

**Conclusion** These findings support the Turkish versions of the sensation seeking subscale of the UPPS has good psychometric properties among inpatients with alcohol use disorder.

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

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## EV26

### Relationship of impulsivity with severity of ADHD symptoms while controlling the effects of anxiety and depression in a sample of inpatients with alcohol use disorder

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**Objective** The aim of the present study was to evaluate relationship of impulsivity with severity of ADHD symptoms while controlling the effects of anxiety and depression in a sample of inpatients with alcohol use disorder.

**Method** Participants included 190 inpatients with alcohol use disorder. Participants were evaluated with the State-Trait Anxiety Inventory (STAI), the Beck Depression Inventory (BDI), the Short Form Barratt Impulsiveness Scale (BIS-11-SF) and the Adult ADHD Self-Report Scale (ASRS).

**Results** Impulsivity predicted both severity of ADHD symptoms and inattentive and hyperactive/impulsive dimensions, even after controlling the effects of depression and anxiety in linear regression models. Types of negative affect that predicted dimensions of ADHD differed; similar with severity of ADHD symptoms, depression and trait anxiety also predicted inattentive dimension, whereas trait and state anxiety predicted hyperactive/impulsive dimension.

**Conclusion** Impulsivity is related with severity of ADHD symptoms and dimensions of ADHD although negative affect that is related with dimensions may differ.

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## EV27

### The role of modified states of consciousness in drug use

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Modified state of consciousness (MSC) is defined as a mental state that can be subjectively recognized by an individual or by an objective observer of the individual, as representing a difference in the psychological functioning of the “normal” state, alert and awake of the individual. Drugs are products with definitions and conceptual boundaries, historically defined. The use of psychoactive drugs is related to the increased plasticity of human subjectivity which is reflected in various technical means to change the perception, cognition, affect and mood. The authors propose to conduct a literature review on the types of MSC, the way to achieve them and their implications in drug consumption pattern.

A MSC consists of dimensions such as self-oceanic limitlessness, agonizing self-dissolution and visionary restructuring.

Normal MSC includes dreams, hypnagogic state and sleep. Others may be induced by hypnosis, meditation or psychoactive substances. Those achieved by drugs allow the subject to access feelings and sensations which go beyond the everyday reality or, on the other hand, leakage of reality.

Anthropological studies show that in almost all civilizations, man sought ways to induce MSC.

What characterizes the problematic or abusive use of certain substances is not necessarily the amount and frequency of drug use, but the disharmony in the socio-cultural, family and psychosocial contexts of the individual.

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## EV28

### Are there more mechanical restraint in patients admitted for substance use disorder?

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**Introduction and objectives** Mechanical restraint is a therapeutic procedure commonly applied in acute units in response to psychomotor agitation. Its frequency is between 21 and 59% of patients admitted. These patients represent a risk to both themselves and for health workers. There is a myth that patients with substance use disorder (SUD) are more aggressive and require more forceful measures. There are not clinical studies that compared if there are differences of the frequency of mechanical restraint in patients with SUD.

The aim of this study is to explore the differences of frequency of mechanical restraint on patients with SUD in the psychiatry acute and dual pathology units and others psychiatric diagnostics.

**Material and methods** We reviewed retrospectively the informatics record of all the mechanical restraints made and the total discharges of the three acute care units and dual disorders of Neuropsychiatry and Addictions Institute (INAD) of the Parc de Salut Mar de Barcelona, between January 2012 and January 2015. For every discharge the presence of at least one mechanical restraint and the DSM-IV diagnostic were coded. Then was calculated the frequency and proportion of mechanical restraints in every diagnostic group.

**Results** The number of discharges analyzed was 4659 from which 838 had an episode of mechanical restraint. The 37% of patients with SUD of cocaine had an episode of mechanical restraint. The patients with SUD of alcohol only the 4%, and there no one case on patients with SUD of Cannabis. Thirty percent of patients with schizophrenia and 28% of bipolar disorder.

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## EV29

### Results of a smoking cessation program in primary care

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**Introduction** Smoking is an addictive and chronic disease. Twenty-four percent of the Spanish population in 2012 smoked daily.

