

# DAY 1

Workshop



8<sup>th</sup> International Conference on

# Addiction Psychiatry

August 13-14, 2018 | Madrid, Spain

**August 13-14, 2018  
Madrid, Spain**

David G. Petkash, J Addict Res Ther 2018, Volume 9  
DOI: 10.4172/2155-6105-C2-039

## **FORENSIC ADDICTION PSYCHIATRY AS IT PERTAINS TO THE IMPAIRED PHYSICIAN/MEDICAL HEALTHCARE PROFESSIONAL, A BRIEF SYNOPSIS - INCLUDING A REVIEW OF THE LITERATURE**

**David G. Petkash**

Camp Hill Behavioral Health Outpatient Clinic, USA



Impaired physicians and associated healthcare professionals, i.e. HCPs, constitute a major problem and potential danger for US and international healthcare delivery systems. Patients, hospitals, and health networks are placed at an increased risk of incompetent medical provider care as well as an increased risk of medical malpractice and/or negligence by HCPs addiction. Estimates of HCP impairment for physicians range from 12-15%, nurses 15-20%, pharmacists 18-21%, and dentists 12 to 19%. Physicians experience the highest rate of suicide in any profession. The most common cause of physician impairment is substance abuse. Substance abuse risk stratification will be reviewed according to the medical specialty, with anesthesiology, emergency medicine, and psychiatry, constituting the highest risk. The predisposing personality characteristics of HCPs to addiction, including burnout syndrome, as additional risk factors will be reviewed. Examples and prevalence rates of specific substances of abuse for HCPs and comorbid psychiatry disorders predisposing to addiction as well as the most common reasons for addiction by HCPs at time of initiation of addiction treatment will be discussed. Reasons for the reluctance of physicians/HCPs to seek substance abuse treatment, including fear of stigma in seeking treatment are reviewed. Goals of the evaluation for HCPs will be reviewed by including the following components of a prototypical addiction psychiatry evaluation: obtaining an accurate diagnostic assessment of the underlying substance abuse disorder, and related comorbid medical and psychiatric disorders; provide an assessment of the individualized treatment needs of the affected HCP. Potential medical/legal consequences of HCP addiction will be reviewed including malpractice liability, loss of licensure, ethical considerations, as well as legal implications relating to return to practice. Finally, a case example of an addiction psychiatry evaluation of an impaired physician (independent medical evaluation) performed by the presenter will be discussed.

### **Biography**

David G. Petkash is a Physician as well as a Pharmacist. Upon graduating from St. John's University College of Pharmacy he excelled in Pharmacology in medical school. During his Psychiatry Residency at Eastern Virginia School of Medicine he took interest in neuropsychiatry, chemical dependency and forensic psychiatry. Completing a fellowship in geriatric psychiatry/neuropsychiatry at University of Pittsburgh Medical Center, he obtained clinical/academic positions as an Assistant Clinical Professor at University of Maryland Medical Center as well as Penn State University College of Medicine. His private practice forensic medical-legal evaluations have included psychopharmacological analysis, substance abuse and addiction psychiatry examinations concerning physicians and nurses. He is a Member of the Pharmacy and Therapeutics committee for not-for-profit HMO pharmacy benefit management organizations. His American Board of Psychiatry and Neurology certifications include: Addiction Psychiatry, Forensic Psychiatry, General Psychiatry, and Geriatric Psychiatry. His membership includes American Academy of Psychiatry and Law, American Psychiatry Association, and American Academy of Addiction Psychiatry.

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# DAY 1

Scientific Tracks & Abstracts



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# DAY 1

August 13, 2018

## Sessions

Neuroanatomical of Drug Support and Addiction  
| Addiction Medication | Co-Occurring Addiction  
and Psychiatric Disorders Depression and Anxiety  
| Pain and Addiction | Children and Adolescents

### Session Chair

**Andrew J Ashworth**

Bonhard Medical Ltd., UK

### Session Co-Chair

**David Patkesh**

Camp Hill Behavioral Health Outpatient Clinic, USA

### Session Introduction

**Title:** Workplace violence in the emergency department setting: The numbers, the financial effects, and how to prevent it on multiple levels

**Karen Nolan Kuehl**, Carilion Roanoke Memorial Hospital, USA

**Title:** Factors associated with non-adherence to Buprenorphine-Naloxone among opioid dependent African-Americans: A retrospective chart review

