one hand more of 3,000 and on the other hand more of 6,000 case of prescription that are analyzeed.

This database on practices allows to better surround characteristics of drug psychotropic processings in schizophrenic pathology notably as compared to history of the pathology and the coprescriptions.

## FC14-5

THERAPY OF RESISTANT PSYCHOSES: COMBINED TREATMENT WITH CLOZAPINE

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According to the actually valid treatment guidelines the combined application of clozapine and other neuroleptics, also with high potent neuroleptics, is not admissable.

A retrospective data analysis with 27 chronically productive schizophrenic patients, who had been hospitalized in many cases for several years, showed that after complete treatment failure of classical neuroleptic therapy and treatment failure of a high dosage clozapine monotherapy these patients profited from a combined application of clozapine and high potent neuroleptics.

19 patients improved to an exent that they clould leave the hospital, 4 patients experienced an essential improvement of their complaints. Only 4 patients under this combined treatment did not show a treatment success. In the course of this treatment no severe side effects were recorded, especially there were no changes of blood picture.

Since the good response to this combined application of clozapine and high potent neuroleptics is possibly hard to explain due to the still limited knowledge of action, controlled experimental investigations should be carried out in order to eventually correct the actual treatment procedures.

## FC14-6

CARE PATHWAYS FOR PSYCHOSIS & AFFECTIVE DISORDER

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**Background:** Care Pathways (CPs) cover a patient's experience from the onset of symptoms, to arrival at specialist services, as well as subsequent management. This study constructs CPs for patients admitted with psychosis or major affective disorder using routine contracting data from hospitals

**Design:** Patients admitted under general adult & forensic psychiatrists in Birmingham, completing inpatient treatment in the financial year of 1996–7, were identified using the Contract Minimum Data Set (CMDS)

**Results:** 1231 patients were identified. The vast majority were admitted as an emergency (85%) from their usual place of residence (80%). Another 10% were admitted from general medical wards and 6% from prisons. Patients of Afro-Caribbean or other black backgrounds were over three times as likely to be admitted from prison than any other group ((Odds ratio (OR) = 3.6 (95% CI = 2.1–6.3)). 85% of individuals were discharged to their usual place of residence. Approximately 6% were admitted to a further health service facility and just over 0.5% to local authority accommodation. Factors associated with discharge to a usual place of residence included younger age (OR = 2.5 (95% CI = 1.6–3.3)), admission from home (OR = 2.6 (95% CI = 1.7–3.8)), and affective as opposed to non-affective disorder (OR = 1.6 (1.1–2.5)). Patients admitted from institutional care were half as likely to be discharged to a non-institutional setting (OR = 0.4 (95% CI = 0.2–0.6)). Just under 1% died (n = 15), and these were more likely to be of older age (OR = 13.8 (95% CI = 3.4–48.8)), and have come from health service institutional care (OR = 3.6 (95% CI = 1.2–10.6)) or a general hospital (OR = 3.4 (95% CI = 1.1–10.8))

**Conclusions:** Data collected for contracting can be converted into patient-based records to study service delivery. This reveals that the treatment experience & outcome of patients is associated with socio-demographic & social characteristics as well as clinical diagnosis.

## FC14-7

COMPARISON OF FACTOR-ANALYTICAL DERIVED CONSTRUCTS OF SUBJECTIVE QUALITY OF LIFE IN SCHIZOPHRENIC PATIENTS AND HEALTHY CONTROLS

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Instruments assessing the subjective component of quality of life (S-QL) in schizophrenic patients have traditionally been adopted from the normal population or additionally been modified according to the researcher's view on S-QL. It is not clear, however, whether the construct of S-QL is represented by different frames of reference in healthy subjects and schizophrenic patients. Since there are by definition no external criteria to validate subjective assessments, the present study investigated the internal validity of S-QL.

The internal structure of S-QL-data was compared between long-stay schizophrenic patients (LSP) and healthy controls (HC). S-QL was assessed by means of the Munich Quality of Life Dimensions List in 168 LSP and 316 HC. Two separate factor-analysis were conducted (PCA, eigenvalue >1, VariMax rotation). Subjects with definite response sets were eliminated prior to analysis.

Four factors could be found in both LSP and HC. Although similar in certain aspects, the solutions differed remarkably with regard to the components of the factors. The factor structure of HC is similar to the factors postulated by the authors of the MLDL.

Results indicate that the construct of S-QL, although similar to HC to some degree, is represented in a different manner in LSP. The factor structure of the S-QL in LSP implies a different perspective of S-QL. It seems necessary to investigate this specific perspective more thoroughly.

# S15. Presentation of scientific issues from ECCAS

*Chairs*: AH Ghodse (UK), C Rösinger (D)

## S15-1

A MODEL FOR MULTICENTRE COLLABORATION IN ADDICTION RESEARCH ACROSS EUROPE — EXPERIENCES FROM ECCAS (EUROPEAN COLLABORATING CENTRES IN ADDICTION STUDIES)

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In Article 129 of the Maastricht Treaty (1992) which gave the European Union a mandate to help prevent major health scourges,

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drug dependency was the only major health threat defined by name. In its efforts to achieve "European Union Added Value" one of the Article's primary aims is to promote transnational exchange and support national actions in the health sector. In response, the EU has encouraged organisations representing various sectors to apply for funding to set up and conduct projects which are transnational, and which are applicable to, and can be duplicated across, Member States. Although in theory this approach is agreeable, in practice its achievement is fraught with difficulties. The word collaboration implies harmony, unity, and partnership. Achieving this within one's own country can be difficult enough, when mapped onto Europe, with the diversity that culture, language, and national legislation's bring, the chance of failure increases.

