Abuse/craving:

– diagnoses

A METHODOLOGICAL APPROACH OF HYPNOTICS WITHDRAWAL SYMTOMATOLOGY IN HUMANS: AN ILLUSTRATION WITH ZOPICLONE

H. Allain, CHRU de PONTCHAILLOU, Laboratoire de Pharmacologie, Av. du Pr. Léon Bernard - 35043 RENNES Cedex, (France), P. LEMOINE, C.H. LE VINATIERr, 95, /Bd Pinel - 69677 BRON Cedex (France), J.M. GANDON, BIOTRIAL, 20 rue du Pr. J. Pecker - 35000 RENNES (France)
A. PELLOIS, C. JANUS, Laboratoires THERAPLIX 46-52, rue Albert - 75640 PARIS Cedex 13 (France)

Prospective and good quality clinical trials comparatively assessing hypnotics withdrawal have to systematically cope with difficulties which can only be solved by complex studies. Some unpublished trials in this field help us to elaborate rational experimental design.

The first problem concerns the admitted treament duration of insomnia by a hypnotic, knowing that French legislation does not recommend more than 4 week long periods of treatment; on the other hand, until now, chronic insomnia treatment implied 6 months at least. This requirement comes from the supposed correlation between treatment duration versus frequency and severity of withdrawal signs. A second difficulty (linked to the preceding) has to deal with recruitment and randomization of the subjects. The chronic treatment period is a therapeutical phase, necessarily and by definition an open one. The analysis of the withdrawal period, for a mere compound is a unique trial by itself. If a comparison is made with another hypnotic, a real second trial, simultaneously carried out, is therefore performed. As a consequence, and according to the classical assessment criteria for withdrawal (description of the events, early drop-outs, Ashton symptoms list, Tyrer questionnaire, sleep assessments ...) the number of included patients is obviously high (for example, 400 for comparing zopiclone and zolpidem). Another difficulty is linked to the fragility of chronic insomniac patients and the fact that the mere inclusion in a trial immediately induces phenomena frequently and wrongly considered as withdrawal symptoms ("trial effect"). In a unpublished trial, we observed that during a singleblind run-in period with the same drug, a high frequency of drop-outs occurred. That means that a run-in period is necessary or that one has to weight the events occurring during the first days after inclusion. The high quality of events notification has to be stressed during this initial phase of the trial.

These data imply that withdrawal symptomatology assessments need large scale studies and careful interpretations.

The aim of this study was to compare the nature and the incidence of withdrawal signs after gradual discontinuation of zopiclone 7.5 mg vs zolpidem 10 mg.

The trial consisted of 4 parallel groups, double-blind, randomized, controlled multicenter study. After randomization, the dosage was maintained for 1 week then reduced and stopped over a 15-day period in one of the two groups treated with zopiclone 7.5 mg. The design was similar in patients treated with zolpidem 10 mg. Results will be presented and discussed.

ANALYSIS OF CLINICAL AND PSYCHOLOGICAL DATA IN ALCOHOLICS - 3 YEARS FOLLOW-UP STUDY.

J.Hauser, A.Głodowska, P.Lewandowski

Academy of Medicine, Szpitalna 27
60-572 Poznań, Poland

74 men alcoholics participated in a three years prospective study. Data were collected during a period of detoxification and 1,2,3, years after discharge. Abstainers and relapsers were compared with clinical and psychological variables in an attept to separate those factors which would be predictors of outcome type. Our results indicate that an additional diagnosis of antisocial personality was associated with poores outcome. Symptoms of depression and anxiety, observed during a period of detoxification are gradually lowerig together with the time of abstinence. The psychological parameters / disturbance in self-esteem, increased level of neuroticism / were not connected with drinking or sober outcome. Also, cognitive impairment /Bender, Wechslertest / is relatively constant - do not improve despite sustained abstinence. We haven't found relationship between history of alcohol dependence /manner of drinking, age of onset etc/ and clinical course. Abstinence - status at 3 years follow - up was associated with regular out - patients treatment especially during the first year after discharge.

SCREENING DIAGNOSIS OF ALCOHOLISM: PROBLEMS OF CASE FINDING IN CLINICAL EPIDEMIOLOGY
U John
Medical University of Luebeck, Clinic for Psychiatry, Ratzeburger Allee 160, D-23538 Luebeck, Germany.

