

### Mon-P10

#### DRUG USE AND PSYCHOLOGICAL PROFILES IN MILITARY CONSCRIPTS

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**Objectives:** The aim of this study is to determine the prevalence of legal and illegal drug use and its relationship with the psychological profile of a sample of young male conscripts from Asturias (Spain).

**Subjects and Method:** The WHO Questionnaire for drug consumption, the Eysenck Personality Questionnaire-Adult form (EPQ-A), the Zuckerman Sensation Seeking Scale and the Dupuy Psychological General Well-Being Index (PGWB Index) were administered to 972 young male conscripts [mean age = 20.548 (2.797)].

**Results:** Cannabis is the most highly used illicit drug after alcohol and tobacco (lifetime prevalence 36.3%, 92.3% and 69.8% respectively). The other illegal drugs have lower lifetime prevalences: psychedelics 12.4%; cocaine 11.2%; amphetamines 10.9%; tranquilizers 10.2%; ecstasy 9.7% and volatiles 6.4% (the other illegal drugs have lifetime prevalences  $\leq$  3.5%). Youngsters (early adolescents) begin with alcohol [mean age of first use = 13.775 (3.269)], tobacco [mean age of first use = 14.534 (4.569)] and volatiles [mean age of first use = 15.491 (2.494)]. Mean rates of drug consumption, both legal and illegal combined and illegal drugs alone were 2.704 (2.105) and 1.083 (1.889), respectively. Men who have used illicit drugs "sometimes" obtain higher scores on the neuroticism scale of the EPQ-A [11.9646 (5.967) vs 11.0675 (5.718);  $p = 0.017$ ], on the psychoticism scale [5.1415 (3.897) vs 3.9487 (3.107);  $p = 0.000$ ], on all sensation seeking subscales [Thrill & Adventure Seeking: 7.0307 (2.557) vs 6.0839 (2.927),  $p = 0.000$ ; Disinhibition: 7.0165 (1.966) vs 5.6624 (1.983),  $p = 0.000$ ; Experience Seeking: 5.6785 (1.754) vs 4.3723 (1.583),  $p = 0.000$ ; Boredom Susceptibility: 4.9267 (2.223) vs 4.1624 (2.108),  $p = 0.000$ ; Total Sensation Seeking Scale: 24.7163 (6.725) vs 20.4105 (2.800),  $p = 0.000$ ] and on the PGWB Index [65.6454 (15.021) vs 60.6636 (15.370),  $p = 0.000$ ].

**Conclusions:** A moderate prevalence of consumption of illicit drugs was observed. Those who consume illegal drugs have a different psychological profile characterized by high sensation seeking with emotional instability, high levels of psychoticism, impulsivity and believe that they have a poorer general well-being when compared with non illegal consumers.

### Mon-P11

#### RELATIONSHIP BETWEEN CHRONIC ALCOHOLISM, PERIPHERAL POLYNEUROPATHY (PNP) AND CARDIAC AUTONOMIC NEUROPATHY (CAN)

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**Methods:** Data were prospectively sampled from 46 alcoholics (DSM-III-R), who were admitted to our hospital and asked to withdraw from alcohol. They included comprehensive medical (clinical data, abdominal sonogram, ECG, laboratory testing), psychiatric (addiction history, MALT, SCL 90) and neurologic (Neuropathy-Impairment-Score; 1) examinations. In addition cardiovascular autonomic function (CAF) was assessed by computerized investigations of 5 min-resting heart-rate variability (HRV) including spectral analysis ("Neurodiag", H. Lambeck, Munich) and standard

bedside tests (30:15 ratio, Valsalva, sustained handgrip). Patients data were compared to those obtained from a well matched group of healthy controls ( $n = 80$ ). Follow-up CAF-investigations were performed in 12 patients, who were treated with Acamprosate.

