Data from large representative epidemiological samples, such as the National Co-morbidity Survey Replication, indicate high co-occurrence of major depressive disorder and alcohol misuse and dependence. Possible mechanisms include common risk factors, affective disorder inducing alcohol use, and alcohol use inducing affective disorder. Overall the findings for a common predisposition are not very strong, but common genetics contributing to the induction of both disorders seem to include the cholinergic muscarinic 2 receptor gene, clock genes and possibly MTHFR. Attempts to group depression and alcoholism into alcohol-induced depression and depression as an independent disorder, or alternatively into externalizing and internalizing alcoholics (characterized by high levels of anxiety and depression), have not gained common acceptance. Data indicate more than one pathway, with differences in subgroups specifically for males and females. A possible mechanism underlying the co-occurrence may be stress vulnerability and alteration of stress vulnerability within the context of major depressive disorder and chronic alcohol use. The interaction seems to be specifically pertinent for an increased risk of relapse. Our understanding of alcohol dependence and major depressive disorder has been based to a considerable degree on animal models. Preclinical co-morbidity studies so far have been rare; one reason being that results vary substantially according to the applied model. Currently the gene/environment interaction and the role of epigenetic processes are increasingly getting into the focus of research, which promises to further our understanding of the mechanism of co-morbidity for alcoholism and major depressive disorder.

P0058

Kinetic of a new drug in patients with alcoholism

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Objective: We investigated effect of Galodif® on activity of liver cytochrome P-450 system of alcoholics from Russians and Tatars.

Methods: 68 patients were examined. The concentration of antipirine in saliva was determined by spectrophotometry assay (B.B. Brodie 1949, in Semenjuk A.V. modification, 1982). Pharmacokinetic parameters were counted as follows: period of half elimination (T1/2, h), total clearance (Cl t, ml/min), middle time of residual (MRT, h) middle time of elimination (MET, h), area under pharmacokinetic curve (AUC, mkgh/ml).

Results: T1/2 (h) was 8,81±5,23 before treatment and 4,37±2,31* after treatment with Galodif; Clt (ml/min) 113,42±38,67 and 137,37±54,00;MRT (h) 11,44±5,43 and 3,69±0,60*; MET (h) 6,03±2,10 and 4,64±1,83*; AUC (mkgh / ml) 7,05±5,74 and 6,39±2,18 respectively (*-differences between values of pharmacokinetic parameters are reliable according to l-criterion by Kolmogorov-Smirnov $p<0,05$). Galodif reduces period of half-elimination, significant decrease of middle time of residual drug in organism and middle elimination time. Total clearance increased. Under influence of Galodif elimination of antipirine increased that suggested induction of liver microsomal monooxigenases cytochrome P-450 system in Russian alcoholic patients. Influence of Galodif on antipirine pharmacokinetics parameters in Tatar alcoholic patients: T1/2 (h) 11,19±2,95 and 2,57±0,69*; Clt (ml/min) 71,108±11,58 and 116,23± 9,40*; MRT (h) 8,66±1,13 and 2,60±0,46*; MET (h) 5,71±0,57 and 3,68±0,49*; AUC (mkg h/ ml) 11,58±1,71 and 7,30±1,04*. Galodif ability for induction of liver monooxigenases of patients from different ethnic groups is to be taken into account during clinical application. Individual sensitivity of organism to drug is caused by biochemical and anthropo-morpho-physiological polymorphism.

P0059

The usefulness of atypical antipsychotics in psychiatric comorbidities with addictions (case report)

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Introduction: The long-term outcome of patients with addictive disorders is closely linked to the bio-psycho-social variables, the interactions between factors and, to psychiatric comorbidities.

Our case report is about a 28 years old male with an 8-years history of heroin dependence, and occasionally cocaine, ecstasy abuse.

4 years ago, he started a long-term Methadone maintenance treatment, and during this time he had several relapses and hospitalizations, most of them generated by recurrent major depressive episodes.

At his last admission in the detox clinic, transferred from the Emergency Hospital with a chronic amphetamine intoxication, minor ECG and EEG abnormalities, he had paranoid thoughts, delusional-hallucination behavior, ambivalence toward his mother, ideas of culpability, dysphoria, occasional suicidal thoughts, insomnia and fatigue, also opiates and amphetamines urine positive tests. At that moment he was under treatment with Methadone (75 mg/day ongoing) and Venlafaxine (stopped). He received an atypical antipsychotic as co-therapy (Quetiapine titrated up to 400 mg/day). After 3 weeks of hospitalization the symptomatology improved, with delusional thoughts and behavior remission.

In ambulatory, the patient was maintained on: Methadone 75 mg/day, Quetiapine 300 mg/day and received CBT, with a high compliance to pharmaco- and psychotherapy.

Conclusions: The patient outcome based on screening tests, CGI, MADRS and Quality of Life Scales proved the usefulness, efficiency and high tolerability of an atypical antipsychotic in the acute phase (psychotic-affective episode secondary to amphetamine intake) and also in long-term therapy for the prevention of drug and potentially addictive substances subsequent to depressive episodes along with Methadone.