**Suneeta Kumari**, Howard University Hospital, Washington DC USA

**Title:** A retrospective study of retention of opioid-dependent adults in an outpatient Buprenorphine/Naloxone clinic

**David W. Hartman & Cheryl W. Hartman**, Virginia Tech Carilion School of Medicine in Roanoke, USA

**Title:** ADHD in children of addicted parents

**Alireza Rezayi**, Shahid Beheshti University, Iran

**Title:** Reducing mind-wandering with transcranial direct current stimulation and mindfulness meditation

**Michio Nomura**, Kyoto University, Japan

**Title:** BabyGaze: A rapid neurobiological intervention for anxiety, panic and anger

**Andrew J Ashworth**, Bonhard Medical Ltd., UK

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Karen Nolan Kuehl, J Addict Res Ther 2018, Volume 9  
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## **WORKPLACE VIOLENCE IN THE EMERGENCY DEPARTMENT SETTING: THE NUMBERS, THE FINANCIAL EFFECTS, AND HOW TO PREVENT IT ON MULTIPLE LEVELS**

**Karen Nolan Kuehl**

Carilion Clinic, USA

**R**ecent statistics show that violence has increased 23% in recent years to become the second most common cause of death at work. Unfortunately, there is suggestion from recent studies that suggest the number of injuries may be much higher than even reported. The violence affects the entire emergency system, with up to 100% of nurses and 78% of physicians being affected in the past year. My lecture includes data on the huge financial impacts of workplace violence on hospitals, with costs involving lost wages, lost productivity, recruiting, hiring and training. Fortunately, there are ways to prevent workplace violence at a practice level identifying characteristics of the high-risk individuals, identification of patients with practice alerts and armbands, and emergency department security procedures including metal detectors and improved security procedures. Other ways to improve safety in the workplace include national regulations (currently only recommendations), state regulations (in process), and national groups (the veterans administration is currently way in front with this). Training staff will become mandatory in the future in the United States and there are already some good training programs that should be modeled to prevent workplace violence.

### **Recent Publications**

1. Claudius I, Desai S, Davis E, and Henderson S (2017) Case controlled analysis of patient-based risk factors for assault in the healthcare workplace. *West J Emerg Med.* 18(6):1153-58.
2. Copeland D and Henry M (2017) Workplace violence and perceptions of safety among emergency department staff members: Experiences, expectations, tolerance, reporting, and recommendations. *Journal of Trauma Nursing* 24(2):6-77.
3. Schnapp B, Slovis B, Shah A, et al. (2016) Workplace violence and harassment against emergency medicine residents. *West J Emerg Med.* 17(5):567-573.
4. Guay S, Goncalves J and Boyer R (2016) Evaluation of an education and training program to prevent and manage patients' violence in a mental health setting: a pretest-posttest intervention study. *Healthcare* 4(3):49.
5. Kowalenko T, Cunningham R, Sachs C, et al. (2012) Workplace violence in emergency medicine: Current knowledge and future directions. *Journal of Emergency Medicine* 43(3):523-531.

### **Biography**

Karen Nolan Kuehl is an Emergency Physician and full-time Clinical Faculty at the Virginia Tech Carilion School of Medicine in Roanoke, Virginia. She currently serves as the Medical Director of Emergency Psychiatry at Carilion Roanoke Memorial Hospital and has set up multiple processes to improve the care of psychiatry patients within the emergency department, which sees almost 100,000 patients annually. She is also serving on the community-based opioid task force and the medical screening work group for mental health patients. She attended Medical School at the University of Colorado Health Sciences Center and trained in Emergency Medicine at the Stanford/Kaiser Emergency Medicine residency program in Stanford, California.

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Suneeta Kumari et al., J Addict Res Ther 2018, Volume 9  
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## FACTORS ASSOCIATED WITH NON-ADHERENCE TO BUPRENORPHINE-NALOXONE AMONG OPIOID DEPENDENT AFRICAN-AMERICANS: A RETROSPECTIVE CHART REVIEW

Suneeta Kumari<sup>1</sup>, Partam Manalai<sup>1</sup>, Sharlene Leong<sup>1</sup>, Alese Wooditch<sup>2</sup>, William B Lawson<sup>3</sup> and Malik Mansoor<sup>1</sup>

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<sup>2</sup>George Mason University, USA

<sup>3</sup>The University of Texas at Austin, USA

**Background & Objectives:** Opioid use disorders are common, chronic relapsing disorders. Buprenorphine (BUP) is an FDA approved medication in the treatment of opioid use disorders, but patient adherence to this medication remains a challenge. To identify risk factors for non-adherence, this chart review study examined the association between DSM-IV Axis I psychiatric disorders, substance use, demographics, and adherence to BUP-naloxone in African-American patients.

