Topiramate: HARS= 9.55 ± 1.25 , HDRS= 9.65 ± 2.89 , GAS= 82.65 ± 4.75 ; Amisulpride: HARS: 4.72 ± 3.44 , HDRS= 6.53 ± 3.42 , GAS= 82.53 ± 6.37 . Thus, the mirtazapine augmentation group differed significantly from the venlafaxine group (p<.000), the topiramate group (p=.002), and the amisulpride group (p=.014).

Conclusions: Moderate to severe anxiety and depressive symptoms with concomitant low functioning were present in all subjects before treatment. Following 4-6 weeks of alcohol detoxification using various medications (venlafaxine, mirtazapine, topiramate, amisulpride) these symptoms subsided and reached normal levels in all study groups. However, in our study, mirtazapine appeared to be more efficient than the other medications in reducing psychopathology and improving global functioning.

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Addiction and pregancy

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Backgraund: There is a lack of research-based information on all aspects of woman's substance use and related problems including physiological and psychological effects and consequences during pregnancy.

Use of illicit substance during pregnancy can result in many pathological effects to fertility, maternal and fetal risks.

Methodes: The study reported our therapeutically approach which include best way to find safest treatment for mother and child, to reduce opioid or other illicit drug use, to reduce maternal or infant deaths, to prevent transmitted disease HIV and HCV, to reduce crime associated with drug use, to facilitate an improvement in social functioning, to prevent drug related harms occurring to pregnancy of addicted woman and to improve health and development outcomes for the baby.

Results: Pregnant women aged 15 to 25 were more likely to use illicit drugs and smoke cigarettes during the pregnancy women aged 26 to 44.7% of pregnant women aged 15 to 44 used illicit drugs during pregnancy22% reported binge alcohol use.40% reported smoking cigarettes.

Conclusion: Our resrch suggesting recommendation for the comprehensive program. That provided health care for mother and infant and monitoring of mother ability to retain in treatment and avoid using illicit drugs. Support women to be encouraged to register with a GP and seek maternity care. Effective pharmacotherapy treatment of PAS dependence for mother and appropriate obstetric, perinatal and neonatal outcomes. Creating of Vulnerable Infants Project (VIP).

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Mechanisms of addiction and relapse: Startling evidence for lingering appetitive effects of drug-cues in smokers and former smokers

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Background and aims: Implicit memories like consumption habits and conditioned reactions to drug-related stimuli are operational in addiction and relapse. The affective startle paradigm is an attractive tool for the measurement of the incentive salience of drug-related cues. We tested whether the stronger appetitive valence of drug cues, shown in two recent startle studies in smokers, does persist after prolonged abstinence, and may thus contribute to relapse.

Method: We examined the auditory startle reflex magnitude of mildly deprived (4-6 hours) heavy smokers (n=24), former smokers (n=16, mean abstinence interval 18 months), and non-smokers (n=24) while they viewed smoking-related scenes or standardized unpleasant, neutral and pleasant control scenes from the International Affective Picture System.

Results: As expected, non-smokers showed no appetitive reactions toward smoking-cues. In smokers, smoking-cues had both appetitive implicit (startle suppression) and explicit (ratings for valence and craving) motivational effects, resembling those of pleasant scenes and differing from neutral and unpleasant scenes. This effect was more pronounced in smokers who later relapsed after a smoking cessation program, and in smokers consuming less than 20 cigarettes per day. Former smokers, despite reporting no craving and negative reactions to smoking cues, still showed evidence of implicit appetitive valence of these cues.

Conclusions: Nicotine addiction results in automatic appetitive reactions to drug-cues, which does not vanish after prolonged abstinence and which may thus contribute to relapses. Heavy smoking may result in a progressive internalization of smoking habits and a decline in reactivity towards external smoking-associated cues.

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Quality of life in patients undergoing opioid maintenance therapy - A comparative study of slow release morphine versus methadone treatment

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Background: Increasing research interest is focussing also on Quality of Life (QoL) in substance dependent individuals. QoL-assessments have been acknowledged as promising measurements in order to evaluate drug treatment programs.

Methods: A prospective, randomized, double-blind, double-dummy, cross-over study design was used in order to compare methadone and slow-release morphine maintenance on patients QoL. Sixty-four participants were randomized between two treatment groups receiving either slow-release morphine capsules for 7 weeks followed by methadone oral solution for another 7 weeks (group A), or vice versa (group B). At baseline, week 7 and week 14 QoL status was evaluated using the German version of the Lancashire Quality of Life Profile.

Results: A significant time effect with respect to the domains: general state of health (0.018), mental health (p=0.001), general well-being (p<0.001), leisure time at home (p=0.032) and leisure time out of home (p=0.008). Our findings did not show any statistically significant differences between between the two treatment groups in any Quality of Life scores at week 7 and 14. At the end of study phase (week 14) group A showed significant increases in the domains general well-being (0.010), leisure time at home (p=0.014). Significant improvements for group B were assessed with regard to general well-being (p=0.003), mental health (p=0.003) and general state of health (p=0.017).