In response to these dilemmas and challenges the European Collaborating Centres in Addiction Studies was established in 1992. ECCAS is a collaborative research network with a current membership of fifteen centres across eleven European countries. The group's mission statement is to develop and establish a sound and practical understanding of the impact of substance misuse on the individual, his/her family and the wider community, and the best approaches and methods for dealing with it, with due respect to national and international drug control laws and regulations. It translates the beliefs and plans of the European Union into practical co-operation and action and represents the next step in achieving wider and more effective strategies to combat drug addiction. This paper will set out the ECCAS model of transnational collaboration, and describe how the group set about designing the first European transnational study on the impact of methadone substitution therapy (MST).

## S15-2

### THE IMPACT OF MST (METHADONE SUBSTITUTION THERAPY) ON HIV RISK BEHAVIOUR IN OPIATE ADDICTS

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MST (methadone substitution therapy) has received renewed interest in the context of its efficacy in HIV-related harm reduction. As a part of an international study by ECCAS (European Collaborating Centres in Addiction Studies) 82 patients were assessed for changes of specific HIV-risk-behaviour at the german centre in Essen. Of these patients, 40 were still injecting drugs and 42 were on MST.

MST had a clear influence on HIV-risk-behaviour. There were fewer sexual risks and a more frequent use of condoms in patients on MST. Further patients on MST injected themselves less often and when injecting, most used clean needles. It proved easier to bring about changes of drug-use behaviour than of sexual habits. Positive conclusions can be drawn form the benefit of MST for HIV-risk-behaviour for therapeutic and preventive measures that may be taken in the field of opiate addiction.

## S15-3

### FOOD AND ADDICTION

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**Eating Disorders:** anorexia, bulimia and binge-eating disorders (AN, BN and BED) study, in the last decades, has created a great interest in medical scientific community. Craving for and the compulsive eating of food that cause illness, obesity, and obvious suffering may be interpreted as urges to find missing nutrients, but food and drinks found in compulsive searches are not biologically correct. Instead, food cravings are a symptom of an addictive loop.

The Eating Disorders Unit is one of the five Unit which compose the Addictive Behaviour Department of Bergamo. The other ones are: Illegal Drugs Unit, Alcohol Unit, Legal Drugs Unit and Designer Drugs Unit. The work group is composed by 3 doctors (specialisation in addictive behaviour, endocrinology, dietology), 4 psychologists (psychoanalytic and systemic training), and they dedicate 6 hours a week.

**Objectives:** to give medical and psychological diagnosis and treatment in one place only, avoiding the typical anorexic or bulimic patient wandering from the psychologist, to the endocrinologist, from outpatient to inpatient, from dietitian to general practitioner.

**Preliminary Data:** from February 97 to April 98 we have contacted 71 patients (5 male, 66 females). In order to the DSMIV criteria, the diagnosis was:

| | | |
|---|---|---|
| ⇒ AN | 14 | (19.8%) |
| ⇒ BN | 20 | (28.1%) |
| ⇒ BED | 20 | (28.1%) |
| obesity-others | 17 | (24.0%) |

**Conclusions:** abuse and dependence are codified and classified. They are chronic relapsing illness. Tolerance, craving and addiction etiopathogenetic pathways are well known and they are reproducible for all substances. The substances, like heroin, psychodrugs, alcohol, food, etc., in the last few years are often used in an interchangeable way.

## S15-4

### BENZODIAZEPINES' CONSUMPTION IN A SAMPLE OF METHADONE-MAINTAINED PATIENTS: CHARACTERISTICS OF USE AND PSYCHOPATHOLOGICAL PROFILES

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In order to assess benzodiazepines (BDZ) consumption in methadone-maintained (MM) patients, 92 out of the 550 patients administered with this therapy were randomly selected in the Addiction Treatment Units of Padova and Dolo (Veneto Region, Italy). They had been studied with the means of a clinical interview and a questionnaire (SCL-90) evaluating ten different dimensions of psychopathological suffering. Fifty-eight patients (63.0%) reported a BDZ usage in the last year, with an average diazepam-equivalent daily dosage of 67.6 ± 95.5 mg. We defined as "problematic BDZ users" those patients who had at least one of the following characteristics: 1) a reported daily diazepam-equivalent dosage larger than 60 mg (14 pts); 2) a use of BDZs to get the "high" or to "boost" the effects of methadone itself (17 pts); 3) a self-administration characterized by binges in some circumstances (7 pts); and 4) i.v. usage in some circumstances (4 pts). These problematic users (N. = 26) showed, with respect to the other BDZ users, a profile more disturbed at the SCL-90, in particular with respect to the Hostility subscale (that often goes with an impulse dyscontrol). These patients, with respect to the others, showed a higher prevalence of judiciary troubles and alcohol, cocaine, amphetami-ne and hallucinogens abuse. The data support the hypothesis that BDZ abusers constitute a particular sub-group of MM patients characterized by a poly-substance abuse/dependence and an explosive/antisocial behaviour.

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