**Methods:** Charts were selected of patients who had 5 visits and completed psychometric screens (patient health questionnaire, mood disorder questionnaire, and a posttraumatic stress disorder questionnaire) at the time of the initial visit (N = 50). Urine drug screens (UDS) were also obtained. Treatment adherence was defined as BUP presence in UDS for 80% of the visits.

**Results:** A total of 48% of patients were adherent to treatment. Non-adherent patients had higher rates of use for not only opioids, but also cocaine, and alcohol. Cocaine use was associated with BUP-naloxone non-adherence even after controlling for opioid use. Attendance in cognitive behavioral group therapy sessions (CBT) was significantly associated with adherence. Patients endorsing PTSD symptoms showed higher adherence to treatment compared to those who did not endorse these symptoms.

**Conclusions & Scientific Significance:** Our results indicate that alcohol and illicit substance use is associated with non-adherence to BUP-naloxone treatment, and suggests that CBT and efforts to promote abstinence from non-opioid substance use may improve adherence among African-Americans. These findings contribute to growing literature on understanding adherence to BUP-naloxone, which is critical to reduce morbidity and mortality.

### Biography

Dr. Kumari received MD Degree from Dow Medical College Karachi, Pakistan. In addition, in 2004 she received a Master's Degree in Public Health (MPH) from George Washington University, Washington DC.

Dr. Kumari has a broad solid background in clinical psychiatry research, with specific training and expertise in managing, coordinating, and collaborating on multiple clinical research projects. As a project manager Dr. Kumari gained substantial research experience on NIDA funded research project- Seek Treat, Reach, and Identify pretrial Defendants Enhancement (STRIDE) in collaboration with the Yale School of Medicine, George Mason University and Howard University Hospital. The project STRIDE is a placebo-controlled, randomized controlled trial of buprenorphine treatment for HIV-infected, infected, opioid dependent, community-supervised defendants or offenders.

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## A RETROSPECTIVE STUDY OF RETENTION OF OPIOID-DEPENDENT ADULTS IN AN OUTPATIENT BUPRENORPHINE/NALOXONE CLINIC

David W Hartman and Cheryl W Hartman  
Carilion Clinic, USA

**Statement of Problem:** Globally in 2010 15.5 million people struggled with an opioid use disorder (OUD). OUD is a chronic, relapsing condition leading to significant morbidity and mortality. Since the advent of buprenorphine/naloxone pharmacotherapy with its US FDA approval in 2002, its use has expanded in the US and abroad. This form of medication-assisted treatment (MAT) has been found to decrease mortality and morbidity. Research on long term outcomes of buprenorphine/naloxone treatment is limited by small numbers and short duration of follow-up, leaving unanswered questions about impact of comorbidities and dosing on retention rates and patient outcomes.

**Purpose:** The purpose of this study was to examine retention rates in an office-based opioid treatment clinic at 18 months, identifying opioid abstinence rates, and comparing dosing among long term completers (remaining 18 months or longer) versus non-completers, who exited <18 months.

**Methodology:** A retrospective study was conducted on 182 patients enrolled in the outpatient MAT clinic from 2009-2014. Completion rate was 48.9%.

**Findings:** Findings indicated no gender differences in completion. Significant age differences were evident ( $p=0.02$ ) with the mean age of completers = 31 vs. 34.7 years for non-completers. The only psychiatric co-morbidity that predicted reaching the 18 month target was suicidal ideation, odds ratio = 2.35. Patients having suicidal ideation were significantly ( $p=.045$ ) more likely to remain in treatment for at least 18 months. Number of comorbid diagnoses did not predict retention. Dose of buprenorphine at point of program exit for non-completers was on average = 12.7 mg versus 17 mg for completers ( $p=0.0000002.3$ ). There were four non-completers prescribed 24 mg of buprenorphine versus 23 completers on 24 mg. Completers were more likely to be abstinent from

opioids compared to non-completers ( $p=.0002$ ).