P0060

Office based opiate treatment

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Opiod dependence is a significant problem in the United States Of America and is undertreated .Only 20 % of patients get help inspite of effective treatments being available .The United Nations report that worldwide approximately 16 million people abuse opiates but only 7.8% receive treatment.

The new office based opiate agonists improve access to patients that are otherwise reluctant to use the federally supervised Methadone or Opiate treatment programs. I will review the assessment of opiate dependence and treatment options available and present my experience to date with patients on Buprenorphine.

In 2002 the US Food and Drug Administration approved 2 sublingual formulations of Buprenorphine for treatment of opiate addiction

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to be used for detoxification and maintainence therapy of inpatients and outpatients under the Drug Addiction Treatment Act of 2000.The Drug Addiction Treatment Act enables physicians with 8 hours of training to obtain a waiver so that they may treat opiate dependent patients in any setting they are licensed to practice in .The hope is to allow more patients to get into treatment and allow more physicians to provide treatment.

P0061

Prevention of heavy episodic drinking among students of a Brazilian University

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Objective: The aim of this paper was to compare the quantity and frequency of alcohol use and its associated negative consequences between two groups of college students who were risk alcohol users, randomly allocated in a clinical trial to intervention or control group.

Methods: Students who had undergone the Brief Alcohol Screening and Intervention for College Students – BASICS - (N=145 at baseline; 142 at 12 months, and 103 at 24 months, loss of 29.7 %) were compared with a Control group ((N=121 at baseline; 121 at 12 months and 113 at 24 months, loss of 9.3%), who did not undergo treatment. Risky alcohol use was defined as AUDIT $\geq$8 and/or RAPI $\geq$5 problems in the last year. Variables included drinking frequency, quantity and peak consumption, dependence assessment, and family and friends abuse assessment.

Results: There was some improvement in treated students at 24-month follow-up shown by less drinks consumed used per occasion and lower AUDIT and RAPI scores.

Conclusions: This is the first brief intervention work on heavy episodic drinking with college students in Brazil and the results are encouraging However, it is difficult to conduct individual prevention strategies in a country where culture favors alcohol abuse due to poor public policy on alcohol and lack of law enforcement.

Keywords: clinical trial, prevention, college students, harm reduction intervention, alcohol.

P0062

Influence of maternal alcoholism on vessels of human embryonic brain

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Embryos of week 7-12 of the development were studied, which were obtained during conducting of operation of abortion.

Totally 43 embryos have been obtained: 23 – from alcoholic female patients and 20 –healthy women (control). In all cases II stage of alcoholism was diagnosed (F10.201; F10.202). For computer morphometry there have been used brain sections 1-1,5 mcm, coloured with methylene blue. For statistic data program Statistica 6.0 was used.

Results: One of these peculiarities is considerable and reliable predominance of total square of the vessels in control group above that in the trial one ($p<0,001$). Analysis of the square of the vessels in both groups according to time parameters (weeks development) has allowed to establish that square occupied by vessels in the control group, is more at week 10 and 12 these differences are not reliable and at week 11 value of the square in control group significantly exceeds the trial one, being reliably ($p<0,001$).

According to terms of the development of the embryos it was allowed to establish that for 7-12 weeks significant differences are observed in indices of the mean vessels square between trial and control groups at week 11 – in control the square is more in average by 13,91 mcm2 ($p<0,05$).

Conclusion: Alcoholization of the maternal organism in the period of the pregnancy renders significant impact on the dynamic of the development of blood vessels of the embryonic human brain, what is expressed, primarily, in delay of the development of embryonic capillaries of the growing brain.

P0063

New directions of addiction prevention at regional level

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Abuse of strong drinks is one of the leading problems of the population maladjustment in the European North of Russia. A combination of measures of resistance to spreading of alcohol and other psychoactive substances' (PAS) use among young people should be based on peculiarities of a concrete situation typical for a given locality.

The goal of our program is to develop and introduce new forms of preventive work with active inclusion of all participants of an educational process and increased interdepartmental interactions at district/city levels. At the heart of preventive measures, there is a principle of positive approach with separation of protective factors - conditions preventing from PAS abuse.

Scientific novelty of the program:

- interdepartmental approach in the sphere of addictological preventology
- joint realization of the program by specialists and parents
- active interaction of the administration, parents and schoolchildren with the increased role of children
- implementation of monitoring of the addictological situation and sale of tobacco and alcohol-containing production
- development of a through elective program for all subjects.

Realization of the program is based on its further self-development allowing:

- to change attitudes to health values and the problem of PAS use;
- to reach real interdepartmental interaction in realization of anti-alcohol, anti-drug and anti-tobacco initiatives;
- to involve young people into sociological and hygienic studies;
- to get schoolchildren to take part in volunteer activity by means of interdisciplinary approaches;
- to promote positive experience of work to other territories.

P0064

Cognitive impairment and severity alcohol consumption

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