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PSYCHIATRY**

November 12-13, 2018 Dubai, UAE



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9th International Conference on
ADDICTION & PSYCHIATRY

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Keynote Forum (Day 1)

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Sohail Akhtar

Waikato District Health Board, New Zealand

Patient dropout from opioid substitution treatment

Opioid Substitution Treatment (OST) is an established treatment for opioid dependence. In New Zealand, OST programs are regulated by the Ministry of Health and Methadone and Buprenorphine/Naloxone (Suboxone) are the primary medications. Retention on OST is a key indicator for stabilization of patients with opioid dependence. As yet, there have been no studies exploring the factors associated with New Zealand OST patient dropout, which is defined as discontinuation of OST by patients, against medical advice, for at least one month. Previous studies have showed that patients who drop out of treatment have a higher risk of harm to themselves by taking fatal overdoses and to society by engaging in criminal activities. Previous research has demonstrated that the effectiveness of OST is strongly correlated with patient retention. The purpose of the present research was to study dropout rates and identify factors associated with the dropout of patients from OST at the Community Alcohol and Drug Service (CADS), Hamilton, from 1st January 2013 to 30th April 2014. It was a retrospective, longitudinal, quantitative study. A retrospective clinical audit of patients on OST was conducted. There were 150 patients on OST in Hamilton under the CADS team during the period of study. Nine patients dropped out during the study period. 64 patients were randomly selected from the remaining 141 patients who remained on treatment as a comparison group and for the study sample to be approximately half of the overall population of 150 patients. Time and resources were also factors in determining the size of the sample group. File review was conducted and potential predictors of dropout were identified. 35 independent variables were selected and dropout was the dependent variable. The statistical program SPSS 22 was used to analyze the data. Fisher's exact test was used and four variables were identified as being associated with dropout, history of intravenous drug use, (Fisher's exact p value=0.05) history of lifetime imprisonment (Fisher's exact p value=0.05), other medications prescribed, (Fisher's exact p value=0.04) and opioid type prescribed during the study, i.e. Methadone or Suboxone. Patients on Suboxone dropped out more than those on methadone, (Fisher's exact p value=0.00). The overall dropout rate was 6%, which was less than the rates of 15-85% found in previous studies. The limitations of the study were that it was retrospective and the number of dropouts was small. Furthermore, only patient factors associated with dropout were included in the study and service factors were not included. Therefore, the results of the study should be interpreted with caution. There is scope for a future study with a larger sample size and the inclusion of service factors to validate the finding.

Biography

Sohail Akhtar has completed his Medical degree from the University of the Punjab, Pakistan. He has completed the Psychiatric Training and was then a Diplomat in Mental Health from College of Psychiatrists of South Africa. He has worked as a Senior Medical Superintendent at Polokwane/Mankweng Hospital Complex and Thabamopo Psychiatric Hospital in South Africa. He has also completed Post Graduate Diploma in Public Management from Regenesys School of Public Management, South Africa. He has worked as a Senior Medical Officer in Psychiatry in New Zealand, completed his Post Graduate Diploma in Addiction and Co-Existing Disorders from University of Otago New Zealand. He also completed Masters in Addiction from University of Otago. He is the Senior Medical Officer in Community Alcohol and Drug Service of Waikato District Health Board, Hamilton, New Zealand. He is a Member of RANZCP vocational CPD program and Member of National Association of Opioid Treatment Providers, New Zealand and contributed in drafting the National Guidelines of Opioid Substitution Treatment.

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Nicola Beer

University of Bath, UK

Complementary approaches to food addiction & compulsive food behaviours

Adopting a hollostatic approach to helping with eating disorders and compulsive food behaviours can be extremely beneficial in supporting clients to break the unsatisfying cycle of bingeing, starving or purging. In addition to psycharity methods there are many other forms of support that can help when it comes to food addiction, compuslive eating, bulimia and other eating disorders. Such as hypnotherapy, emotional psychosomatic bodywork, NLP coaching, group support, 12 step programs and inner child work. These approaches can help clients to release the emotional triggers, stop obsessing about food or acting out harmful food behaviors. Enabling them to form new habits in the way they treat themselves, live their lives and utlimtately eat. In this presentation, Nicola will share some personal stories and how this type of support can complement other approaches to addictions. As well as share the single biggest factor that needs to be present to overcome any addiction.

Biography

Nicola Beer is the Founder of the Marriage Makeover and Pure Peace Coaching which focuses on eating peacefully. She is a co-author of 4 international best-seller books. Currently she runs an Eating Disorder Support group in Dubai. She is a UK Certified in NLP coaching, Grief and Loss Recovery, Hypnotherapy, Addiction coaching. She has also completed several courses in Transpersonal Counseling and Psychology and Emotional Psychosomatic Body Work. She has completed her BSc in Sociology from the University of Bath, UK.

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Keynote Forum (Day 2)

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Jaswinder Singh Gandhi

Amrit Foundation of India, India

Role of addiction specialists in prevention of opioid overdose deaths

Recently there has been epidemic of opioid use disorders in certain parts of world and hence the mortality associated with opioid overdose. Different studies show that opioid overdose is generally witnessed; death takes a while and is generally due to respiratory failure. Addiction is a chronic relapsing disorder where even a recovering patient can relapse anytime and die of opioid overdose. Considering the fact that a large number of OUD patients come to addiction specialist for treatment, these physicians can play a major role in reducing the mortality of OUD by educating the patients and their significant others against opioid overdose and prescribing Naloxone to them in addition to other addiction medicines. They can keep Naloxone at a safe place and use it in case they witness an opioid overdose and save a life. Naloxone a pure opioid antagonist is very safe, reliable, cheap, easily available and fast acting drug. Naloxone causes reversal of sedation and respiratory depression associated with opioid overdose within minutes and it has no side effects of its own even in higher doses. Recently newer preparation of Naloxone in the form of nasal spray (Narcan) has been approved by FDA to prevent overdose deaths. In some developed countries Naloxone dispensing program is being practiced widely and they have been able to minimize the mortality associated with opioid overdose. Also there is Good Samaritan law being implemented in these countries where even a layman can give Naloxone in case of witnessed opioid overdose. Unfortunately in certain parts of world including India there is yet no hold of OEND even in tertiary health care centers.

Biography

Jaswinder Singh Gandhi has completed his Fellowship and is a Certified Drug De-addiction Specialist. He has 15 years of experience in drug addiction field. He is a Member of ASAM, NAADAC, ISAM, IPS, IMA, ISA, ISCCM and ISSM. He is certified by International Society of Addiction Medicine in Substance Use Disorders. He has attended many national and international conferences. He has written two books against drug addiction and developed an interactive software SANTAM helping patients as well as physicians in diagnosis and treatment of substance use disorder.

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