

were after suicide attempt (OR=1.6; 95%CI=1.3-1.9). The OR in multiple analysis was 1.4 (95%CI=1.1-1.8).

There is higher risk for suicide attempt among females in non-DDP (OR=.6; 95%CI=.5-.8), no differences according to gender in DDP (OR=.7; 95%CI=.5-1.1).

Opiates (OR=1.6; 95% CI=1.01-2.5) and Cocaine (OR=1.9; 95% CI=1.1-3.2) were found to elevates, but Cannabis were found to lower (OR=.4; 95% CI=.3-.6) the risk of suicide attempt.

Conclusions: DDP have grater risk for suicide attempt than non-DDP. In non-DDPs females have grater risk for suicide attempt than males, however in DDPs there were no differences. DDP with Opiates or Cocaine abuse are in risk group for suicide attempts. These findings suggesting that preventive efforts that have shown promise in non-DDP may need to be tailored differently to address the risk factor profile of DDP.

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Risperidone versus haloperidol treatment in dual diagnosis inpatients: preliminary results from a 6 week, randomized controlled, open label pilot trial

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Background: About a quarter of patient's admissions ages 18-65 in Abarbanel mental health center (MHC) are with substance abuse (Natan, Gimelfarb, Barak & Baruch, 2005). Concurrent comorbidity has become the rule among psychiatric inpatients. Unfortunately the majority of the clinical trials with Antipsychotic drugs exclude the Dual Diagnosis patients (DDP).

Objective: To compare the efficacy, safety, drugs craving and compliance with Risperidone versus Haloperidol treatment of DDP.

Method: Ten DDP (meeting DSM-IV criteria for Schizophrenic spectrum disorders; median age=28 years [range, 20-39 years]) from MHC were randomly assigned to either Resperidone (N=5; mean endpoint dose 5.2 mg/day) or Haloperidol (N=5; mean endpoint dose 6.0 mg/day) treatment.

Results: There were no differences between Resperidone and Haloperidol according to efficacy, safety, drugs craving and compliance in each point of time.

Comparing to start-point in each of the groups: No difference in treatment efficacy between the groups (NS); No weight change during Risperidone treatment (NS) and there was weight gain about 2.6 BMI points (SD=.3) after Haloperidone treatment ($p<.05$); No differences in drugs craving and compliance between the groups (NS).

Although not significant, 60.0% of DDPs who received Haloperidol (N=3) relapsed compared with 0.0% of the DDPs on Risperidone (Fisher's Exact Test $p<.08$).

Conclusions: The preliminary results suggest, that treatment efficacy and drugs craving are equal in both groups. Compliance with Risperidone is equal to compliance with Haloperidol. But side effects' profile of Risperidone is more convenient than of Haloperidol.

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Prevalence of dual diagnosis elderly inpatients: Is the phenomenon rare?

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Background: Over the past decade clinicians have become more aware of the problem of substance abuse (SA) in individuals with mental illness. Concurrent comorbidity has become the rule among psychiatric inpatients. About a quarter of patient's admissions ages 18-65 in the Abarbanel mental health center (MHC) are with SA (Natan, Gimelfarb, Barak & Baruch, 2005). The changing demography shows an ever increasing percentage of elderly in mental hospitals, however, information about dual diagnosis in elderly is unclear!!

Objectives:

1. To explore the trends of dual diagnosis elderly patients (DDEP) in Abarbanel MHC in the period of June 2003 to June 2005.
2. To compare the admission's profile of DDEP to non-DDEP according to socio-demographic and clinical characteristics.

Method: Descriptive analysis of consecutive admissions: men and women ages 60 and more years (06/2003–06/2005) and laboratory analysis of urine.

Results: Twenty seven of 535 admissions of elderly inpatients (5.1%) were with SA. There is a tendency of increasing of DDEP rate: in the 1st year the rate was 3.4% and in the 2nd year—6.8% ($p<.07$).

Profile of DDEP and non-DDEP admissions is significantly different according to place of birth, gender, age, family status, patient's suicide attempts, physical diagnosis.

Conclusions: There is decreasing of SA with age, but the phenomenon is fairly frequent among elderly, previously "young" DDEP. More strict assessment of SA patterns is recommended. Profile of DDEP's admissions is more complex then non-DDEP's admissions. There is significant clinical need to appropriate approach for DDEP

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The impact of feedback and punishment on the decisions of male heroin addicts

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Computerised decision making tasks have identified cognitive deficits among people who use illicit drugs. These deficits have been hypothesised as originating in the Ventromedial Prefrontal Cortex (VmPFC) and Orbital Frontal Cortex (OFC). This hypothesis is based on Functional Magnetic Resonance Imaging (fMRI) studies conducted during the decision tasks and comparison studies with patients who have suffered bilateral damage to the VmPFC.