In clinical epidemiology of alcoholism we especially lack data from in-patient and out-patient medical primary care. The background of the study is determined by, firstly, prevalence estimates showing ten to twenty percent of in-patients in general hospitals to be alcohol dependents. Secondly, only a part of the alcohol dependents is detected in the routine care. The aim of two studies to be presented has been to contribute to the validation of routines for a screening diagnosis of alcohol dependence. The methods show a first sample of 469 alcohol dependent patients in psychiatric clinics. A second sample comprises 247 in-patients in general hospitals. This sample consists of consecutive intakes on different wards. The instruments were translations of internationally well known screening questionnaires (CAGE, MICHIGAN ALCOHOLISM SCREENING TEST, MUNIC ALCOHOLISM TEST). The results show that the four questions of the CAGE directed at the patient may provide a screening diagnosis of alcohol dependence adequate for routine purposes. The conclusion is drawn that the questions of the CAGE should be included in routine diagnostics in general hospitals. Special effort is required for motivating patients and physicians not to drop the issue of substance abuse or dependence in routine care.

RELAPSE: THE MOST COMMON LONG-TERM OUTCOME OF ADDICTION TREATMENT
GM Lauer
Psychiatrische Universitätsklinik, Voßstraße 4, D-69115 Heidelberg, Germany

Although treatment of addictions traditionally aims at long-term abstinence, the most common outcome of therapy according to the majority of catamnestic studies is at least temporary relapse.
Taking for example the relapse in alcoholism this presentation gives a survey of the current research on relapse. Besides discussing problems of definition, different - often only poorly empirically founded - theories of relapse (biological, psychopathological, psychodynamic and psychological) had been proposed.
Different factors influencing relapse are investigated with regard to their prognostic relevance. Those factors are person variables (e. g. depressive mood, cognitive dysfunctions, outcome-expectancies, self-efficacy) treatment variables (e. g. adressing relapse - a subject normally put under taboo, relapse prevention programs including behavioural and/or pharmacological components) and social variables operating after treatment termination (e. g. unemployment, social support for abstinence).
Behavioural (e. g. SCQ, IDS) and biological (e. g. CDT) relapse diagnostics are critically discussed.
Results on primary prevention of relapse (maintenance of abstinence) and secondary prevention of relapse (early interruption of the ongoing relapse process, minimizing of the consequences of relapse) by different means of aftercare are presented.
Finally some proposals for future research on the topic of relapse research in addictions will be outlined.

DEPRESSIVE SYMPTOMS AND DELINQUENCY IN A SAMPLE OF GREEK DRUG ADDICTS
J. Liappas, A. Kokkevi, M. Malliori and C. Stefanis
Athens University Medical School, Dept of Psychiatry
Vas. Sofias Av. 74, 115 28 Greece

This study aims at describing depressive-like symptoms and criminal activities in a sample of 680 Greek drug addicts.
The sample was recruited from treatment services (62%) and prisons (38%). The mean age and education were 28.5 and 9.8 years respectively. The majority of them were polyusers with heroin as main substance of abuse. Depressive symptoms were measured by the CES-D scale, criminality through a set of items related to arrests, convictions and imprisonments. Patterns of drug use and other sociodemographic characteristics were assessed by structured questionnaires.
Results showed that 76.1% of those in imprisoned and 46% of those in treatment services have been convicted at least once with a mean number of convictions 4.8 and 2.9 respectively. 69.1% out of the imprisoned and 77.8% out of the treatment services sample exceeded the cut-off point for depression.
The prevalence of depressive symptoms was lower for those with higher involvement in criminal activities. The relationship between depression and antisocial behaviour is further analysed in conjunction with prevention policies.

CRITERIA AND INSTRUMENTS FOR THE ASSESSMENT OF SUBSTANCE USE DISORDERS
V.G. Mavreas, A. Janca, J.L. Vasquez-Barquero, R. Vrasti
University Research Institute of Mental Health, University of Athens Medical School, 74 Vas. Shophias Av., 11528 Athens Greece.

The Cross-cultural Applicability Research (CAR) study was organized by WHO to explore the applicability of criteria and instruments for the assessment of substance use disorders in different cultures. A number of sub-studies were undertaken in order to collect information about cultural differences and similarities in the use of alcohol and drugs. Nine centres representing different cultures and patterns of substance use participated in the study. Three of these centres, namely Athens, Jebel and Santander, belonged to cultures with relatively high consumption and liberal policies regarding alcohol use ("wet" cultures). The results showed that the applicability of concepts used in the definitions and criteria for substance use disorders are culturally sensitive. For example, the criterion refering to time spent for obtaining or using alcohol is of limited usefulness for making the diagnosis of alcohol dependence. When operationalized and used in the instruments, such a criterion often does not capture the relevant symptom. This paper describes characteristics of alcohol use and abuse in "wet" cultures and discusses the applicability of criteria and instruments for alcohol related disorders in cultures and settings which are more tolerant to alcohol use.

