

general and acute life circumstances and exists in a concrete life-threatening situation.

This together with different grades of competence or incompetency, decompensation or functional break downs influences the individuals capacity to cope with the suicidal situation and has to be encountered with in an individual and even cultural sensitive suicide preventive ad-hoc approach.

Concrete examples will be given outgoing from a description of depressive and psychotic persons in a specific suicidal situation and strategies will be described.

S35.02

Detection, evaluation and support for suicidal crisis : A French teaching program for caregivers

J.P. Kahn. *Service de Psychologie Médicale, CHU Nancy-Hpital Jeanne D'Arc, Dommartin Les Toul, France*

France is among European Countries with alarmingly high rates of suicide (around

11 000 deaths/year) and suicide attempts (\approx 160 000/year). Suicide stands particularly high in certain regions and among young people.

In October 2000, the French Federation of Psychiatric Societies ("Fédération Française de Psychiatrie") and the National Health Agency ("Haute Autorité de Santé") organized a Consensus Conference entitled : "How to detect and manage suicidal crisis", which was the starting point for launching a national training Program aimed at physicians and caregivers. Several academics (psychiatrists and psychologists) were trained for each of the French "regions" who, in turn, had to teach and train "first line" caregivers locally, throughout the country.

The aims of the National Program were to 1) increase awareness of the "first line" resource persons and caregivers 2) provide simple pragmatic and immediately usable technical skills to caregivers and 3) use interactive sessions based on role-playing and case-work on real cases.

The Program, as it was developed and organized in Lorraine will be presented

Symposium: Alcoholism and drug addiction: Young researchers symposium

S63.01

Benzodiazepines vs Clomethiazol in alcohol withdrawal treatment

W. De Millas. *University of Hamburg, Hamburg, Germany*

Whereas in Germany clomethiazol has been the standard treatment for alcohol withdrawal, in the U.S. benzodiazepine treatment is used as the standard treatment. Recently there has been some discussion if the standard treatment in Germany should be reconsidered. Up to now there is no study giving a valid argument for this change, but there are clinical observations favouring benzodiazepines. In a retrospective study we are evaluating around 800 inpatient alcohol withdrawals in the last two years in order to give better evidence on which medication to choose and to establish a therapeutic regimen apart from the "intuitive" medication.. About 80% of the patients received clomethiazol as a withdrawal medication, while the rest

received either diazepam or oxazepam, usually in case of a contraindication for clomethiazol (e.g. pulmonary disorders). Preliminary results show that benzodiazepines have equal effectiveness and tolerability, despite the negative selection of the subsample.

S63.02

Decision making and addiction - can addicts learn to forgo immediate reward?

C. Newman. *University of Nottingham, Nottingham, UK*

Decision making tasks such as the Iowa Gambling Task and Rogers' Decision Making Task have been used to consistently identify decision making problems in addict samples. The role of the Ventromedial Prefrontal Cortex (VmPFC) and Orbital Frontal Cortex (OFC) have been linked to impaired decision making through fMRI studies and comparison studies with patients who have suffered bilateral damage to the VmPFC. These regions have been associated to traits, in addicts, such as dysfunctional inhibitory control, hypersensitivity to reward, difficulties in reverse learning (or strategy shifting) and insensitivity to future consequences. Research suggests that the reported poor performance of addicts is a possible artefact of decision making tasks which encourage poor decisions initially, paired with an impaired ability to switch task strategies as experience and knowledge is gained.

Hypothesis: Can male opiate addicts be prompted (with feedback, punishment or task practice) to switch decision making strategies in a task which initially encourages poor choices, and requires non-myopic behaviour. Sample: 60 males, >1 year heroin addiction, currently receiving stable substitute medication (no opiate use for 2 weeks minimum).

Results: Data collection is underway and will be completed within 3 months. Current trend in collected data suggests that punishment prompts learning of optimum decision making strategies in addicts. Findings will be available by March 2007.

S63.03

Prevalence and assessment of substance misuse in pregnancy in a UK setting

M. Kumar. *Keele University Medical School, Stoke on Trent, UK*

Prevalence: Substance use in young women (16-24 years old) has increased in the last decade. Twenty-four per cent of young women aged 16-24 are 'heavy drinkers' (defined as more 6 units in a day on at least one day in the previous week). Several studies conducted in the UK in the 1990s on different populations of pregnant women demonstrated nicotine use in about a third of pregnant women, cannabis use in about 11%, opiate use in less than 2% and cocaine use is about 1%. Other studies confirmed that 10.6-15.6% of antenatal women will be using substances other than tobacco in the first trimester and when objective measures on women in labour were reported about 3.5% had evidence of substances other than tobacco. Consequences: It is estimated that at least a quarter of a million children are growing up in homes where one or both parents have drug problems which may expose them to social and environmental hazards in the UK. The National Confidential Enquiry into Maternal Deaths found that the overall leading cause of pregnancy related death is psychiatric disorder, and 8% of all mothers who died were substance users especially young disadvantaged women who were up to 20 times more likely to die than those from advantaged groups. Impact on the fetus: Studies on the impact of substance misuse on the fetal growth remains relatively under-researched. Smoking in pregnancy

is associated with low birth weight, shorter length and increased perinatal mortality. Apart from fetal alcohol syndrome, a major cause of preventable learning disability. Some studies report that cannabis using mothers are some likely to have preterm delivery, minor physical abnormalities, reduced birth length and weight; cocaine use is associated with placental abruption while heroin use is associated with reduced birth weight. There is very little recent research on this topic in the UK. Screening and assessment tools: The variation in reported prevalence is related to different methods of assessment from self report to meconium analysis. Few studies have used objective measures or structured interviews. Studies were also undertaken at different gestational stages in different settings. Substance use in women is underdetected in maternity units and recent robust information on prevalence is not available. In light of the above, this presentation will present a prevalence survey undertaken to establish the nature and extent of substance misuse in pregnant women presenting for scans at 20 weeks gestation.

S63.04

The evaluation of analgesics use (and misuse) in patients with haemophilia

B. Avgustin. *University Psychiatric Hospital, Ljubljana, Slovenia*

Haemophilia is a life threatening, life long condition caused by absence of or defective coagulation factors. People with haemophilia tend to bleed internally into joints and muscles, which can lead to pain. Pain is a distressing symptom that can affect people with haemophilia in a number of ways. A bleed into a joint can cause acute, severe pain whereas the long-term effects of recurrent bleeds can lead to chronic and disabling symptoms. People with haemophilia use different types of analgesics for pain relief. On the other hand, patients with haemophilia need to manage psychological pain, too. A high percentage of hemophilic patients suffer from different psychological problems, most common anxiety, depression and somatization disorders. Physical and psychological pain need to be differentiated and assessed correctly in order to be managed properly. According to our clinical experiences, several patients with haemophilia were abusing analgesics to reduce and control co-morbid anxiety or depression. Aim of our study is to evaluate the use of analgesics in patients with haemophilia. We will evaluate the medical records of 180 patients with haemophilia from Slovenian Haemophilia society and search for type of analgesics, indications for their prescription and potential complications: physical and psychiatric side effects (overdoses, analgetic abuse or misuse according to the ICD - 10 criteria?). The pattern of the analgetic use will be compared to the results of the quality of life questionnaire and functional parameters of the large joints.