

**Mon-P25****CATECHOLAMINE CONJUGATED FORMS IN ALCOHOL PSYCHOSES**

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**Objective:** Our study of the conjugation processes in affective disorders showed that an increase of the catecholamine sulphoconjugation activity may be one of the causes of depression development. This work dealt with the excretion of free and conjugated forms of dopamine, noradrenaline, adrenaline, DOPA, DOPAC in patients in alcohol delirium state.

**Material and Methods:** 22 patients were examined thrice - in psychosis state, recovery onset, and after complete recovery. A content of free and conjugated forms of norepinephrine, epinephrine, dopamine, DOPA and DOPAC in the urine by means of HPLC-ECD were determined.

**Results:** In our opinion, the free/conjugated form coefficient in urine gives certain understanding about sulphoconjugation processes activity. If a considerable increase of this coefficient is observed in psychotic stage, its value starts to lower to the control level in the process of delirium recovery, parallel to the lowering of free forms excretion. After full recovery from psychosis the average patient group coefficients do not differ from the control ones. Thus, a sharp free form excretion increase, characteristic for patients in alcoholic delirium, does not associated with the activation of the conjugation metabolic pathways.

**Conclusion:** It is well-known that the conjugation processes is one of mechanisms to inactivate catecholamine molecules in the circulating blood. In delirium these mechanisms do not sufficiently function. The regulatory inhibition of phenol-sulphotransferase activity (on the background of catecholamine postsynaptic deficit) may be one of the reasons for this fact.

**Mon-P26****PSYCHOLOGICAL AND CLINICAL FACTORS PREDICTING ALCOHOL ABSTINENCE DURING 16-WEEKS TREATMENT WITH LITHIUM CARBONATE**

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Lithium carbonate (dose 750–1250 mg, mean serum level 0.65 mEq/l), was given to 39 male alcoholic patients for 16 weeks (first 4 weeks as inpatients, following 12 weeks as outpatients) within the framework of double-blind, placebo-controlled trial. During this period alcoholic relapses (>5 standard drinks/day) were observed in 87 subjects (i.e. overall relapse ratio = 21%). Relapse

Table 1: Relapse ratio in relation to psychological and clinical factors

Factor	Yes	No	Significance
Participation in educational psychotherapy	4%	44%	p = 0.002
Compliance with visits	7%	50%	p = 0.002
MMPI social alienation > 50 T	6%	32%	p = 0.054
Alexithymia	40%	14%	p = 0.096
Family history of alcoholism	11%	32%	p = 0.097

ratio in various subgroups divided in dichotomic way according to psychological and clinical factors was assessed by means of survival analysis.

**Conclusions:** Factors connected with alcohol abstinence during lithium treatment included participation in psychotherapy, compliance with visits and higher scoring on MMPI social alienation. A trend was also observed for better effect of lithium in patients with familial alcoholism and in patients without alexithymia.

**Mon-P27****ACAMPROSATE IN ALCOHOL DEPENDENCE: A PLACEBO-CONTROLLED STUDY IN A COMPREHENSIVE POST-DETOXIFICATION PROGRAM**

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This study was designed to compare acamprosate and placebo in alcohol dependent subjects undergoing a comprehensive post-detoxification program, according to an integrated approach to alcoholism, during 6 months of treatment and 3 months of drug-free follow-up. Three hundred and forty patients were detoxified and randomized to a treatment with acamprosate (1998 mg/day) or placebo within an outpatient program including medical counseling, psychotherapy and Alcoholics Anonymous attendance. The main outcome criterion was drinking behavior as assessed by: abstinence/relapse index, cumulative abstinence duration (CAD) and the period of continued abstinence. Intention to treat (ITT) statistical principles were followed. A significant difference in the abstinence rates was found in favor of acamprosate at the 30 and 150 days assessment intervals. CAD showed a significantly longer duration of abstinence in the acamprosate-treated patients than in the placebo group. The survival analysis of the time to the first relapse indicated a significantly greater chance to remain abstinent for patients who received acamprosate. Treatment effect was not demonstrated to be maintained 3 months after termination of study medication. Acamprosate treatment over 180 days was consistently more effective than placebo as an aid in maintaining abstinence in weaned alcoholics. This was considered as an anti-compulsive effect without demonstration of any effect on anxiety or depression.

**Mon-P28****PSYCHOLOGICAL AND CLINICAL FACTORS PREDICTING ALCOHOL ABSTINENCE DURING 16-WEEKS TREATMENT WITH NALTREXONE**

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Naltrexone, 50 mg/day, was given to 40 male alcoholic patients for 16 weeks (first 4 weeks as inpatients, following 12 weeks as outpatients) within the framework of double-blind, placebo-control trial. During this period alcoholic relapses (>5 standard drinks/day) were observed in 9 subjects (i.e. overall relapse ratio = 23%).

Relapse ratio in various subgroups divided in dichotomic way according to psychological and clinical factors was assessed by means of survival analysis.

