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Who cites whom in psychiatry?

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In conjunction with publication records, more and more weight is put on citations in determining research productivity by individuals, universities and even nations. This topic is widely discussed and debated within psychiatry but without much empirical evidence to draw on. We felt it was important to examine this issue by analyzing publication output and citations in a range of psychiatry journals. We investigated research productivity and citation practices at both country and university level. We found large differences between and within countries in terms of their research productivity in psychiatry. In addition, the ranking of countries and institutions differed widely by whether productivity was assessed by total research records published, overall citations these received, or citations per paper. We found that most publications came from the USA, with Germany being second and UK third in productivity. USA articles received most citations and the highest citation rate with an average 11.5 citations per article. The UK received the second highest absolute number of citations, but came fourth by citation rate (9.7 citations/article), following the Netherlands (11.4 citations/article) and Canada (9.8 citations/article). Within the USA, Harvard University published most articles and these articles were the most cited, on average 20.0 citations per paper. In Europe, UK institutions published and were cited most often. The Institute of Psychiatry/Kings College London was the leading institution in terms of number of published records and overall citations, while Oxford University had the highest citation rate (18.5 citations/record). The choice of measures of scientific output could be important in determining how research output translates into decisions about resource allocation.

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Improving addiction patients' quality of life through exercise

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Introduction: Quality of life is a well-established outcome within clinical practice. Despite substance use disorders' adverse effects on a wide range of patients' functioning and the multidimensional composition of quality of life, the treatment field does not yet systematically assess quality of life among patients. Exercise has established positive effects on the quality of life of healthy and numerous clinical populations. The potential to integrate exercise within treatment in order to improve quality of life has not been satisfactorily explored.

Aims: To measure changes in quality of life after group exercise among residential substance use disorder patients, and to explore the feasibility of the program within a treatment setting.

Method: Thirty-five patients in four long-term, residential substance use disorder treatment facilities in Oslo enrolled in a 10-week group exercise program. Twenty-four participants exercised and were analyzed as completers, while eleven did not and were analyzed as non-completers. Quality of life, mental distress, somatic health burden, and addiction severity were measured at program start and end.

Results: The program was feasible for participants, and the completion rate was 69%. Completers' physical health domain and psychological health domain of quality of life improved significantly. The program engaged the most physically and mentally vulnerable participants, and flexibility and motivational factors were important elements.

Discussion: This study provides promising evidence that low doses of group exercise can yield appreciable benefits, even to patients with more severe health problems.

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