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Background and aims: Different personality factors have been investigated in connection with addictive disorders such as pathological gambling. “Impulse control”, proposed as a dimension of personality in modern “Big Five” models, has been associated with pathological gambling. Pathological gamblers have a high prevalence of childhood attention-deficit/hyperactivity disorder (ADHD), which is also associated with high impulsivity. Based on a five-factor personality model, our objective was to compare different personality dimensions in a group of pathological gamblers with childhood ADHD history, a group of pathological gamblers without such history and a control group. Special emphasis was placed on the factor “emotional stability”, which includes the subdimensions “emotion control” and “impulse control”.

Methods: A sample of 30 pathological gamblers with childhood ADHD history (ADHD+PG group), 33 pathological gamblers without ADHD history (ADHD-PG group) and 42 control subjects were assessed using the Big Five Questionnaire (BFQ). The different BFQ dimensions and subdimensions were compared.

Results: For the “emotional stability” factor, the T-scores obtained indicated statistically significant differences between groups (ADHD+PG group: 44.1; ADHD-PG group: 51.9; control group: 57.9; ANOVA, $p < 0.001$). Scheffé's post hoc analysis showed the ADHD+PG group to be less emotionally stable than both the ADHD-PG ($p = 0.002$) and the control groups ($p < 0.001$); the ADHD-PG group also scored lower on this “emotional stability” factor than the control group ($p = 0.015$).

Conclusions: Pathological gamblers with a history of childhood ADHD exhibit differential personality traits. ADHD history is associated with a lower score on the “emotional stability” factor, which includes the subdimensions “emotion control” and “impulse control”.

P339

Neuropsychology and alcoholism: Influence of childhood ADHD history

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Background and aims: A high prevalence of childhood attention-deficit/hyperactivity disorder (ADHD) history has been found in alcoholic patients. Patients with this history have an earlier onset and greater intensity of alcohol use, more polysubstance use and a poorer prognosis. Our objective was to study differences in neuropsychological functioning in a group of alcoholic patients according to the presence or absence of a history of childhood ADHD.

Methods: A sample of 136 male alcoholic patients and 56 male control subjects were evaluated using the Continuous Performance Test (CPT); execution in both groups was compared. The sample of alcoholic patients was then divided into two subgroups according to the presence or absence of a history of childhood ADHD, namely the ADHD+ OH subgroup (61 patients with childhood ADHD history) and the ADHD- OH subgroup (75 patients without this history); CPT execution in these two subgroups was also compared.

Results: The group of alcoholic patients made more omission ($p = 0.008$) and commission ($p = 0.009$) errors in the CPT than the control group. When comparing subgroups, ADHD+ OH patients made

more omission and commission errors than ADHD- OH patients, although the differences did not reach statistical significance.

Conclusions: Alcoholic patients perform more poorly on the CPT than control subjects. In the sample of alcoholic patients, a history of childhood ADHD was not associated to significant differences in the execution of this test.

P340

Smoking prevalence in the different psychiatric diagnoses in a hospitalisation unit

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Background and aims: Smoking is an important health problem associated with different medical and psychiatric disorders. A high prevalence of smoking has been described in psychiatric patients. Our objective was to determine the prevalence of smoking in inpatients admitted to a psychiatric hospitalisation unit in a general hospital, and to study the possible differences in this prevalence according to the different psychiatric diagnoses.

Methods: A retrospective analysis of the medical records and discharge reports of the 659 patients admitted to our psychiatric hospitalisation unit during three consecutive years (2003-2005) was carried out.

Results: At the time of their admission, 70.2% of our patients were smokers. This percentage reached 97.2% among patients with substance-use disorders (SUDs), and 95.5% among patients with dual diagnosis. However, only 48.6% of patients without concurrent SUDs were smokers; this difference reached statistical significance ($p < 0.001$). According to psychiatric diagnosis, significant differences were also found regarding the percentage of smokers: 83.0% in schizophrenia, 80.0% in schizophreniform disorder, 70.7% in bipolar disorder, 29.3% in major depressive disorder and 56.8% in other disorders ($p < 0.001$).

Conclusions: Although smoking prevalence among psychiatric patients is higher than in the general population, differences were found between the various psychiatric diagnoses. Thus, the prevalence of smoking was highest among psychotic patients and among those with concurrent use of other substances, whilst depressive patients had rates of smoking similar to those of the general population.

P341

Heavy drinkers with recreational cocaine use: Who does become a cocaine or alcohol dependent 4 years later?

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Background: Alcohol and cocaine are frequently used together. Little is known about which factors are related with the development of either cocaine or alcohol dependence in dually users.

Aims: To determine variables associated with the risk from the development of either cocaine or alcohol dependence in non-dependent drinkers with recreational cocaine use during a 4 year-follow-up period.