ARE THERE GENDER DIFFERENCES IN THE DISTRIBUTION OF SOME POSSIBLE GENETIC MARKERS IN ALCOHOLISM?

V.B.Poznyak, O.V. Liskovskiy.
Department of Psychiatry, Minsk Medical Institute, Dzerzhinskiy Ave., 83, 220798 Minsk, Belarus.

The evidence of the involvement of genetic factors in the liability to alcoholism facilitated the attempts to find reliable genetic markers associated with a hereditary predisposition toward alcoholism. In this study byelorussian population the samples of 158 men and 198 women with alcoholism (diagnosed on the basis of the presence of an alcohol withdrawal syndrome) were compared with control (N=350) on a distribution of HLA-A and -B antigens. The association (positive or negative) with alcoholism was found for A11 , A19 and B7 antigens in men and for B5, B12 and B35 in women. The ABO system blood group was determined in 498 men and 250 women with alcoholism and haptoglobines were typed in 251 alcoholic men and 148 alcoholic women. The comparison with non-alcoholic population and between alcoholic men and women showed no differences in ABO and Hp distributions. The results of this study as well as known gender differences in the metabolism of ethanol (Van Thiel D.H. et al.) and in the clinical pattern of alcoholism (Blume S.B., 1986) suggest expedience of studying possible genetic markers associated with alcoholism separately in men and women.

MEDICAL AND SOCIAL PROBLEMS OF ALCOHOL ADDICTION AMONG THE POPULATION OF THE RUSSIAN'S EUROPEAN NORTH

P.Sidorov, A.Kalinin Medical Institute, Department of Psychiatry, Troitskii prospekt, 51, Arkhangelsk, I6306I, Russia

The aim of the study was to investigate the clinical and social peculiarities of the development of alcohol addiction among different population's groups - Nenetz scanty nationalities (358 persons), the representatives of Komi region (193 persons), the seamen (133 persons), the pilots (100 persons), migrants.

The main methods of investigation were testing, interviewing, clinical and psychological analysis, including symptomatical and syndromological evaluation of the alcoholic disease.

The results of the investigation allow to distinguish important social and professional risk factors contributing to the development of alcohol addiction. The following leading social-psychological mechanisms of the alcohol addiction development has been revealed - "deformation", "massive - forced alcoholisation", "pseudoadaptation"

THE RELEVANCE OF BIOLOGICAL MARKERS OF ALCOHO-LISM IN THE DIAGNOSIS OF ALCOHOL ABUSE IN ACUTELY ADMITTED PSYCHIATRIC PATIENTS

R Rosenberg[1], K Nitschke[2], B Bennedsen[2], P Kassow[2]
[1]Institute for Basic Research in Psychiatry, Department of Biological Psychiatry, Psychiatric Hospital in Aarhus, Skovagervej 2, DK-8240 Risskov, Denmark.
[2]Psychiatric Department, Silkeborg Hospital, County of Aarhus, Falkevej 1-3, DK-8600 Silkeborg, Denmark.

Alcoholism screening tests and biological markers of alcoholism are widely used in clinical settings and epidemiological studies, but the sensitivity and specificity of these instruments may vary dependent of the population studied. Diagnoses of alcoholism and drug abuse are frequent in psychiatric patients, but many patients may have a significant unrecognized abuse, which may worsen the treatment outcome.

We have performed a study to screen for alcoholism and drug abuse among psychiatric patients, who were acutely admitted to a general psychiatric ward at the Silkeborg Hospital during a 6 month period. The WHO Core Screening Instrument (WHO-CSI) and Short Michigan Alcoholism Screening Test (SMST) were applied as clinical screening tests for alcoholism. Several biological markers were studied, including S-CDT (carbohydrate deficient transferrin), S-γ-glutamyltranferase, and S-ethanol. Finally, thin layer chromatography of the urine was used to detect abused drugs.

