

In the structure of the antinarcotic psychological set of the personality we have distinguished the following components: 1) sphere of motivation; 2) the environment; 3) behavior; 4) emotions; 5) memory; 6) habits, fixed psychological sets, reflexes; 7) cognitive formations and processes; 8) the system of the personality values; 9) the system of the personality social relationships; 10) factors of possible relapse and ways of coping with them; etc.

In every concrete case we try to reveal and work psychotherapeutically with those components of the antinarcotic psychological set of the personality, which are of decisive importance for removing the narcotic psychological dependence in the drug addict.

Working psychotherapeutically on the conscious and subconscious (by means of hypno-suggestive therapy) levels of the personality we try to coordinate psychological interventions on these levels.

### P314

Ondansetron for the treatment of stimulant addiction

B.A. Johnson. *Department of Psychiatry and Neurobehavioral Sciences, University of Virginia, Charlottesville, VA, USA*

Although cortico-mesolimbic dopamine neurons mediate cocaine's reinforcing effects associated with its abuse liability, previous studies demonstrated inefficacy among dopamine receptor antagonists for treating cocaine dependence. Alternatively, the ability of indirect inhibitors of cortico-mesolimbic dopamine release (e.g., the 5-HT<sub>3</sub> receptor antagonist ondansetron) to diminish cocaine's reinforcing effects could be investigated. We hypothesized that ondansetron might exhibit greater efficacy than placebo at decreasing cocaine use and enhancing abstinence in cocaine-dependent individuals. In a pilot randomized, controlled, double-blind, 10-week trial, 63 treatment-seeking, cocaine-dependent individuals received ondansetron (0.25, 1, or 4 mg b.i.d.) or placebo. Subjects were assessed on several measures of cocaine use, including urine benzoylecgonine, up to three times weekly. Cognitive behavioral therapy was provided weekly. Ondansetron was well tolerated, with no serious adverse events. The ondansetron 4.0 mg group had the lowest dropout rate of all treatment groups and a greater rate of improvement in percentage of participants with a cocaine-free week than placebo recipients ( $p=0.02$ ), while the ondansetron 1.0 mg group showed less improvement in percentage of weekly mean non-use days than placebo recipients ( $p=0.04$ ). Our results provide preliminary evidence of efficacy for ondansetron 4 mg b.i.d. We also will present comparative information on a preliminary, multi-site, randomized, double-blind, 8-week controlled trial testing the efficacy of ondansetron (0.25, 1, or 4 mg b.i.d.) versus placebo for treating methamphetamine dependence. Additionally, results of pharmacogenetic analyses will be presented.

### P315

Anxiety in addicted patients in different therapeutic units in greece

M. Stiga, K. Katsigiannopoulos, K. Nikolaou, E. Kazantzidou, N. Theodorides, I. Drenos, E. Alagiozidou, K. Sgourou, V. Kioseoglou, D. Dyntsikou, G. Papazisis, C. Rongotis. *Department of Addictions, Psychiatric Hospital of Thessaloniki, Thessaloniki, Greece*

**Background and aims:** The presence of anxiety in addicted patients, although it is expected, has been connected to poorer outcome of addiction treatment, decreased percentages of completion in patients admitted to substance abuse detoxification programmes and shorter period of abstinence. The Addictions Department at the Psychiatric

Hospital of Thessaloniki in Greece has an integrated Therapeutic Program which delivers a therapeutic continuum and attempts to cover the needs of various populations through a flexible, interconnected network of multi-dimensional services.

**Methods:** Sixty (60) subjects -equally regarded in a randomized way from three different domains of a Therapeutic Program in Addictions (Detoxification Unit, Residential Therapeutic Community, Reintegration Programme)- were examined. They were screened with the State-Trait Anxiety Inventory (STAI) and with the General Health Questionnaire (GHQ-30).

**Results:** Most of the subjects were young single men, with a secondary educational level. Anxiety level at the Detoxification Unit was quite high (median State Score:  $56.35 \pm 10.37$ , median Trait Score:  $50.70 \pm 10.58$ ) as well as at the Therapeutic Community (median State Score:  $52.90 \pm 9.10$ , median Trait Score:  $45.20 \pm 7.48$ ). Although there is a gradual decrease of anxiety level, it is not statistically significant. Anxiety level is decreased statistically significant at the Reintegration Programme (median State Score:  $45.95 \pm 6.67$ , median Trait Score:  $41.25 \pm 5.35$ ) ( $p < 0.05$ ).

**Conclusions:** Addicted patients express high anxiety levels at the first stages of a therapeutic detoxification programme. As the therapeutic procedure goes on and abstinence is established, anxiety is decreased -although they are treated as outpatients at the final stage.

### P316

Depression in addicted patients in different therapeutic units in greece

K. Katsigiannopoulos, M. Stiga, K. Nikolaou, N. Theodorides, E. Kazantzidou, A. Georganaki, V. Kioseoglou, E. Alagiozidou, K. Sgourou, D. Dyntsikou, G. Papazisis, C. Rongotis. *Department of Addictions, Psychiatric Hospital of Thessaloniki, Thessaloniki, Greece*

**Background and aims:** The presence of depression in addicted patients has been connected to poorer therapeutic outcome, increased percentages of drop-outs and shorter period of abstinence. The Addictions Department at the Psychiatric Hospital of Thessaloniki in Greece has an integrated Therapeutic Programme which delivers a therapeutic continuum and attempts to cover the needs of various populations through a flexible, interconnected network of multi-dimensional services.

**Methods:** Sixty (60) subjects were examined -they were divided in three groups of twenty persons each, equally regarding (in a randomized way) the three facilitating sections for drug abuse: Detoxification Unit, Residential Therapeutic Community and Reintegration Programme. They were screened with the Beck Depression Inventory (BDI-II), and with the General Health Questionnaire (GHQ-30).

**Results:** Most of the subjects were young single men, with a secondary educational level. Depression level was statistically significant higher at the Detoxification Unit (BDI Score:  $24.55 \pm 12.45$ ) compared to the Residential Therapeutic Community (BDI Score:  $13.35 \pm 10.24$ ) ( $p < 0.05$ ). Furthermore, depression level was decreased at the Reintegration Programme (BDI score:  $8.60 \pm 5.31$ ) -statistically significant compared to the Detoxification Unit ( $p < 0.000$ ).

**Conclusions:** Addicted patients seem to have mild severe depression at the first stages of a therapeutic detoxification programme. As the therapeutic procedure goes on and abstinence is established, depression is rapidly decreased in a stable way. Future studies with larger groups of addicted patients are warranted to further investigate the role of depression during the early period of abstinence.