs. 22 years; p=0,001) and most frequent consumption too (22,4 years vs. 27,6 years; p=0,006).

Cocaine doses used is higher in ADHD group (1,39 gr vs 1,07 gr n.s.)

Conclusions: There is a high comorbidity in cocaine abuse with ADHD. This group has different characteristics, as the age of beginning of the abuse or of the higher abuse.

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Subjective classification of drug craving cues responses: Comparison of fmri findings to self report study

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Background: In our previous study we designed a visual cue based craving task which reliably induces craving. We investigated that there are two distinguishable groups of heroin addicts: responder and non responder to the cues. In this study we used fMRI to examine this subjective difference.

Methods: 30 right handed male heroin IV abusers with IV injection for at least 6 months compared to 15 normal right handed males. DSMIV and Addiction Severity Index (ASI) were administrated. Cue Induce Craving Task was presented during and after imaging. BOLD signal analysis performed by FSL™.

Results: A number of cases demonstrate high cortical activation in: cingulate gyrus, rectus gyrus, medial frontal gyrus, nucleus accumbans and cingulum (17/30). No significant activation observed in the control group and in 13 cases. There was shown that these 13 cases had less hunger for drug consumption during the analog presentation. No significant ASI or DSMIV differences were found. They were the same as control group in their FSL feat analysis.