mild sedative properties and a non addictive profile what makes it a suitable agent to investigate its potential for the treatment of insomnia associated with substance addictions.

Objective: To evaluate the effect of quetiapine for the treatment of insomnia in addictive pathologies.

Method: Observational retrospective chart review of patients with diagnoses of substance addiction and insomnia (DSM-IV-TR) and who received quetiapine for the treatment of their sleep disorder. In and outpatients were included. Outcome was measured with the Spiegel Sleep Questionnaire (SSQ). Patients' compliance and adverse events were also collected.

Results: 53 clinical histories were reviewed. 73.6% were males and mean age was 31 years. Heroine (65.4%) was the most frequent drug of use followed by cocaine (19.2%). Mean dose of quetiapine was 62.4 mg/day (SD:35.9). 73.6% completed the treatment with quetiapine for 60 days. Initial severity of insomnia was 2.42±0.61 (mean; SD) as measured by the SSQ global score (n=42), improving to 4.07±0.69 ($p<0.0001$) after quetiapine treatment. All items of the questionnaire improved significantly ($p<0.0015$). The greatest improvement in sleep occurred in the first week of treatment ($p<0.001$). Compliance was >90% in 71.8% of patients. The most frequent side effect was dry mouth (34%).

Conclusion: Quetiapine at low doses showed benefits on sleep in drug dependence subjects suffering from insomnia as measured by SSQ. Quetiapine was associated with a fast onset of response and maintenance of effect up to 60 days

P353

Evolution of drug use after enforcing a new protocol in a medium stay unit

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Background and aims: Comorbidity between drug misuse and mental disorders affects negatively in the prognosis of psychistric illness, so ítś important to guarantee drug abstinence at least during hospitalization. This is even more significant in a medium stay unit because patients are more serious and resistant to treatment.

In February 2003, a multidisciplinary group was formed to evaluate the situation of drug use in a psychiatric hospital and a drug screening protocol was then created.

We evaluate if with the protocol, drug use decreases during hospitalization in a medium stay unit in a psychiatric hospital.

Material and methods: It is compared drug use (positive results in urine samples) from 2000 to 2002 (before protocol: urine samples collected when therés drug misuse suspicion) with the period after the protocol was enforced (from 2003 to 2006). In the protocol urine samples are collected when therés a past misuse history, consumption suspicion, randomly and every time they leave for home.

Results: It is proved that drug use decreases during hospitalization since the new protocol came into force.

Conclusion: The introduction and exhaustive completion of a protocol designed to decrease drug misuse in a psychiatric hospitalization unit, provokes a high reduction of drug use, so we think ítś convenient to generalize this kind of measures.

P354

Behavioural inhibition and behavioural activation systems in cocaine dependent patients

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Background and aims: Research on personality and substance use has shown that some traits of personality might be involved in the onset and later development of addictions. According to Gray's Reinforcement Sensitivity Theory (RST; Gray, 1981), there are two basic brain systems that control behaviour and emotions (Corr, 2004): the Behavioural Inhibition System (BIS) and the Behavioural Activation System (BAS). It has been suggested that high levels of BAS sensitivity predispose psychopathological conditions that are characterized by a pathological engagement in approach behaviours, such as alcohol and drug abuse (Franken, Muris, Georgieva, 2006)

The aim of the present research was to analyse individual differences in the BIS and BAS in a sample of cocaine dependent patients in comparison to a non-clinical population group.

Methods: To carry on this study a number of BIS/BAS related scales were administered in a sample of 30 cocaine dependent patients and in a non-consumers control group of 30 participants recruited from general population.

Results: Cocaine addict patients showed higher BAS scores, specifically in Sensitivity to Reward, Non-planning Impulsivity, Motor Impulsivity and Cognitive Impulsivity in comparison to the control group. Moreover, the Disinhibition scale, of the Sensation Seeking Scale, a measure also related to BAS activity, predicted age of onset of cocaine consumption.

Conclusions: These results suggest that BAS might be a vulnerability factor of cocaine misuse, while BIS might be a protector factor.

P355

Impact of various psychopharmacological agents on anxiety, depressive symptoms and global functioning during alcohol detoxification

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Aims: The objective of the present study was to compare the effects of the administration of mirtazapine, venlafaxine, topiramate and amisulpride as detoxification adjuncts, on anxiety and depressive symptoms and global functioning in a sample of alcohol dependent subjects

Methods: Four age-matched groups, comprising 25 subjects each, were treated with psychotherapy and adjunctive venlafaxine, mirtazapine, topiramate, or amisulpride. The Hamilton Depression Rating Scale, the Hamilton Anxiety Rating Scale and the Global Assessment Scale were administered at the beginning and at the end of a 4-6 week detoxification period for the assessment of psychopathology. ANOVAs were used for comparisons between groups.

Results: The results were: Venlafaxine: HARS=37.90±4.49, HDRS=41.52±3.47, GAS=46.00±5.07; Mirtazapine: HARS=36.02±8.41, HDRS=41.39±5.02, GAS=7.00±5.61; Topiramate: HARS=37.35±3.49, HDRS=41.00±3.16, GAS=46.50±4.00; Amisulpride: HARS=37.46±3.06, HDRS=40.82± 1.94, GAS=47.48±3.67 (ANOVA, NS). By the end of the detoxification period psychopathology significantly subsided in all four groups. However this reduction was more marked in the mirtazapine treatment group: Venlafaxine: HARS=7.44±3.36, HDRS=8.28±3.45, GAS=83,43±6,27; Mirtazapine: HARS=4.78±4.0, HDRS=3.71±3.45, GAS=86.15±7.57;

https://doi.org/10.1016/j.eurpsy.2007.01.669 Published online by Cambridge University Press