**Result:** Results suggest that buprenorphine dose predicts retention. Implications regarding US policies regarding buprenorphine dosing warrant reconsideration.

### Recent Publications

1. Degenhardt L, Ferrari A J, Calabria B, et al. (2013) The global epidemiology and contribution of cannabis use and dependence to the global burden of disease: Results from the GBD 2010 study. PLoS One DOI:10.1371/journal.pone.0076635.
2. Bell J, Trinh L, Butler B, Randall D and Rubin G (2009) Comparing retention in treatment and mortality in people after initial entry to methadone and buprenorphine treatment. *Addiction* 104(7):1193-1200.
3. Genberg B L, Gillespie M, Schuster C R, et al. (2013) Prevalence and correlates of street-obtained buprenorphine use among current and former injectors in Baltimore, Maryland. *Addict Behav.* 38(12):2868-2873.
4. Bascaran M T, Garcia Portilla M P, Bobes Bascaran M T, Saiz P A and Bobes J (2014) Long term outcomes of pharmacological treatments for opioid dependence: does methadone still lead the pack? *Br J Clin Pharmacol.* 77(2):272-284.
5. Fiellin D A, Schottenfeld R S, Cutter C J, Moore B A, Barry D T and O'Connor P G (2014) Primary care-based buprenorphine taper vs. maintenance therapy for prescription opioid dependence: A randomized clinical trial. *JAMA Intern Med.* 174(12):1947-1954.

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**Biography**

David Hartman completed his medical training at Temple University School of Medicine in Philadelphia, PA; his psychiatric residency at the University of Pennsylvania. He is certified as an Addiction Psychiatrist and in Addiction Medicine and is a DATA 2000 waived physician, credentialed to prescribe buprenorphine. He has been in psychiatric practice in Roanoke, VA since 1982, currently the section chief of Adult Outpatient Psychiatry with Carilion Clinic and is an Associate Professor with the Virginia Tech Carilion School of Medicine. He has created an office-based opioid treatment program at Carilion Clinic, where he has convened a team of practitioners, counselors, care coordinators, and nurses who provide comprehensive treatment services to OUD patients, along with his general psychiatric practice. Academic responsibilities include training medical students, psychiatry residents, and conducting research and quality improvement studies. His research focus has been on OUD medication-assisted treatment with pregnant women and the general adult population.

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**Biography**

Cheryl Hartman completed her Ph.D. in Educational Psychology at Temple University. She has specialized in grantwriting, research, program development and services administration. Her field has included teen pregnancy and school dropout evidence-based programming, as well as substance use disorder prevention. At Carilion Clinic in Roanoke, VA she currently manages the adolescent addiction treatment program and the office-based opioid treatment program, ensuring evidence-based service practices. Cheryl serves on the faculty of the Virginia Tech Carilion School of Medicine and provides training to medical students and medical residents. She is project director for an SBIRT training grant, an ECHO teleconsultation project focused on OUD treatment expansion to rural/underserved communities, and is working on a replication of a manual-guided approach to group therapy with the OUD patients being served in the outpatient clinic.

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Alireza Rezayi, J Addict Res Ther 2018, Volume 9  
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## ADHD IN CHILDREN OF ADDICTED PARENTS

**Alireza Rezayi**

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**C**hildren of parents with addiction are at high risk for developing ADHD. Mutation in some gene such as 5HTTLPR, DAT1, D4DR4, and MAO-A have been linked to attention deficit hyperactivity disorder (ADHD) and susceptibility for opiate addiction. Also parental behavioral disorder sets children at a more specific risk for developing behavioral disorder themselves. Opioid abuse is epidemic, and many of the adults using this substance are parents. The purpose of the current paper is to review conducted studies the association of opioid abuse with child behavioral problem specially ADHD. Findings indicate that there are some studies examining children's ADHD and parenting when parents abuse opioids. We conclude that parents of children with ADHD have more substance abuse and history of ADHD in their background. Smoking during pregnancy associated with a twofold to fourfold increased risk ADHD in the offspring. Children of opiate-dependent mothers had a higher rate of ADHD compared to those of the opiate-dependent fathers. Genetic and socioeconomic confounders may contribute to this association. Parental addiction can lead to an increase ADHD in the children. Therefore early diagnosis, prevention and treatment of ADHD in these children are necessary to reduce health costs and improve the health system.

