We identified 2 subgroups: early onset subgroup (<18 years); 5
subjects, mean onset at 16.6 years, mean duration 9.5 years; 3 unmar-
rried, 2 divorced subjects; lower education level (1 primary school, 4
secondary school), 1 subject in part-time employment, 3 subjects with
poly drug abuse and later onset subgroup (>18 years); 5 subjects,
mean onset at 30.2 years and mean duration 13 years; 3 married, 1
divorced, 1 single; education level higher (2 secondary school, 2 col-
lege); 3 fully employed, 1 in part time employment, 1 retired; 1 sub-
ject with comorbid alcohol addiction. The subgroups differed in
adherence to treatment, too, with all early onset subjects dropping
out from the program after few days, while the late onset subjects ad-
hered for at least several months to up to one year.

Our results suggest that pathological gambling may represent
a spectrum disorder with different clinical characteristics and pro-
gnosis.

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Testing the self-medication hypothesis of depression and aggression
in cannabis dependent subjects
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Background: A self-medication hypothesis has been proposed to ex-
plain the association between cannabis use and a number of psychi-
atrictic and behavioral problems. However, there is little knowledge
on reasons for use and reactions while intoxicated, in cannabis users
who suffer from depression or problems controlling violent behavior.

Methods: We assessed 119 cannabis dependent subjects using the
Schedules of Clinical Assessment in Neuropsychiatry (SCAN), parts
of the Addiction Severity Index (ASI), and questionnaires on reasons
for cannabis use and reactions to cannabis use while intoxicated. Par-
ticipants with lifetime depression, and problems controlling violent
behavior, were compared to subjects without such problems. Validity
of the groupings was corroborated by use of a psychiatric treatment
register, previous use of psychotropic medication, and convictions
for violence.

Results: Subjects with lifetime depression used cannabis for the
same reasons as others. While under the influence of cannabis, they
more often experienced depression, sadness, anxiety and paranoia,
and they were less likely to report happiness or euphoria. Participants
reporting problems controlling violent behavior more often used can-
nabis to decrease aggression, decrease suspiciousness, and for relax-
ation; while intoxicated they more often reacted with aggression.

Conclusions: Subjects with prior depression do not use cannabis as a mean of self-medication. They are more likely to experience spe-
cific increases of adverse symptoms while under the influence of can-
nabis, and are less likely to experience specific symptom relief. There
is some evidence that cannabis is used as a mean of self-medication
for problems controlling aggression.

P286
Attention deficit and hiperactivity disorder in cocaine addiction
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Aims: To study the incidence of Attention Deficit and Hiperactivity
Disorder (ADHD) in a patients sample in treatment for cocaine addic-
tion, and the characteristics of this group.

Method: We have recruited 43 subjects in treatment to cocaine
abuse (DSM-IV-TR : F14) in Adiction Provincial Center in
Grandada.

We have registered sociodemográfical and clinical data, habits of
abuse, the Cocaine Effects Expectancy Questionnaire, two scales au-
todeadministered for ADHD’s diagnosis: in the infancy, Wender Utah
Rating Scale (WURS) and in the adult (scale of the list of ADHD’s
symptoms in DSM-IV).

The sample was divided in two groups according to the presence
of ADHD in adult age.

Results: In 60,5% of the sample there was history of ADHD in the
infancy, with persistence 80,8% (48,8% of the sample) in the adult
age.

Patients with ADHD were smokers in 95,5%. 71,4% was consum-
ing alcohol (average 12.6 gr/week), 23,8% was consuming cocaine
always together with alcohol.

61,9% of the ADHD group was consuming another illegal drug
(cannabis), opposite to 31,8% in control group. (p=0.048).

The first consumption in ADHD group is earlier (17 years vs. 22
years; p=0.001) and most frequent consumption too (22,4 years vs.
27,6 years; p=0.006).

Cocaine doses used is higher in ADHD group (1,39 gr vs 1,07 gr
n.s.)

Conclusions: There is a high comorbidity in cocaine abuse with
ADHD. This group has different characteristics, as the age of begin-
ing of the abuse or of the higher abuse.

P287
Subjective classification of drug craving cues responses: Comparison
of fmri findings to self report study
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Background: In our previous study we designed a visual cue based
craving task which reliably induces craving. We investigated that
there are two distinguishable groups of heroin addicts: responder
and non responder to the cues. In this study we used fMRI to examine
this subjective difference.

Methods: 30 right handed male heroin IV abusers with IV injec-
tion for at least 6 months compared to 15 normal right handed males.
DSMIV and Addiction Severity Index (ASI) were administrated. Cue
Induce Craving Task was presented during and after imaging. BOLD
signal analysis performed by FSL®.

Results: A number of cases demonstrate high cortical activation
in: cingulate gyrus, rectus gyrus, medial frontal gyrus, nucleus accumb-
ens and cingulum (17/30). No significant activation observed in the
control group and in 13 cases. There was shown that these 13 cases
had less hunger for drug consumption during the analog presentation.
No significant ASI or DSMIV differences were found. They were the
same as control group in their FSL feat analysis.