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**Introduction** Smoking is an addictive and chronic disease. Twenty-four percent of the Spanish population in 2012 smoked daily.

**Aims and objectives** To evaluate a smoking cessation program in a Primary Care Center.

**Methods** Observational, prospective study. We describe an individualized smoking cessation in Plaza del Ejército Health Center (Valladolid). Inclusion criteria: active smoker,  $\geq 18$  years old and belonging to the Health Center. Exclusion: severe mental illness. Included patients from November 2013 until January 2014. Ended in July 2014. Four Medical residents participated, we present the results of one of them. During the first consultation motivational interviewing was conducted, physical examination and treatment was prescribed (cognitive behavioral therapy or drug treatment: varenicline). In subsequent consultations interview and follow-up. Variables: age, gender, pack-years, nicotine dependence (Fagerstrom) and Prochaska and DiClemente phase, weight, treatment used, dropout rate and final withdrawal of snuff.

**Results** Eleven patients, mean age 48.18 (13.61), 7 (63.6) women. Comorbidity: 6 (54.5) anxious-depressive pathology, 1 (9.1) dysthymia, 2 (18.2) endocrine pathology and 1 (9.1) respiratory disease. Four (36.4) showed high dependency and 2 (18.2) extreme. Media packages 20.50/year (19,20). Seven (63.6) were in action phase of Prochaska and DiClemente and 2 (18.2) in preparation. Visits range: 1-11. The average was 4.55 (3.64). Three (27.27) patients attended only the first visit. Four (36.4) achieved complete abstinence, 3 (27.27) met maintenance phase. One (9.1) reduced consumption in half. Patients gained average 0.5 kg (2.47).

**Conclusions** The results are similar to those reported in other series. Modest dropout rate. No pharmacological treatment was used due to high coexistence of comorbidities, the only patient who used varenicline suffered insomnia. Average age and media packages were superior to other series.

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### EV30

#### Smoking reduction/cessation and psychiatric patients: What about weight control?

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**Introduction** Smoking cessation has long been associated with weight gain and is one of the many reasons that smokers invoke for not giving up smoking. Many psychiatric medications are also associated with increased weight gain and metabolic syndrome. Unhealthy lifestyles reflect symptoms of illness with poor coping strategies and financial and social difficulties.

There are many reasons why smoking cessation may be viewed as much more difficult for psychiatric patients and weight gain is one of them.

**Objective** To study how patients' weight evolves during smoking reduction and cessation in a smoking reduction/cessation program in a psychiatric hospital.

**Aims** To demystify weight gain as a significant problem in smoking reduction and cessation in this patient population.

**Methods** Every patient entering the smoking reduction/cessation program is evaluated initially with regard to weight and BMI.

Patients' weights are evaluated during the duration of the program for each patient as is smoking status.

**Results** We are still collecting data at this time.

**Conclusions** There are three groups of patient according to weight changes during the program: those who gain weight, those who maintain the same weight ( $\pm 1$  kg) and those who lose weight.

Most patients who gain weight end up recuperating their initial weight or are able to lose weight later.

Some patients had weight control issues and their fear of gaining weight led them to overcompensate leading to weight loss.

We have included interventions on healthy lifestyles that have aided patients in controlling their weight.

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

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### EV31

#### Personality dimensions and drug of choice: A descriptive study using Cloninger's temperament and character inventory revised

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Personality dimensions related with drug use are novelty seeking, impulsivity and harm avoidance. Studies predicting drug of choice over personality variables are controversial.

**Objective** To describe personality profile of drug users in relation to substance of choice.

**Aims** To know personality dimension differences according to drug used.

**Methods** Cloninger's TCI-R was administered to 218 patients in a dual diagnosis unit. SPSS was applied.

**Results** Of the patients, 33.94% had personality disorder. Principal substances used were alcohol, cocaine and cannabis.

Most of drug users had normal scores in each dimension. No high scores were found in reward dependence, self-directedness and cooperativeness with any drug.

High scores were observed for novelty seeking in 42.9% of stimulants users; for harm avoidance in a quarter of cocaine, alcohol and methadone users and for persistence in 18.2% of hypnotics users.

Low scores were observed for reward dependence in 45% of heroine and hypnotics users; for persistence in 50% of methadone and 32% of cocaine users; for self-directedness in most of types of drug users and for cooperativeness in up to 50% in heroine, hypnotics, stimulants and cocaine users.

