that naltrexone implants are very effective. Most common reason for stopping use of naltrexone implant: lack of money 46%.

Complications:

Severe	Severe infection, implant removed (psychiatric patient, history of auto mutilation)	1	1.25%
Minor	Withdrawal symptoms after insertion	1	1.25%
	Infection suspected, antibiotics prescribed	5	6.25%
	Itching	4	5%
	Swelling	20	25%

Reason for stopping Naltrexone implant treatment in 54 patients

	Nr of Patients	
End of treatment year	17	31%
No money for next implant	25	46%
Complications	2	3%
Cosmetic reasons	2	3%
Relapse, not coming back for next implant	9	16%
Reason unknown	6	11%

P0011

Alpha7 nicotinic receptor polymorphisms in schizophrenia and nicotinic replacement therapy

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Patients with schizophrenia and with ADHD smoke cigarettes at a higher rate than normal subjects (Borland and Heckman 1976). Forty-two percent of men and 38% of women diagnosed with ADHD are current smokers, almost twice as high as the number in an unselected population (Milberger et al. 1997; Pomerleau et al. 1995). In this study we hypothesized that the allele 113bp in D15S1360 marker at CHRNA7 and the 2bp deletion allele at CHRFAM7A are associated with increased smoking in patients with schizophrenia and Adult ADHD. Our sample consisted of 78 DSM-IV patients affected by Adult ADHD and schizophrenia from the Toronto area. Current smoking status was assessed by a medical history questionnaire, and there were 29 current smokers and 49 non-smokers. We analyze the single marker association by chi-square and the CHRNA7-CHRFAM7A interaction by logistic regression, considering the 113bp and the −2bp deletion dominant. In our sample the 113bp allele in CHRNA7 does not confer risk for smoking in the ADHD (chi-sq=0.47, 1df, p=0.492). Finally, we compared the frequency of the 133bp genotype in schizophrenic smokers with non psychiatric smokers who started nicotine replacement treatment and we found significant difference in genotype distribution (p=0.0063). The analysis of a7 genes in ADHD showed no association with smoking. The molecular hypothesis of a7/a7like interaction and the number of a7like copy variation remains very interesting for psychiatric phenotype and nicotine addiction even though the a7/a7like showed no interaction in conferring risk for smoking in this sample.

P0012

Alcohol consumption: Heroin addiction aftermath

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Background: Narcotics addiction has commonly been regarded as a single-substance phenomenon.

Aims and Methods: Follow-up interviews on a sample of 32 heroin addicts who had been in nonmethadone treatment for narcotics addiction at our Institute (spring 2007) were used to examine alcohol use and substitution of alcohol for heroin. Groups were classified as: no use of alcohol, irregular consumption and daily consumption, with aim to identify background and baseline factors related to substitution. We analyzed data relevant to the aims of our research in two stages of addiction career (before the treatment and 6 months after the beginning of treatment)

Results: One fourth of the sample (8 patients) used alcohol as a substitution pattern. The substitution was found to be related to higher levels of alcohol problems before addiction. The results showed a strong relationship between substitution and parental alcohol problems and family quarrels which had existed before the treatment, as well as 6 months after they entered the treatment Aggressive behavior of the subjects who used alcohol in the substitution pattern caused problems with law in the both stages of addiction career. All 8 patients fulfilled criteria for depression (HAM/D below 21).

Conclusions: The results confirmed the validity of substitution as a powerful construct in identifying behavioral differences before and after addition.The phenomenon of substance substitution during the treatment should be considered not as evidence of the treatment failure but as an additional aspect of the addiction that must be addressed within the therapeutic framework.

P0013

Modafinil for cocaine addiction: Multi-site clinical trial

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Background and Aims: Modafinil was tested for efficacy in facilitating abstinence in cocaine-dependent patients, compared to placebo.

Methods: This is a double-blind placebo-controlled study, with 12 weeks of treatment and a 4-week follow-up. 210 treatment-seekers with DSM-IV diagnosis of cocaine dependence consented and enrolled. 72 participants were randomized to placebo, 69 to modafinil 200mg, and 69 to modafinil 400mg, taken once daily on awakening. Participants attended the clinic three times per week for assessments and urine drug screens, and had one hour of individual psychotherapy once per week. The primary outcome was the increase in weekly percentage of non-use days. Secondary outcomes included: decrease in the weekly median log of urine benzoylecgonine, subgroup analyses of balancing factors and co-morbid conditions, self-report of alcohol use, addiction severity, craving, and risk behaviors for HIV.

Results: 125 participants completed 12 weeks of treatment (60%). The GEE regression analysis showed that for the total sample, the difference between modafinil groups and placebo in the weekly percentage of cocaine non-use days over the 12-week treatment period was not statistically significant (p=0.95). A post-hoc analysis showed a significant effect for modafinil, only in the subgroup of cocaine patients without alcohol dependence. Modafinil 200mg also showed significant effects of an increase in the total number of consecutive non-use days for cocaine (p=0.02), and a reduction in craving (p=0.04).

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