

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

B.M. Kogan\*, A.Z. Drozdov, T.S. Filatova, I.V. Mankovsky. *Serbsky National Research Centre for Social and Forensic Psychiatry, Moscow, Russia*

**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**

W. Kosmowski<sup>1</sup>\*, M. Ziółkowski<sup>1</sup>, J. Rybakowski<sup>2</sup>, J.R. Volpicelli<sup>3</sup>. <sup>1</sup>*Department of Psychiatry, Medical Academy, Bydgoszcz;* <sup>2</sup>*Department of Adult Psychiatry, University of Medical Sciences, Poznań, Poland* <sup>3</sup>*Addiction Treatment Center, University of Pennsylvania, Philadelphia, USA*

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**

E. Tempesta, L. Janiri, A. Bignamini<sup>1</sup>, S. Chabac<sup>2</sup>, A. Potgieter<sup>2</sup>. *Catholic University of Rome;* <sup>1</sup>*Hyperphar, Milan, Italy* <sup>2</sup>*Lipha Co, France*

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**

M. Ziółkowski<sup>1</sup>\*, J. Rybakowski<sup>2</sup>, W. Kosmowski<sup>1</sup>, J.R. Volpicelli<sup>3</sup>. <sup>1</sup>*Department of Psychiatry, Medical Academy, Bydgoszcz;* <sup>2</sup>*Department of Adult Psychiatry, University of Medical Sciences, Poznań, Poland* <sup>3</sup>*Addiction Treatment Center, University of Pennsylvania, Philadelphia, USA*

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.