

## FC06. Free Communications: MENTAL HEALTH, SOCIAL PSYCHIATRY AND ADDICTIONS 2

### FC06.01

Trait aggression and hostility in recovered alcoholics

S. Zihnerl, Z. Cebasek - Travnik, B. Zalar. *University Psychiatric Hospital, Ljubljana, Slovenia*

There is a long-recognized association between alcohol consumption and aggressive behaviour. This study was designed to examine aggression in a group of socially well-adapted recovered alcoholics (RA). The question addressed was whether the treatment, together with long-term abstinence from alcohol, could reduce aggression and hostility in RA.

A group of male RA ( $n = 64$ ), who did not meet the DSM-IV criteria for any psychiatric or personality disorder, were recruited to the study from aftercare groups. According to data from their group therapists, they were reliably abstinent for at least 3 years and socially well adapted. The study participants representing the control group ( $n = 69$ ), diagnosed as being “reliable nonalcoholics” (NA) by the Munich Alcoholism Test, were recruited from general practice. Data were derived from an in-house questionnaire on general characteristics of both groups, and aggressive and hostility traits were assessed using Buss-Durkee Hostility Inventory (BDHI). The univariate and multivariate between-groups design was used for data analysis.

Taking into account the BDHI dimensions of aggression and hostility, the difference between RA and NA groups was statistically significant (Wilks' lambda (8,125)=0.769;  $p=0.00004$ ). There were statistically significant differences in the BDHI scales for indirect aggression, irritability, negativism, suspicion, resentment, and guilt. Both RA and NA group did not differ significantly in variables that assessed physical and verbal aggression. After a 3-year abstinence, subjects from the RA group displayed signs of hostility and covert aggression.

### FC06.02

Effects of multiple drug abuse on attentional functioning - the impact of substance abuse, psychiatric disorder and time of abstinence

H.J. Kunert<sup>1</sup>, F. Loehrer<sup>2</sup>. <sup>1</sup> *Max-Planck-Institute for Experimental Medicine, Goettingen, Germany* <sup>2</sup> *Klinik Am Waldsee, Rehabilitation Center for Young Addicts, Rieden, Germany*

**Introduction:** Effects of multiple drug abuse on neurocognitive functioning in the domain of attentiveness functioning have not yet been researched systematically. Furthermore, only a few studies deal with the significance of substance-specific abuse clustering and concomitant psychiatric disorders, and the question of how reversible functional impairment is remains unanswered. This study seeks to clarify some of these issues.

**Method:** A total of 945 multiple drug users (567 male, 378 female) were examined under controlled abstinence for 6 months at the Rehabilitation Center. Neuropsychological tests were done at the time of admission, after four weeks of withdrawal therapy (t1), as well as after three (t2) and six months (t3). In addition to intelligence, subjects were given attentiveness tests (i.e., alertness, divided attention, flexibility, intermodal comparison, incompatibility, working memory, Go/NoGo, visual scanning) using a computerised test battery and compared to normals, pure cannabis users and schizophrenics without drug abuse.

**Results:** The substance abuse group showed significant decreases in all attentiveness functions ( $p<0.0001$ ), with patients suffering from concomitant schizophrenic disorders showing greater decreases ( $p<0.05$ ). These decreases were stable during follow-up. Depending on the specific substance abuse clustering, there were different restitution effects.

**Conclusion:** These results show the importance of different factors for cognitive long-term effects of multiple drug abuse especially in the domain of attentiveness functions.

### FC06.03

Social exclusion and substance dependency: new models of care and interventions?

W. Fakhoury, S. Priebe. *Unit for Social and Community Psychiatry, Barts' and The London School of Medicine, London, United Kingdom*

**Objective:** To investigate the relationship between social exclusion and outcomes of mentally ill patients with substance abuse problems receiving assertive outreach treatment in London.

**Method:** Analysis was conducted on data on 580 patients from the “Pan-London Assertive Outreach Study (PLAO)”. Data were collected using clinician-rated scales of alcohol and drug abuse in the last six months before baseline. Outcomes “voluntary and compulsorily hospitalisation” were assessed over a 9-month follow-up period.

**Results:** The analysis identified a group of patients with substance abuse who suffer from social exclusion and forensic problems ( $n=77$ , 15.8%), and had poorer outcomes than the rest of the patients in terms of voluntary (52% vs. 36% respectively) and compulsorily (39% vs. 22% respectively) hospitalisation.

**Conclusion:** There is a surprisingly low prevalence rate of substance abuse in AO teams in London. However, there is in these teams a distinct group of patients with substance abuse and social exclusion characteristics who could benefit from specific interventions in dual diagnosis and forensic mental health. The question that poses itself is whether or not we should re-think models of care and types of interventions provided for dual diagnosis patients receiving AO care.

### FC06.04

Factors related to the use of drugs among medical students

D.X. Da Silveira, L.Q. Rosa-Oliveira, M.P. Oliveira, E. Doering-Silveira, M.C. Di Pietro. *Department of Psychiatry, Federal University of Sao Paulo, Sao Paulo, Brazil*

**Introduction:** The use of alcohol and other drugs among medical students has been a theme of growing interest and concern on the part of researchers, teaching institutions and medical associations since the decade of the 1960's. Objective: Recent use of alcohol, tobacco, tranquillisers, amphetamines, cannabis, organic solvents, and cocaine among 456 medical students was surveyed.

**Method:** Assessment was done by means of a self-report questionnaire according to World Health Organisation guidelines.

**Results:** Among medical students, after alcohol and tobacco, cannabis and solvents are the most frequently used psychoactive substances. As such, they were the most deeply analysed drugs in this study. Factors associated with the recent use of cannabis and solvents were established by logistic regression. Living with parents or a companion appeared as a protective factor for the use of cannabis. However, being male and regularly participating in the activities at the campus Sports Association showed as risk factors for the use of both cannabis and solvents.

**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

D.X. Da Silveira, M.B. Terra, M.R. Jorge. *Department of Psychiatry, Federal University of Sao Paulo, Sao Paulo, Brazil*

**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

J. Reimer, U. Verthein, C. Haasen. *Centre for Interdisciplinary Addiction Research, University of Hamburg, Hamburg, Germany*

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

J. Vevera<sup>1</sup>, A. Hubbard<sup>2</sup>, H. Papezova<sup>1</sup>. <sup>1</sup> *Psychiatric Clinic, 1st Faculty of Medicine Charles University, Prague, Czech Republic* <sup>2</sup> *School of Public Health, University of California, Berkeley, CA, USA*

**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

A. Rossegger<sup>1</sup>, F. Urbaniok<sup>1</sup>, J. Endrass<sup>1</sup>, T. Noll<sup>1</sup>, S. Vetter<sup>2</sup>. <sup>1</sup> *Crime Prevention Research Unit, Psychiatric/Psychological Service, Justice Department, Zurich, Switzerland* <sup>2</sup> *Centre for Disaster and Military Psychiatry, University of Zurich, Zurich, Switzerland*

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