Table 1: Relapse ratio in relation to psychological and clinical factors

Factor	Yes	No	Significance
Participation in educational psychotherapy	4%	61%	p = 0.002
Compliance with visits	4%	61%	p = 0.002
Drinking alcohol <45 days in 3 months before hospitalization	0%	47%	p = 0.005
Decreased alcohol tolerance	0%	37%	p = 0.007
Family history of alcoholism	11%	32%	p = 0.097

**Conclusions:** Psychological factors connected with alcohol abstinence during naltrexone treatment included participation in psychotherapy and compliance with visits. Clinical factors covered decreased alcohol tolerance and lowered alcohol consumption before hospitalization. A trend was also observed for better effect of naltrexone in patients with familial alcoholism.

### Mon-P29

#### A MMPI-BASED TWO TYPES OF ALCOHOLICS — RESULTS OF CLUSTER ANALYSIS

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The study comprises 118 hospitalized male alcoholics. On the basis of analysis of MMPI clinical scales, k-means analysis delineated 2 types of alcoholics. The results of cluster solutions were confirmed by stepwise discriminant function in 98.33% of study-sample. Type 1 (n = 69) comprised patients characterized by normal range of MMPI scales. Type 2 (n = 49) was characterized by higher scores in all clinical MMPI scales. Results of discriminant function indicate that in differentiation between type 1 and type 2 the most important are three factors of MMPI: psychopathia, psychastenia and schizophrenia. In our previous study the same sample had been divided into two clusters on the basis of clinical factors. One group (n=49) was characterized by late onset of dependence and less severe course of alcoholism, second group (n=69) was characterized by early onset of alcoholism, high familial alcoholism in fathers and severe intensity of alcohol-related problems. A correlation was found between the clinical typology and that based on personality traits. Patients with early onset of dependence were characterized by psychological maladjustment - higher score of MMPI scales.

### Mon-P30

#### ADDITION TERTIARY PREVENTION PROGRAMME IN THE ISLAND OF GOZO — THE MINNESOTA MODEL MODIFIED FOR LOCAL NEEDS

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Gozo has a population of 29,000 people and is the second largest island of the Maltese archipelago, which is in the middle of the Mediterranean Sea. The Organisation for Anti-drug Solidarity and Initiative (OASI) was instituted in Gozo in 1991. Its aims are to reduce spread of substance abuse and to treat those suffering from addiction. To achieve this, an outpatients tertiary prevention programme was set up. The team administering the programme consists of a coordinator, a medical officer, two counsellors (one full time and one part-time) and a part-time social worker. The Therapeutic Programme acknowledges that addiction is a primary

condition and is based on the 12 Steps programme of recovery, adhering to the principles as laid down in the Minnesota Model. The following modifications made the programme more applicable to the local culture and situation: 1. Higher importance of family meetings- because Gozitan families are closely knit, 2. Less emphasis on group sessions and more emphasis on one to one sessions-because patients find it difficult to talk in groups consisting of people they tend to know well (this results from Gozo having a small population), and 3. More emphasis on Coping Skills- because up to few years ago these skills were not taught in local schools and addicts were found to be particularly lacking in such skills. From January 1995 until May 1998, 92 patients (Male = 77, Female = 15) were referred for this treatment programme. They suffered from the following addictions: Illicit drugs = 42, alcohol = 65, gambling = 14, and overspending = 1. 24 completed the full programme, of which only 4 have relapsed to date. 17 are still in the treatment programme and 51 did not finish the programme successfully. The relative success of this programme emphasises the need of modifying addiction treatment programmes to local needs and cultures. The next step will be a comparison of the successful patients with those who relapsed, to assess whether characteristics that differ between these two groups could indicate further strategies for improving the programme.

### Mon-P31

#### RELATIONSHIP BETWEEN OBSESSIVE-COMPULSIVE DISORDER AND THE HD MUTATION IN AN INFORMATIVE PEDIGREE

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This study describes a pedigree with Huntington's disease (HD), in which three cases of obsessive-compulsive disorder (OCD) and two cases of pathological gambling (PG) were identified. The mutation analysis of the HD gene was carried out in the examined individuals who were at risk for HD. OCD and PG were exclusively present in carriers of the HD expansion (an expansion of a trinucleotide repeat in the coding region has been identified as the mutation causing HD). One individual showed the HD mutation in the absence of any psychiatric disorder. Two hypotheses might be considered for further verification, based on the findings from this family:

1. the gene for HD might contribute in producing the clinical picture of OCD or OC-related disorder during the life course of an individual carrier;
  2. the gene (or one of the genes) for OCD and OC-related disorders may be physically close, at least in this pedigree, to the HD gene.
- The study of a large familial sample specifically collected for a genetic study will be needed in order to verify the above-mentioned hypotheses. For this purpose, our group is presently investigating some large pedigrees with HD in the Neapolitan area which show a high prevalence of OCD.

- (1) De Marchi N, Morris M, Mennella R, La Pia S, Nestadt G. Association of Obsessive- Compulsive Disorder and Pathological Gambling with Huntington Disease in an Italian pedigree. Acta Psychiatrica Scandinavica (in press)