

**Discussion:** Concepts and misconceptions concerning protective and risk factors must be discussed in the light of cultural and circumstantial interferences. Harm reduction strategies should be seriously considered.

### FC06.05

Predicting an effective treatment for alcohol dependent patients

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**Aims:** To ascertain factors associated with adherence and relapse among alcohol dependents.

**Methods:** Three hundred alcoholic patients were interviewed at hospitalization and again 3 and 6 months thereafter. Assessment included the SCID-I to check for the presence of Axis I mental disorders, a questionnaire focusing on patient relationship with AA groups, and specific questions about participation in psychotherapy. A logistic regression analysis was performed to determine predictive variables for relapse and adherence.

**Results:** Previous treatment for alcohol dependence (OR=3.65; CI:1.77-7.05) and being single (OR=2.39; CI:1.06-5.42) proved to be associated with relapse, whereas adherence to AA mutual-help groups (OR=0.31; CI:0.15-0.66), presence of a co-morbid depressive disorder (OR=0.46; CI:0.23-0.92), and probably adherence to psychotherapy (OR=0.52; CI:0.26-1.04) could be associated with abstinence. Higher educational level was predictive of adherence to AA (OR = 2.19; IC 1.08-4.41). Besides higher educational background (OR = 3.60; CI 1.6-7.9), the presence of a co-morbid depressive disorder (OR = 3.47; CI 1.8-6.5), the use of other drugs together with alcohol (OR = 3.08; CI 1.5-6.19), and having been previously treated (OR = 2.87; CI 1.29-6.40) were related to adherence to psychotherapy. The presence of a substance-induced anxiety disorder emerged as a factor of non-adherence to psychotherapy (OR = 0.27; CI 0.63-0.003).

**Conclusion:** These findings reinforce the importance of psychotherapy and AA groups as strategies for alcoholics to remain abstinent for longer periods. The identification of predictors of adherence and relapse are important to guide clinicians in the choice of the treatment strategies more likely to be successful.

### FC06.06

Heroin assisted treatment for opioid-dependence: a randomized controlled trial in Germany

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A substantial number of opiate dependent patients does not benefit sufficiently from methadone based treatment. Aim of this study was to explore the effectiveness of heroin-assisted treatment in methadone patients who continue intravenous heroin use and in heroin dependent patients currently not in treatment. The trial was designed as an open-label multi-centre randomised controlled study, 1,015 heroin dependent patients, either continuing intravenous heroin use while on methadone maintenance or currently not in treatment, received a variable dose of either injectable heroin (N=515) or oral methadone (N=500) for 12 months. In an ITT analysis, two response criteria, improvement of physical and/or mental health and decrease in illicit drug use, were used. Retention was higher in the heroin (67.2%) than in the methadone group (40.0%) and the heroin group showed a significantly greater response than the methadone group on both

primary outcome measures. More SAEs related to the medication were found in the heroin group, mainly associated to the intravenous use of the substance. Heroin-assisted treatment is more effective than methadone maintenance treatment for opioid dependent persons who continue intravenous heroin use while on methadone maintenance or who are not enrolled in treatment. Despite a higher risk, it should be considered as an option for these treatment resistant patients provided it is administered under medically supervised conditions.

### FC06.07

Reasons for increased rates of violence among persons with schizophrenia

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**Background and Aims:** Evidence suggests that persons with psychiatric diagnosis born in late 1940s and 1950s are at higher risk for violent behavior than other psychiatric patients from two reasons: 1/ these generations received inappropriate mental health care associated with deinstitutionalization; 2/ their individual characteristics may have differed because of factors, which affected their prenatal and perinatal period. The fact that between 1949 and 1989 Czech socialist health care system ignored the deinstitutionalization policy provides the opportunity for us to test this theory.

**Methods:** During our previous work we collected data on prevalence of violence in four cohorts of schizophrenic in years: 1949, 1969, 1989 and 2000. Using the chart records all 572 patients were re-diagnosed. Only those patients (N=404) meeting the DSM IV criteria for schizophrenia were included in the study. For the purposes of this study we divided all 404 patients to the three groups: Patients born before 1946 (N=249), patients born in late 1940s and 1950s - between 1946 and 1959 - (N=84), and patient born after 1959 (N=71).

**Results:** We tested the association of categorical year of birth (< 1946, 1946-1959, > 1959) and found no association (unadjusted and adjusted for cohort, observation years and gender) of year of birth and violent behavior (Pearson chi<sup>2</sup> = 0.2798, Pr = 0.869).

**Conclusion:** Our findings suggest that only organizational changes are responsible for increase risk of violence.

### FC06.08

Posttraumatic stress disorder in a Swiss offender population

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Many empirical studies have repeatedly shown an increased prevalence for Posttraumatic Stress Disorder (PTSD) in delinquents when compared with the general population - lifetime prevalence varying between 33% and 36%, and point prevalence between 17% and 21%.

The aim of this study was to examine whether these findings are valid for offenders detained in Switzerland.

The sample consisted of 86 offenders administered by the Zurich Office of Penal Correction. In order to control for over-reporting of traumatic life events three sub-samples (remand, sentenced/inpatient and sentenced/outpatient) were analyzed, the assumption being that