Conclusion: These findings let researchers assess cue induced craving as the main predictor of treatment failure. Personality characteristics and addiction severity differences between responder and non-responders to cue induced craving demonstrate underlying structures of substance abuse.

P299

Impulsive personality characteristics of homeless HIV(+) iv heroin users (IHU) in comparison with homeless HIV(-) IHUs and non-homeless HIV(-) IHUs

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Introduction: Heroin injection is the most prevalent registered cause of HIV transmission in Iran. Regarding the high prevalence of Intravenous heroin use among homelesses in Tehran; Iran Police force and Ministry of Health collaborated in a national project of capture and reference of these high risk group for opium detoxification using methadone maintenance therapy.we examined impulsive personality characteristics among captured homeless HIV positive or negative IHUs and compared them to their matched none captured, none homeless casually referred cases of intravenous heroi users (IHUs).

Methods: Two groups of HIV positive (25 cases) and HIV negative (25 cases) of Homeless IHUs had been compared to 50 cases of nonhomeless IHUs.we used Eysenk Impulsiveness Questionnaire-7 (EIQ), Barret Impulsiveness Scale-11 (BIS), and Delayed Discounting Task.Results:More prison history, criminal behaviors and longer history of needle sharing and drug abuse have been observed in homeless IHUs. More Impulsiveness indexes according to BIS, EIS and more delayed discounting had been observed in this group. And less venturesomeness measured by EIQ incentive. In the homeless IHUs who were HIV positive, more cognitive impulsivity detected according to EIQ and BIS tools.

Discussion: Significant increase in impulsivity among homeless IHUs and lower life expectancy in addition to more needle sharing behavior in this group can be a clue for HIV transmission spread among this group. High degree of impulsivity alteration and longer history of addiction period, dose and frequency of needle sharing are among the other factors which may predict the risk of HIV spread amoung homeless IHUs.

P300

Efficacy of olanzapine in antisocial opioid substance abusers

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Background: Antinociceptive activity of Olanzapine was demonstrated in animals and is a useful drug in controlling of aggression. This study evaluated the efficacy of this drug in treatment of patients that were dependant to Opioids (Opium and Heroin) and had Antisocial Personality Disorder.

Methods: During 6 month (2004) study 36 cases with Opioids substances dependency evaluated and 24 of them introduced as main study group with Antisocial Personality Disorder. Clinical interview and MMPI-2 test has been used in this process. All patients received clonidine and analgesics and 12 of them received Olanzapine10-30 mg/day. Patients evaluated after one month of treatment.

Results: Compliance for treatment during One month was better (10 of 12 cases = 83.3%) in cases that have been received Olanzapine than versus group (4 of 12 cases = 33.3% $P < 0.05$). Frequently reported symptoms in second group were irritability (100%), verbal and physical hostility (100%, 84%) and restlessness (100%).

Conclusion: In patients with Opioids dependency and concomitant Antisocial Personality Disorder usefulness of Olanzapine may be in focus of attention in new researches. This drug improves the compliance of treatment especially in acute withdrawal phase.

P301

Influence of drug misuse in psychiatric inpatientś evolution

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Background and aims: Frequency of drug misuse has increased in the society and also in psychiatric patients. Iťs known that drugs have a negative influence in psychiatric pathology, so its identification is very important for a better prognosis.

We aim to demonstrate that drug misuse draws out the stay in hospital of psychiatric patients and increases the number of readmissions needed, basing the hypothesis on our laboratory information of drug screening in a psychiatric hospital.

Material and methods: It is analyzed, retrospectively, all admission to a short stay unit in a psychiatric hospital in 2000 and 2005, and compared all patient with a positive result in a urine sample obtained by a drug screening protocol with the rest of admissions to that unit, measuring in both groups the number of readmissions, and the extension of hospitalization.

Results: Our hypothesis is confirmed, being the number of readmissions more frequent and the extension of hospitalization longer when patients are drug-users.

Conclusion: Prevalence of drug misuse has met increased in the last decade and more frequently among mental patients. Drug misuse difficults psychiatric treatments and increases sanitary expenses, being important stablishing diagnostic and treatment measures to face this problem So it‘s important to take under consideration that this behaviour affects negatively in the progress of hospitalization, as proved in our investigation.

P302

Alcohol and psychiatric co-morbidity

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Psychiatric co-morbidity in alcohol dependent individuals has been an issue of growing interest for researchers, what is in part justified by the influence of the dependence on the psychiatric morbidity's diagnosis, treatment and prognosis, and vice versa.

