

Methods: A prospective cohort study was performed to establish the risk factors associated with alcohol and cocaine dependence. Subjects recruited (N=336), from primary care centres. At baseline were classified as heavy drinkers and cocaine users (HD+Co, N=227) and alcohol abusers with cocaine use (AA+Co, N= 109).

Results: At 4-year follow-up assessment, AA+Co subjects had higher rates of prevalence for cocaine (55% vs. 32%, $p<0.001$) and alcohol dependence (97.5% vs. 58.2%, $p<0.001$) than HD+Co participants. Being alcohol abuser and single were eight and three times, respectively, more likely to develop cocaine dependence. When impulse control disorders or alcohol abuse occurred the odds ratio of developing alcohol dependence was 9 and 5.7 respectively. Also, alcohol abuse at baseline was associated with shortened time between onset of abuse and dependence for cocaine use disorders and for alcohol use disorders.

Conclusions: Alcohol abuse in heavy drinkers with recreational cocaine use predicted alcohol and cocaine dependence at follow-up. Our findings agree with previous findings supporting the relationship between impulsivity and risk for substance use disorders.

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Varieties of impulsivity in males with alcohol dependence: The role of cluster-B personality disorder

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Background/Rationale: Impulsivity has been associated with alcohol dependence, but impulsivity in alcohol-dependent subjects has not been well characterized.

Objectives: Using a variety of laboratory measures of impulsivity, we assessed whether alcohol-dependent patients (ADP) were more impulsive than control subjects, and the role of Cluster-B personality disorders in impulsivity measurements.

Design and measurements: A cross-sectional patient survey with a community comparison group. Diagnoses were made using the Structured Interview for DSM-IV. Sustained attention and rapid-response impulsivity were assessed using the continuous performance test (CPT). Inhibitory control was measured by the stop-signal task (SST). Ability to delay reward task was assessed using differential reinforcement for low-rate responding (DRLR).

Participants and setting: A final sample of 253 males with alcohol-dependence recruited from two alcoholism treatment centres was compared with a matched non-substance-abusing comparison group (n=96).

Results: Patients with alcohol dependence were more impulsive across all behavioural tasks. Alcohol-dependent subjects without personality disorders showed lower efficiency in DRLR than control subjects. Patients with Cluster-B personality disorder performed worse in inhibitory control, but subjects with borderline personality disorder in particular demonstrated increased rates of omission and commission errors in CPT. Inability to delay gratification was associated with antisocial personality disorder.

Conclusions: Our findings support the suggestion of two paradigms in alcohol dependence. The first, based on inability to delay gratification, might be a vulnerability marker for alcohol dependence. The second was related to inhibitory control, and might be specific for antisocial and borderline personality disorders.

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When attachment trauma and addiction both influence the brain: Combination of pharmac- and psychotherapy can cope the problem efficiently

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Background and aims: Current trends that integrate neuroscience, attachment theory and clinical psychiatry suggest that traumatic attachments are imprinted into the developing limbic and autonomic nervous systems of the early maturing right brain. On the other hand addiction is caused by long lasting changes in brain function as a result of pharmacological insult (repeated drug use), genetic disposition and environmental association made with drug use (learning).

Methods and results: From our clinical work it is known that experience of any sort of attachment abuse is not uncommon in alcohol addiction. Issues of violence and sexual abuse in early personal history deeply influence not only partners' relationship, the capacity for intimacy and mutual trust, but also parental function and cooperation. Attachment traumas in addicted patient were supposed to be very resistant in treatment because of mutual reinforcement of both problems (early trauma experience and addiction): such patients were prone to relapse in addiction treatment either because detached traumatic experiences become a source of long lasting manipulation of addicted patient for retaining the "right for drinking" either because of seriously comorbide disorders without appropriate pharmacological treatment.

Conclusions: In our clinical experience, we found attachment trauma psychotherapeutically accessible only after period of stable sobriety and secondly, that routine combination of intensive psycho- and pharmacotherapy gives an optimistic attitude in treatment which is illustrated by clinical vignettes.

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Psychiatric adverse event profile of interferon therapy in drug abusers

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It is well known that incidence of hepatitis C is much higher in risk population known as drug abusers. Interferon implementation in hepatitis C therapy contributed better prognosis for this patients. However during the interferon treatment the risk of psychiatric adverse events increases. Between 20-40% of those patients developed psychiatric adverse events which are one of the main reasons of therapy abrupture. Only intensive psychiatric evaluation and adequate psychopharmacological treatment provide continuation of the interferon therapy. In this paper we observed frequency of interferon therapy and psychopharmacotherapy during the determinate period of on year in drug abusers in our Hospital.

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Towards a phenomenological understanding of addiction

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