Seventy patients were included in the study. Clinical screening instruments and DSM-III and ICD-8 diagnoses of alcoholism were highly correlated (r > 0.6, p < 0.001). The correlationcoefficients between S-CDT, S-γ-glutamyltranferase and clinical screening instruments were lower, but statistically significant (r > 0,3, p < 0.01). Unrecognized abuse of alcohol was indicated in 20% of schizophrenic patients by the CDT test. The sensitivity of the CDT test was about 0.6 depending on the criteria for alcoholism applied. It is concluded, that the applied screening instruments and biological markers may be helpful to diagnose alcohol abuse among psychiatric inpatients.

SENSITIVITY TO ALCOHOL RELATED WORDS IN ALCOHOL DEPENDENT PATIENTS: A CONTROLLED DICHOTIC LISTENING STUDY

F STETTER, K ACKERMANN, E SCHERER, ER STRAUBE*, K MANN
Department of Psychiatry, University of Tübingen, Osianderstr. 22, 72076 Tübingen, Germany.
*Department of Psychology, University of Jena, Leutragraben 1, 07743 Jena, Germany.

Our basic hypothesis was that alcoholics develop an alcohol related semantic network which might be part of underlying cognitive structures concerning dependency. An information processing bias towards disease related stimuli had been detected mainly in anxious and depressed patients using modified versions of the Stroop task or dichotic listening. 30 alcoholic inpatients and 30 controls (matched according to sex, age and verbal IQ) were administered a dichotic listening task. Neutral words (household terms) in the left ear had to be repeated aloud while words in the right ear had to be ignored. There were 3 conditions in the right (ignored) channel: neutral words, a mixture of neutral (75%) and rare neutral words (25%) and a mixture of neutral (75%) and alcoholic words (25%). The hypothesized information processing bias should cause patients to make more shadowing errors in the alcohol condition. This effect should be more pronounced in patients than in controls. An ANOVA revealed a significant condition effect (p<0.001), a tendency towards a group effect (p=0.09) and a significant interaction (p<0.01). Alcoholics showed a general tendency towards more shadowing errors than controls. This might be due to neuropsychological deficits, which are known to be most pronounced in the first weeks of abstinence. Both groups showed more errors in the rare neutral than in the neutral condition. But while the frequency of errors in the alcoholic condition decreased slightly in controls there was a marked and significant increase of errors in alcoholics (alcoholic condition: controls: 6.2±4.0 errors/96 words; alcoholics: 9.7±5.8 errors/96 words [mean±SD]). This effect caused the significant interaction and gave empirical support to our hypothesis of an information processing bias towards disease related words in alcoholics. We had obtained similar results using an Alcohol Stroop task in another study. Such investigations might be a promising approach of cognitive sciences to psychopathology (e.g. "craving") and enhance our knowledge about cognitive structures.

RELATION BETWEEN DRINKING HABITS AND PSYCHIATRIC DIAGNOSES AMONG ALCOHOLICS

K Tómasson
Department of Psychiatry, National University Hospital, 101 Reykjavík, Iceland.

Purpose: The purpose of the study is to examine the drinking patterns of alcoholics seeking in-patient treatment in Iceland with special reference to psychiatric diagnosis.

Methods. A representative sample of alcoholics seeking in-patient treatment in Iceland was examined. Patients were ascertained at the National University Hospital, Detoxification Unit as well as its Alcohol Rehabilitation Unit. Furthermore, patients were ascertained at a semi-private detoxification center. A total of 352 patients completed The Diagnostic Interview Schedule (DIS) as well as a questionnaire pertaining to their drinking habits during the 6 months prior to admission.

Results. The median length of the last drinking episode before admission was one week for men and four days for women. The average drinking period for men and women was three days, but the longest drinking episode was seven days for men and five days for women. The longest period without alcoholic beverages was on the average two months for both men and women. The median number of drinking episodes was four for men but two for women. Thus the median number of drinking days was estimated 30 for men and 20 for women. No association was found between psychiatric diagnoses and length, and number of drinking episodes. The reported consumption of different types of beverages during the last month prior to admission was: men used two times the amount of women of beer (32 cans vs 16), little less wine than women (0.7 vs 1.1 bottle), but more than twice the amount of hard liquor (10.5 vs 4.2 bottles). It was evident that those with history of depression consumed significantly less amount of beer, similar amount of light wine, and significantly less hard liquor than the group on the average. Those with history of antisocial personality disorder consumed significantly more beer than those with other diagnoses and those with history of dementia reported significantly more consumption of hard liquor.

Conclusion. It is evident that in-patient alcoholics do not differ greatly in their drinking episodes according to psychiatric diagnoses. However, those with depression consume on the average less than other alcoholics, which may signify decreased tolerance or ability to drink without becoming significantly impaired.