After a brief exposition about co-morbidity's concepts, the authors present the results of a retrospective study, based on the collection of data from clinical records of 106 inpatients, who all had an F10 (CID 10) diagnosis at discharge (Mental and Behaviour Disturbances due to the consumption of alcohol). The others psychiatric diagnoses were taken into account, as well as socio-demographic features and other relevant clinical variables.

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Patients were mostly admitted from ambulatory clinic for detoxication purpose (n = 55).

''Patient's profile'' was obtained and consisted on the higher percentage of: male (75.5%), mean age of 42,5 years old, married (62.7%), in active labor (49%), with low levels of education (n=51.3%) and socioeconomics (n = 74%).

At the time of discharge 65 patients received a double diagnosis, with 32 having Affective Disorders (depressive, except for one bipolar disorder) and 14 were diagnosed with Personality Disturbances.

Some of the hypotheses justifying such a high percentage of Affective Disorders remount to the possibility of patients not having a ''sufficient abstinence'' time and therefore depression can be over diagnosed. By other hand, is it that Anxiety Disorders (n=1) were mistaken for Affective Disorders?

There are other major points for discussion and authors correlate their results with the ones described in the most actual literature.

P303

Resilient of adolescents from alcoholic families

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Objectives: Purpose of this study was to examined resilient of adolescents from alcoholic families which parents were treated at the Institute of mental health in Belgrade and compared with their peers.

Methods: Study was made in period 2000-2004 at Department of alcoholism. Total sample was N=296 (155 male, 141 female), age 10 – 19 years. Into account were taken: demographic data (age, educational, place were live and members of family), family history of alcoholism and resilien of adolescents. The following instruments were used: Socio-psychiatrically Checklist, Children of alcoholics Screening Test (Jones 1981)- CAST 6 and Adolescents Resilience Assessment Scale (Biscol, Harris 1994)-ARAS.

Results: Obtained results confirmed our hypotheses that some elements of resilience of adolescents from alcoholics families were better statistical significant compared to adolescents without family alcoholism.

Conclusion: In order to estimate more exact data we need study about children from alcoholics families in their earlier age; it is necessary to follow further functioning of these children in their families.

P304

Dual diagnosis in a psychiatric hospital

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Background and aims: Comorbidity between drug consumption and several psychiatric disorders is a topic of increasing interest. Iťs known that between 30% and 80% of psychiatric inpatients use drugs, and these patients often show worse prognosis, for what their identification turns out to be one of the biggest challenges for the clinician.

Based on clinical practice in a psychiatric hospital, we investigate the possible existence of underdiagnosis for misuse of drugs in psychiatric inpatients.

Material and methods: It is analyzed, retrospectively, all admission to a psychiatric hospital in 2000 and 2005, in which diagnosis to the discharge involves drug misuse (dependence, abuse, toxic psychosis). Likewise iťs analyzed laboratory information of drug screening in urine (obtained of every patient suspicion of consumption). Both results are then compared.

Results: Our hypothesis is confirmed, being very scanty the number of diagnosis to the discharge associated with drug misuse, compared to the high prevalence of drug use demonstrated in the laboratory screening.

Conclusion: Although iťs known that drugs are often used by psychiatric patients, clinicians often elude to diagnose it (probably another diagnosis, such as schizophrenia, are so important for us that we doń t pay enough attention to drugs).

This investigation should remind clinicians that drug use is frequent, adds worse prognosis, and must be specifically treated.

P305

Physician drug addictions: Additional data support the gold hypothesis

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We have previously reported the over-representation of anesthesiologists among physician addicts which has been evident in impaired professional programs for over a decade. This has been attributed to access to the drugs of abuse. We suggested that opioid abuse and dependence may be an occupational hazard and related to the quality of the air or second hand opioids in the operating room (OR). We have further noted that while physicians in general show very good recovery and return to workplace rates anesthesiologists have more relapses and a less able to return to their original workplace. We suggested re-exposure to low levels of the offending drug is responsible for the significant proportion of those physicians requiring a change of work environment following treatment. We have developed methods to measure nano-quantities of drugs in the OR air and consistently demonstrated that propofol, and fentanyl, are present in the OR air following IV administration. We have identified sources of exposure in the OR. We have found fentanyl and propofol in OR air samples. Fentanyl was recovered from the air over medical waste containers. Tests of the anesthesiologist's work surfaces revealed the presence of fentanyl which could be absorbed through the skin. Re sensitization does not require quantities of drug sufficient to produce blood levels or noticeable symptoms. We have suggested a novel hypothesis which may explain some of the cases of anesthesiologist addicts. This hypothesis is testable in every hospital.

P306

Cocaine abuse in 2006

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