**Aims and objectives** To evaluate a smoking cessation program in a Primary Care Center.

**Methods** Observational, prospective study. We describe an individualized smoking cessation in Plaza del Ejército Health Center (Valladolid). Inclusion criteria: active smoker,  $\geq 18$  years old and belonging to the Health Center. Exclusion: severe mental illness. Included patients from November 2013 until January 2014. Ended in July 2014. Four Medical residents participated, we present the results of one of them. During the first consultation motivational interviewing was conducted, physical examination and treatment was prescribed (cognitive behavioral therapy or drug treatment: varenicline). In subsequent consultations interview and follow-up. Variables: age, gender, pack-years, nicotine dependence (Fagerstrom) and Prochaska and DiClemente phase, weight, treatment used, dropout rate and final withdrawal of snuff.

**Results** Eleven patients, mean age 48.18 (13.61), 7 (63.6) women. Comorbidity: 6 (54.5) anxious-depressive pathology, 1 (9.1) dysthymia, 2 (18.2) endocrine pathology and 1 (9.1) respiratory disease. Four (36.4) showed high dependency and 2 (18.2) extreme. Media packages 20.50/year (19,20). Seven (63.6) were in action phase of Prochaska and DiClemente and 2 (18.2) in preparation. Visits range: 1-11. The average was 4.55 (3.64). Three (27.27) patients attended only the first visit. Four (36.4) achieved complete abstinence, 3 (27.27) met maintenance phase. One (9.1) reduced consumption in half. Patients gained average 0.5 kg (2.47).

**Conclusions** The results are similar to those reported in other series. Modest dropout rate. No pharmacological treatment was used due to high coexistence of comorbidities, the only patient who used varenicline suffered insomnia. Average age and media packages were superior to other series.

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### EV30

#### Smoking reduction/cessation and psychiatric patients: What about weight control?

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**Introduction** Smoking cessation has long been associated with weight gain and is one of the many reasons that smokers invoke for not giving up smoking. Many psychiatric medications are also associated with increased weight gain and metabolic syndrome. Unhealthy lifestyles reflect symptoms of illness with poor coping strategies and financial and social difficulties.

There are many reasons why smoking cessation may be viewed as much more difficult for psychiatric patients and weight gain is one of them.

**Objective** To study how patients' weight evolves during smoking reduction and cessation in a smoking reduction/cessation program in a psychiatric hospital.

**Aims** To demystify weight gain as a significant problem in smoking reduction and cessation in this patient population.

**Methods** Every patient entering the smoking reduction/cessation program is evaluated initially with regard to weight and BMI.

Patients' weights are evaluated during the duration of the program for each patient as is smoking status.

**Results** We are still collecting data at this time.

**Conclusions** There are three groups of patient according to weight changes during the program: those who gain weight, those who maintain the same weight ( $\pm 1$  kg) and those who lose weight.

Most patients who gain weight end up recuperating their initial weight or are able to lose weight later.

Some patients had weight control issues and their fear of gaining weight led them to overcompensate leading to weight loss.

We have included interventions on healthy lifestyles that have aided patients in controlling their weight.

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### EV31

#### Personality dimensions and drug of choice: A descriptive study using Cloninger's temperament and character inventory revised

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Personality dimensions related with drug use are novelty seeking, impulsivity and harm avoidance. Studies predicting drug of choice over personality variables are controversial.

**Objective** To describe personality profile of drug users in relation to substance of choice.

**Aims** To know personality dimension differences according to drug used.

**Methods** Cloninger's TCI-R was administered to 218 patients in a dual diagnosis unit. SPSS was applied.

**Results** Of the patients, 33.94% had personality disorder. Principal substances used were alcohol, cocaine and cannabis.

Most of drug users had normal scores in each dimension. No high scores were found in reward dependence, self-directedness and cooperativeness with any drug.

High scores were observed for novelty seeking in 42.9% of stimulants users; for harm avoidance in a quarter of cocaine, alcohol and methadone users and for persistence in 18.2% of hypnotics users.

Low scores were observed for reward dependence in 45% of heroine and hypnotics users; for persistence in 50% of methadone and 32% of cocaine users; for self-directedness in most of types of drug users and for cooperativeness in up to 50% in heroine, hypnotics, stimulants and cocaine users.

Statistical significant differences were observed for cocaine use and high novelty seeking and low cooperation; for non cannabis use and high harm avoidance; for non anfetamine use and low scores in reward dependence; for opiate use and low self-directedness.

**Conclusions** Most of patients had normal scores in the different dimensions.

Presence of comorbid personality disorder led us to consider the results with caution.