

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.

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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.

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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.

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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)