**Results:** Complete baseline data are available from 35 alcoholics (mean age 42.9 y; male/female 20:15). Their mean daily alcohol intake was 270 g/d (75–560) over a period of 12.4 years (2–30). No patient had liver cirrhosis. According to established criteria (1) 22 alcoholics had PNP. At least one pathological result in CAF-testing was found in 9/35 (25.7%) alcoholics; all nine patients also had concomitant PNP. Thus, there was a significant correlation of CAN and PNP ( $p < 0.01$ ). Compared to conventional autonomic tests in alcoholics standardized measurements of 5-min resting HRV provide more definite information on cardiovascular autonomic function. Interestingly treatment with Acamprosate was followed by a slight deterioration of those HRV-parameters known to reflect parasympathetic activity (CVr, RMSSDr).

**Conclusion:** Alcoholics without clinical evidence for PNP had no CAN. However, about 40% of alcoholics with PNP had concomitant CAN. HRV-changes during Acamprosate might suggest that the drug at least partially acts with central GABA-receptors.

- (1) Dyck JD et al. Human diabetic endoneurial sorbitol, fructose and myoinositol related to sural nerve morphometry. *Ann Neurol* 1980; 8: 590–596; (revised *Neurology* 1991; 41: 799–801; *Neurology* 1995; 45: 1115–1121)

### Mon-P12

#### SUBSTANCE ABUSE AND PSYCHIATRIC COMORBIDITY

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Substance Abuse not only induces psychopathology but often worsens one. We studied all patients ( $N = 67$ ) requiring psychiatric hospitalizations for suicidal or homicidal ideations, over a period of 12 months. There were 25 patients with a diagnosis of Substance Abuse (SA), 27 with Dual Diagnosis (DD), and 15 with only Psychiatric (PS) diagnosis. The SA did not differ significantly ( $p = NS$ ) from DD in age ( $42.94 \pm 8.62$  vs  $42.92 \pm 9.35$  years), but were significantly ( $p = .005$ ) younger than PS ( $55.39 \pm 17.33$  years). The DD required longer ( $p = .005$ ) hospitalization of  $27.33 \pm 20.49$  days than did the SA for  $13.12 \pm 10.42$  days. In contrast the PS required the longest ( $p = .0001$ ) hospitalization of  $49.07 \pm 28.71$  days. The incidence of rehospitalization within 12 months was 56% for SA and 55.55% for DD ( $p = NS$ ) but PS had significantly ( $p = .05$ ) lower incidence of 40%. These data shows that SA and DD represent younger patients with higher potential for relapse. In comparison to SA, DD represents increased morbidity and a higher cost of treatment. Therefore, the patients with psychiatric comorbidity among the substance abusers draw attention to need for specialized treatment as well as pose a challenge for medical economics.

### Mon-P13

#### THE IMPACT OF CRAVING ON TERMINATION OF ALCOHOL ABSTINENCE

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**Objective:** Craving - the very strong desire for alcohol - is attributed by many alcoholics as important reason for being unable to stop drinking alcohol and also for relapse. However, thus far 'craving'

has been remained an ill-defined concept with many psychological and also biochemical aspects. Moreover, clinical studies concerning craving are widely lacking.

**Methods:** 191 chronic alcoholics who underwent detoxification and motivational enhancement therapy were followed up for 1 year. After 4, 8, and 12 months they were interviewed by the Lübeck Craving-Relapse-Risk-Questionnaire (Veltrup, 1994).

**Results:** Our results showed that 87.6% of the 81 alcoholics who relapse within the first 4 months reported on craving. 78.6% of all cases reported on craving relapsed.

**Conclusion:** Craving has an important impact on the termination of alcohol abstinence and has to be considered in the planning of therapeutic strategies

### Mon-P14

#### MEASURING CRAVING IN ALCOHOLICS: A COMPARISON OF THE GERMAN VERSIONS OF ACQ, OCDS, VAS AND LCRR

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Craving is a concept that has been used in clinical practice for a long time. In the alcohol research renewed interest has been rising only recently. One problem associated with research in the field of craving is the measurement of craving.

The presentation will give an overview on the differences in conceptualization of craving by different research groups with different research backgrounds ("What is craving?") and differences in the measurement of craving ("How do you measure craving?").