The deficits identified include dysfunctional inhibitory control, hypersensitivity to reward, difficulties in reverse learning (or strategy shifting) and insensitivity to future consequences.

However other research suggests that addicts poor performance is an artefact of tasks which encourage poor decisions initially, paired with an impaired ability to switch task strategies as experience and knowledge is gained.

To date, the dominant trend in this field is to report group data. Using a case-study paradigm, the research reported here indicates a layer of processes that have hitherto not been investigated. This study uses a micro-analysis of individual response behaviours within decision tasks to reveal strategies, correlates and markers of decision making performance.

The sample were 60 males, >1 year heroin addiction, currently receiving stable substitute medication (no opiate use for 2 weeks minimum).

Preliminary results are presented.

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What predicts illicit drug use and drug offending? The Finnish 'from a boy to a man' follow-up study

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Background and aims: Involvement with illicit drugs among young people has been explained by a risk-factor matrix. This study aims to compare childhood psychopathology as a predictor between self-reported illicit drug use without registered drug offending and police informed drug offending among males in a prospective birth cohort study.

Methods: A general population sample of 2946 8-year-old Finnish boys was followed up from age 8 to 18. In 1989, childhood psychopathology was assessed using the Rutter scale and Child Depression inventory. Information about self-reported drug use at age 18 or police-registered drug offending during years 16 to 20 years was collected from 79.3% (n=2336) of the subjects.

Results: Childhood psychopathology predicted exclusively police registered drug offending. After adjusting for family background, both severe and moderate conduct problems and ADHD symptoms were associated with subsequent police-registered drug offence. Self-reported illicit drug use was predicted only by non-intact family structure.

Conclusions: Our results demonstrate a clear difference, occurring already in childhood, between young men with self reported illicit drug use and those with police registered drug offending. More severe illicit drug involvement, such as police-registered drug offending, is a continuum of a childhood externalizing problem behaviour, while self-reported occasional illicit drug use does not inevitably associate with psychopathological problems in childhood. Accordingly, the preventive needs and the age period for intervention may be dissimilar for young people with divergent involvement with illicit drugs.

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Verbal working memory and executive dysfunctions in patients with alcohol addiction

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Cognitive dysfunctions connected with prefrontal cortex activity occurred as an significant factors in clinical picture of alcohol dependence. The aim of this study was to assess verbal working memory and executive dysfunctions in patients with alcohol addiction.

102 patients (77 male and 25 female) aged 21-58 (mean 43±9) years participated in this study. Neuropsychological assessment included: Stroop Color Word Interference Test (RCNb - reading color

names in black, NCWd -naming color of word-different) and Wisconsin Card Sorting Test. In 51 subjects assessment was performed one week after discontinuation of alcohol drinking and in next 51 subjects after at least one-year of abstinence. The control group consisted with 30 healthy persons matched with age, gender and education for experimental group.

Investigated patients showed significant impairments on performance on Stroop Test and WCST compared to healthy persons. Difference were observed between patients with short-term and long-term abstinence on the performance on WCST N-P which is mostly connected with attention and Stroop - NCWd connected with conflict monitoring functions.

The results on Stroop Test correlated with the number on correct completed category (related to efficiency of thinking) on WCST in patients with short-term abstinence and with % of conceptual responses (ability to utilize new information and previous experiences) in healthy controls.

These results may indicate significant role on conflict monitoring functions measured by Stroop Test, connected with posterior cingulate cortex activity in executive functions assessed by WCST in patients with alcohol dependence and healthy controls.

P330

Addiction and depression diseases in primary families of young women dependents of several psychoactive substances

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Background and aims: The investigation of the dependence of young women on psychoactive substances has revealed that it originates from dysfunctional families where parents are inclined to alcoholism, depression and other psychiatric diseases. The aim of our investigation is to determine the frequency of these disorders and diseases in parents, as well as in siblings.

Method: The data used in the analysis derives from medical documentation. Twelve families from the rehabilitation group that were treated from January 2003 until June 2006 were investigated.

Results: Seven patients live in an entire primary family. The mothers of patients are 45 - 58 years of age. The mothers of 2 patients were treated from depression with psychotic symptoms, and the mother of 1 patient was treated against depression without psychotic symptoms. Fathers are between 45 and 65 years of age. From 9 alcohol addicted fathers (75%), 2 (16,6%) are still drinking, 3 (25%) are in amateur abstinence, 2 (16,6%) have died from cirrhosis of the liver, 1 (8,3%) disappeared in Sarajevo, and only one as been hospitalized and is abstaining. Only a brother of one female patient is alcohol dependent. One female patient as a brother who was treated for stuttering in childhood, while another brother is being treated for agoraphobia. A younger sister of one female patient has an asocial behavior disorder.

Conclusion: Alcoholism in primary families represents a risk factor for the development of polytoximania and various other disorders and diseases.

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Minorities in a detoxification unit in Greece: I. Socio-demographic characteristics

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