Statistical significant differences were observed for cocaine use and high novelty seeking and low cooperation; for non cannabis use and high harm avoidance; for non anfetamine use and low scores in reward dependence; for opiate use and low self-directedness.

**Conclusions** Most of patients had normal scores in the different dimensions.

Presence of comorbid personality disorder led us to consider the results with caution.

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

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### EV32

#### Depression, anxiety and panic disorders in chronic obstructive pulmonary disease: Correlations with disease severity and quality of life

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**Introduction** Depression, anxiety and panic disorders are often encountered in chronic respiratory disorders, like chronic obstructive pulmonary disease (COPD), especially in severe disease stages with impaired quality of life.

**Aim** To assess anxiety, depression and panic disorders among patients diagnosed with COPD and to correlate them with respiratory disease severity and quality of life.

**Material and method** We investigated the profile of anxiety, depression and panic attacks in relation to patients' medical history, demographic data, smoking status, COPD staging and disease severity (estimated by CAT quality of life questionnaire, GOLD guideline staging).

**Results** A total of 60 COPD patients were enrolled. Smoking profile showed more intensive smoking in men (35.81 mean packs-years versus 24.38 in women). The COPD high-risk group type D was predominant, with severe dyspnea, decreased lung function, frequent exacerbations and low quality of life (mean CAT score: 21.75). Mean distribution of anxiety and depression symptoms among COPD subjects was corresponding to a  $10.65 \pm 3.54$  SD anxiety score, respectively to  $9.93 \pm 3.80$  SD depression score. Panic attacks were found in 43.3% of the patients.

**Conclusions** Anxiety, depression and panic attacks were frequent findings among severe, unstable COPD patients. More carefully screening for anxiety, depression and panic attacks in this category of patients, thus adding a specific psychotherapeutic component to the COPD general treatment plan, would improve patients' health benefits.

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

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### EV33

#### Substance use disorders: Baclofen as a promising drug

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**Introduction** Baclofen, a drug currently used in the treatment of spasticity, has been reported to be useful in reducing the intensity

of withdrawal symptoms of substance use disorders of alcohol or other psychotropic drugs.

**Objectives** With our clinical case we aim to demonstrate that baclofen reduces severe withdrawal symptoms and also helps to achieve and maintain abstinence in severe cases, in agreement with the current literature.

**Aims/methods** We present a clinical case of a 68 year-old patient with alcohol use disorder since his childhood, with familiar antecedents, multiples relapses and associated organic pathology such as alcoholic polyneuropathy and Wernicke syndrome. We used to high doses of baclofen to reduce the craving and withdrawal symptoms. Additionally, we searched in PubMed for more case reports and for a systematic review of the efficacy and tolerability of baclofen.

**Results** We were able to demonstrate that high doses of baclofen can be useful in resistant cases of substance use disorders like alcoholism. For our case study, we obtained positive results with a large remission, in comparison with the previous detoxifications, with doses up to 150 mg/day.

**Conclusions** We conclude that baclofen is an interesting alternative for resistant cases, with a good outcome and tolerability, in complicated patients, with important organic repercussions.

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

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### EV34

#### Prevalence of substance use disorder among bipolar affective disorder

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**Introduction** High rates of substance abuse have been reported in the general population and users of mental health services. In our environment, relationship between substance abuse and manic phase has not been well characterized.

**Aims** Determining the prevalence of active substance abuse among patients admitted to acute mental health unit at Virgen de la Victoria Hospital at Malaga, diagnosed with mania or hipomanía.

**Methods** We analysed urine and blood seeking for ethanol, cannabis and other 11 substances in 140 patients previously diagnosed with bipolar disorder prior to their admission at the Hospital for mania or hipomanía phase.

**Results** Thirty-seven percent of the patients were positive for drugs. Eighteen percent were positive for two or more drugs. Males had higher rates of abuse than females, except in MDMA and amphetamines. By subtypes, cannabis (37.2%) and ethanol (29.62%) were the most consumed drugs. In young age cohorts had higher rates of active substance abuse. Dual patients had longer average stays at hospital (2.6 days more) (Fig. 1).

**Conclusions** Substance abuse is a major comorbidity in bipolar patients with manic phase. The active consumption of cannabis and ethanol especially emphasizes in men younger than 35 years.

We believe priority should be given to recognition and multidisciplinary approach to substance use disorders in bipolar patients. Bipolar patients with comorbid substance abuse may have a more severe course, and may be a preventable factor of new relapses. This rate could increase healthcare costs and worse quality of life of these patients.