Methods: A prospective cohort study was performed to establish the risk factors associated with alcohol and cocaine dependence. Subjects recruited (N=336), from primary care centres. At baseline were classified as heavy drinkers and cocaine users (HD+Co, N=227) and alcohol abusers with cocaine use (AA+Co, N= 109).

Results: At 4-year follow-up assessment, AA+Co subjects had higher rates of prevalence for cocaine (55% vs. 32%, $p<0.001$) and alcohol dependence (97.5% vs. 58.2%, $p<0.001$) than HD+Co participants. Being alcohol abuser and single were eight and three times, respectively, more likely to develop cocaine dependence. When impulse control disorders or alcohol abuse occurred the odds ratio of developing alcohol dependence was 9 and 5.7 respectively. Also, alcohol abuse at baseline was associated with shortened time between onset of abuse and dependence for cocaine use disorders and for alcohol use disorders.

Conclusions: Alcohol abuse in heavy drinkers with recreational cocaine use predicted alcohol and cocaine dependence at follow-up. Our findings agree with previous findings supporting the relationship between impulsivity and risk for substance use disorders.

P342

Varieties of impulsivity in males with alcohol dependence: The role of cluster-B personality disorder

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Background/Rationale: Impulsivity has been associated with alcohol dependence, but impulsivity in alcohol-dependent subjects has not been well characterized.

Objectives: Using a variety of laboratory measures of impulsivity, we assessed whether alcohol-dependent patients (ADP) were more impulsive than control subjects, and the role of Cluster-B personality disorders in impulsivity measurements.

Design and measurements: A cross-sectional patient survey with a community comparison group. Diagnoses were made using the Structured Interview for DSM-IV. Sustained attention and rapid-response impulsivity were assessed using the continuous performance test (CPT). Inhibitory control was measured by the stop-signal task (SST). Ability to delay reward task was assessed using differential reinforcement for low-rate responding (DRLR).

Participants and setting: A final sample of 253 males with alcohol-dependence recruited from two alcoholism treatment centres was compared with a matched non-substance-abusing comparison group (n=96).

Results: Patients with alcohol dependence were more impulsive across all behavioural tasks. Alcohol-dependent subjects without personality disorders showed lower efficiency in DRLR than control subjects. Patients with Cluster-B personality disorder performed worse in inhibitory control, but subjects with borderline personality disorder in particular demonstrated increased rates of omission and commission errors in CPT. Inability to delay gratification was associated with antisocial personality disorder.

Conclusions: Our findings support the suggestion of two paradigms in alcohol dependence. The first, based on inability to delay gratification, might be a vulnerability marker for alcohol dependence. The second was related to inhibitory control, and might be specific for antisocial and borderline personality disorders.

P343

When attachment trauma and addiction both influence the brain: Combination of pharmac- and psychotherapy can cope the problem efficiently

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Background and aims: Current trends that integrate neuroscience, attachment theory and clinical psychiatry suggest that traumatic attachments are imprinted into the developing limbic and autonomic nervous systems of the early maturing right brain. On the other hand addiction is caused by long lasting changes in brain function as a result of pharmacological insult (repeated drug use), genetic disposition and environmental association made with drug use (learning).

Methods and results: From our clinical work it is known that experience of any sort of attachment abuse is not uncommon in alcohol addiction. Issues of violence and sexual abuse in early personal history deeply influence not only partners' relationship, the capacity for intimacy and mutual trust, but also parental function and cooperation. Attachment traumas in addicted patient were supposed to be very resistant in treatment because of mutual reinforcement of both problems (early trauma experience and addiction): such patients were prone to relapse in addiction treatment either because detached traumatic experiences become a source of long lasting manipulation of addicted patient for retaining the "right for drinking" either because of seriously comorbide disorders without appropriate pharmacological treatment.

Conclusions: In our clinical experience, we found attachment trauma psychotherapeutically accessible only after period of stable sobriety and secondly, that routine combination of intensive psycho- and pharmacotherapy gives an optimistic attitude in treatment which is illustrated by clinical vignettes.

P344

Psychiatric adverse event profile of interferon therapy in drug abusers

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It is well known that incidence of hepatitis C is much higher in risk population known as drug abusers. Interferon implementation in hepatitis C therapy contributed better prognosis for this patients. However during the interferon treatment the risk of psychiatric adverse events increases. Between 20-40% of those patients developed psychiatric adverse events which are one of the main reasons of therapy abrupton. Only intensive psychiatric evaluation and adequate psychopharmacological treatment provide continuation of the interferon therapy. In this paper we observed frequency of interferon therapy and psychopharmacotherapy during the determinate period of on year in drug abusers in our Hospital.

P345

Towards a phenomenological understanding of addiction

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