Conclusions: The development of treatment programs should focus also on the patients subjective perspective. According to our findings agonistic opioid maintenance treatment yields not only to treatment response but also to improvements in patients quality of life.

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The characteristics of nicotine addiction among mentally ill persons E.J. Wojtyna, M.M. Dosiak, M. Zagrodnik. *Psychiatric Ward, Public Hospital, Ruda Slaska, Poland*

Background and aims: Many persons with mental disorders smoke cigarettes, while smoking contribute to more frequent occurrences of tobacco diseases, especially coronary heart disease, respiratory diseases and tumours. These diseases can be neglected because of the bad psychical condition of patients. Important are also interactions between nicotine and medicines taken by mentally handicapped persons. It seems very essential to recognize factors favourable smoking, so it can contribute to create effective programs for patients willing quit smoking. The research's aim was to characterize nicotine addiction among mentally ill persons.

Methods: The investigated group consisted of 104 smokers with diagnosed mental disorder (schizophrenia or depression disorders). The control group was established from 80 mentally healthy smokers.

In the research one used detailed interview, clinical research and following questionnaire methods: Fagerström Test for Nicotine Dependence, Schneider Test (the test of motivation for smoking cessation), the test of readiness to change (in the basis of the Transtheoretical Model of Behavioral Change, TTM)

Results: Gained results indicate the higher degree of addiction and lower readiness to quit smoking among mentally ill in comparison to the control group. The research reveal negative correlation between the wish of quit smoking and the age of examined and intensification of symptoms of a disease.

Conclusions: The research showed the need of creation the specific programs of smoking cessation programs for mentally ill persons with particular consideration of the work on motivation to change, reduction depression syndromes and work on the improving live satisfaction.

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Adolescents addressed to an addiction liaison team after alcohol-intoxication related emergency room admittance

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Similarly to other European countries, binge drinking among adolescents has become a major health issue in Switzerland. In order to better assess and orientate adolescents admitted to Pediactric Emergency Unit for alcohol intoxication, the Department of Pediatry and de Division of Substance Abuse of the University Hospitals of Geneva have implemented since 2006 an addiction-liaison team.

Methods: 12 consecutively admitted patients (age 14-15, 6 girls) were assessed regarding to sociodemographic characteristics, familial context, alcohol consumption history and preferred drink.

Results: For all 12 patients, the beverage leading to the intoxication (3 cases of coma) was vodka, in two cases mixed with nonalcoholic drinks. Four patients lived in an unstable familial context (divorce, separation), and one patient was adopted.

Conclusion: While selling Vodka (and other spirits) to persons under 18 is illegal in Switzerland, it was the preferred beverage of adolescents admitted for alcohol intoxication to a Pediatric Emergency Unit, confirming data from other countries. One of the reasons vodka is the preferred alcohol in these patients may be that it has the less telltale odor of the common spirits.

Poster Session 1: PSYCHOTHERAPIES

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Early change in maladaptive defense style and development of the therapeutic alliance

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Background: Empirical research on defense mechanisms found a sound support for the relationship of these mechanisms to adaptation. Instruments exploring the defensive operations patients use to help themselves deal with emotional and difficult experiences might assist the psychiatrist in providing treatment.

Methods: This study examined the early change in Maladaptive Defense Style (MDS), the development of the Therapeutic Alliance, and the relationship between MDS and alliance, in a short psychodynamic intervention. Outpatients from a psychiatric clinic completed a four-session psychodynamic intervention (Gilliéron, 1989). Defenses were assessed with the Defense Style Questionnaire (DSQ-88) developed by Bond et al (1983). Alliance was measured with the Helping Alliance Questionnaire (Luborsky 2000).

Results: Patients who began the intervention with a poor alliance but ended with a good alliance significantly decreased their use of maladaptive defenses over the course of therapy. Results showed that at the end of the intervention, MDS and alliance were related across all patients, and particularly across patients who developed a good alliance.

Conclusions: Our results suggest that the DSQ is sensitive to acute MDS changes. As a self report instrument it is a practical tool for clinical evaluation. Change in MDS found after such a brief treatment suggests that the psychiatrist's support and exploration may diffuse the sense of threat induced by the crisis and reduce the patient's maladaptive defense activation. This might help develop a psychiatrist-patient working collaboration, fostering their agreement on a treatment plan and its implementation.

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The Bologna multiethnic mental health centre

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Background and aims: We describe the transcultural working method of the Bologna Multiethnic Mental Health Centre (University of Bologna, Italy). The team is composed by psychiatrists, psychologists, anthropologists, social workers and cultural mediators. The main approach is psychotherapy by means of group setting, which is used as for counselling as for longer and more structured psychotherapy.

Methods: We carried out a chart review and clinician survey of social, clinical, and service use characteristics of all immigrant