### Biography

Alireza Rezayi has subspeciality in child neurology and clinical neurophysiology and he is working on rare disease such as refractory epilepsy, neurometabolic and ADHD in tertiary center of child neurology center (Mofid Children Hospital and Loghman Hakim Hospital) in Tehran, Iran. He has published several articles in the field of child neurology and he is a Faculty Member of Shahid Beheshti University of Medical Sciences and interested in education of child neurology. He was certificated in Iranian child neurology national board in September 2011 and he has membership in several international child neurology society such as ICNA (International Child Neurology Association), AOCNA (Asian and Oceanian Child Neurology Association), EPSN (European Paediatric Neurology Society) and Iranian Child Neurology Association.

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Michio Nomura, J Addict Res Ther 2018, Volume 9  
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## REDUCING MIND-WANDERING WITH TRANSCRANIAL DIRECT CURRENT STIMULATION AND MINDFULNESS MEDITATION

**Michio Nomura**

Kyoto University, Japan

**T**ranscranial direct current stimulation (tDCS) can modulate mind wandering, which is a shift in the contents of thought away from an ongoing task and/or from events in the external environment to self-generated thoughts and feelings. Using functional magnetic resonance imaging (fMRI), we investigated the causal relationships among tDCS, stimulation-induced directed connection alterations within the DMN, and is part of the default mode network (DMN) that enables modulation of the internal mind wandering, perhaps facilitating rumination about drug use in addicted participants. The anodal tDCS on the right inferior parietal lobule (IPL) decreased the afferent connections of the posterior cingulate cortex (PCC) from the right IPL and the medial prefrontal cortex (mPFC). Furthermore, mediation analysis revealed that the changes in the connections from the right IPL and mPFC correlated with the facilitation and inhibition of mind wandering, respectively. These effects are the result of the heterogeneous function of effective connectivity: the connection from the right IPL to the PCC inhibits mind wandering, whereas the connection from the mPFC to the PCC facilitates mind-wandering. Then the author will present the function of different styles of meditation, focused attention meditation (FA) and open monitoring meditation (OM). We found that FA and OM are associated with different functional connectivity between the striatum and DMN regions. Finally, the author will summarize the emerging body of knowledge that suggests the benefits of mindfulness meditation on treating addiction, and different types of meditation exercises.

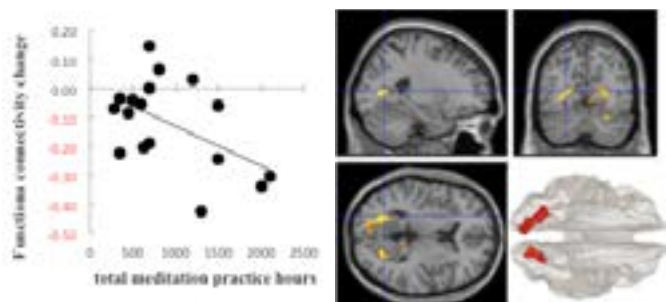


Figure 1: Relative to beginners, experienced meditators may be more free from their autobiographical memory.

### Recent Publications

1. Fujino M, Ueda Y, Mizuhara H, Saiki J and Nomura M (2018) Open monitoring meditation reduces the involvement of brain regions related to memory function. *Scientific Reports* 8.
2. Takano R and Nomura M (2018) Anodal transcranial direct current stimulation of the right temporoparietal junction enhances the self-effacing bias in Japanese individuals. *Culture and Brain* DOI: 10.1007/s40167-018-0064-4.
3. Kajimura S, Kochiyama T, Abe N and Nomura M (2018) Challenge to unity: Relationship between hemispheric asymmetry of the default mode network and mind wandering. *Cerebral Cortex* DOI: 10.1093/cercor/bhy086.
4. Yanagisawa K, Kashima E S, Moriya H, Masui K, Furutani K, Yoshida H, Ura M and Nomura M (2017) Tolerating dissimilar other when primed with death: Neural evidence of self-control engaged by interdependent people in Japan. *Social Cognitive and Affective Neuroscience* 12:910–917.
5. Kajimura S, Kochiyama T, Nakai R, Abe N and Nomura M (2016) Causal relationship between effective connectivity within the default mode network and mind-wandering regulation and facilitation. *Neuroimage* 133:21-30.