Data will be presented from our current study on craving scales. So far a total of 70 alcohol dependent patients (DSM IV) have completed the test-retest study. Approximately two weeks after detoxification alcohol dependent patients filled out a series of questionnaires and scales and repeated this procedure exactly one week later. They completed the OCDS (Obsessive Compulsive Drinking Scale, Anton et al., 1995), ACQ (Alcohol Craving Questionnaire, Tiffany et al., 1994), visual analog scales and relevant parts of the LCRR (Lübeck Craving Recurrence Risk Questionnaire, Veltrup, 1994). The OCDS and ACQ had been translated and then been back translated by two separate and independent translators before being applied in this study.

The typical test psychological analyses for testing consistency, reliability and validity will be presented as well as correlations for scales and subscales. Similarities and disparities will be discussed.

### Mon-P15

#### VARIABILITY OF TOBACCO ADDICTION AND NARCISSISTIC DISPOSITION: A COMPARISON OF NON-SMOKERS AND SMOKERS UNDERGOING STOP SMOKING TREATMENT

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**Objective:** For many years, researchers have described the variability involved in addiction effects. Upon further consideration of this research, it would naturally follow that since addiction is susceptible to variability that dependence should similarly vary regardless of whether it is physical or psychological. The evaluation of drug dependency also involves consideration of the degree of dependence on the product (strong, moderate, weak) as well as the type of dependence (physical/psychological). Psychoanalytical research have also been interested in the concept of variability, which will be referred to here as the narcissistic disposition of drug

addicts that corresponds to the deficiency of the system of actions organisation. This research provides a substantial basis for understanding the degree of dependence and/or addiction as a function of the pathological seriousness associated with the dependence. The proposed hypothesis states that *the addict's narcissistic disposition will influence the degree and the intensity of his addictive behavior.*

**Method:** The population consisted of 50 smokers in stop-smoking treatment and 50 non-smokers. Several measures were used for evaluation: 1) The Fagerström Questionnaire; 2) The Test of Psychological and Behavioral Addiction to Tobacco (T.D.P.C.); 3) The Narcissistic Disposition Questionnaire (Q.D.N.).

**Results:** The results indicate that smokers with a moderate or strong psychological dependence are also physiologically dependent on nicotine indicating an association between the two dependencies. Smokers manifesting a strong or moderate narcissistic disposition are more likely addicted to tobacco than those with weak narcissistic disposition. Smokers are more likely than non-smokers to manifest a strong/moderate narcissistic disposition; and further, those non-smokers presenting a strong/moderate narcissistic disposition are more likely to participate in other addictive behaviors than non-smokers with a weak narcissistic disposition.

**Conclusion:** This study was undertaken with the specific purpose of establishing a relationship between tobacco addiction and narcissistic disposition. The results reinforce the notion of a variability of tobacco addiction as a function of narcissistic disposition variability.

### Mon-P16

#### DELINQUENCY AND DRUGS CONSUMPTION: SOME RISK FACTORS IN YOUTHS MALE

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**Introduction:** There are multiple evidences of criminal behavior and drugs consumption in youths. The objective is to analyze what drugs consumption and what psychosocials factor are associated with have been in prison (custody and/or penalty) before fulfilling 19 years old.

**Material and Method:** Of the Not Professional Soldiers attended in our Service (1-1-92 to 10-30-97), 403 (mean age 19.28; S.E. Mean 0.7) expressed to consume drugs, excluded the alcohol. It is investigated the possible relationship between factors obtained by anamnesis: absence of parents (AP), place between the brothers (PBB), number of brothers (included he) (NB), habitat (H), and present factors in the moment of be attended in the Psychiatry Service: drugs in urine (DU) and diagnostic (MD) (DSM-III-R or DSM-IV) with have been in prison (IP) before be incorporated into Army. Statistic analysis includes Chi-Square (Pearson), ONEWAY and Logistics Regression (SPSS Release 6.1 for Windows 95).

**Results:** The association of the IP with each one of the factors is:

IP by/	Pearson Chi-Sq	DF	Significance
AP	14.77	3	0.002
PBB	16.37	4	0.002
H	14.61	3	0.002
DU	35.31	6	0.000
MD	38.68	6	0.000
NB	F Ratio 19.02	1	0.000