### Biography

Michio Nomura, PhD is an Associate Professor at the Kyoto University. He graduated from the Faculty of Technology at the Nagoya University. He contributed to the identified neural mechanisms of processing subliminally presented emotional stimuli with fMRI (functional magnetic resonance imaging) when he was a graduate student at Nagoya University. He began research on the molecular mechanisms of the brain reward system, including serotonergic systems, at Nagoya University in 2002 and continued this research at Hiroshima University (2008-2010) and the Kyoto University (2010-present). He has served as an Executive Member of the Japanese Society of Neuropsychopharmacology (JSNP) since 2009. He was awarded the Japanese Brain Science Society Young Investigator Award in 2007, the CINP Presentation Award from the JSNP in 2010, and 2011. He serves as Academic Editor of several journals, *Frontiers in Psychology* and *Interdisciplinary Education and Psychology*.

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Addiction Psychiatry 2018

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## BABYGAZE: A RAPID NEUROBIOLOGICAL INTERVENTION FOR ANXIETY, PANIC AND ANGER

**Andrew J Ashworth**

Bonhard Medical Ltd., UK

**A** method of rapid attenuation of symptoms of anxiety, panic and anger is described using interoception combined with stimulation of the third and fourth cranial nerves by the subject. The proposed method by which BabyGaze interrupts a neurological feedback loop via direct stimulation of the Edinger-Westphal nucleus (the rostral-most parasympathetic nucleus) in the brainstem is illustrated. Attenuation of interoceptive (physical) symptoms typically occurs in less than 5 minutes with associated elimination of psychological symptoms. Having learnt the method, it can be carried out by the patient without further therapeutic intervention. This method has been used in a Scottish General Practice now for over 12 months with associated reduction in prescribing and referral to mental health services.

### Recent Publications

1. Dutton P V and Ashworth A J (2015) The natural history of recovery from psychological trauma: An observational model. *Medical Hypotheses* 85:588-590.
2. Elizabeth I Martin, Kerry J Ressler, Elisabeth Binder and Charles B Nemeroff (2009) The neurobiology of anxiety disorders: Brain imaging, genetics and psychoneuroendocrinology. *Psychiatr Clin North Am* 32:549-575.
3. Sukhbinder Kumar, Olana Tansley Hancock, William Sedley, Joel S Winston, Martina F Callaghan, et al. (2017) The brain basis for misophonia. *Current Biology* 4:527-533.
4. Ashworth A J and Dutton P V (2016) BabyGaze: A neurobiological method of anxiety relief in trauma. *Open Access Text* 1:36-39.
5. Kessler R C, Ruscio A M, Shear K and Wittchen H U (2010) Epidemiology of anxiety Disorders. *Curr Top Bev Neurosci* 2:21-35.

### Biography

Andrew J Ashworth is a General Medical Practitioner with experience of Combat. His interests include rapid neurological management of anxiety on which he has presented at a previous conference. He has graduated from Leeds University Medical School in 1980. He became a member of the Royal College of General Practitioners in 1985. He was a Royal Navy Medical Officer between 1980 and 1994 with experience including combat in the Falklands Conflict and in submarines at sea. He is dual qualified in Occupational Medicine. His special interest is in the treatment of psychological trauma and is qualified in brainspotting as well as CBT. He works as an NHS General Practitioner in Scotland as well as providing occupational medical services and carrying out research on trauma and anxiety.

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# DAY 1

Video Presentation



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Torie S. Sepah, J Addict Res Ther 2018, Volume 9  
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## **CO-OCCURRING DISORDERS: PREVALENCE, UNDER-DIAGNOSIS, AND THE DOWNWARD SPIRAL LEADING TO HOMELESSNESS, INCARCERATION, AND LOWER LIFE EXPECTANCY. HOW TO CHANGE THE COURSE BY IMPLEMENTING EVIDENCE-BASED, INTEGRATED CARE—FROM THE PROVIDER LEVEL UP TO A SYSTEMS-BASED APPROACH**

**Torie S. Sepah**

California Institute for Women, USA

**C**o-occurring disorders—which used to be called ‘dual diagnosis’ disorders refers to the concurrence of both a substance use disorder and a psychiatric disorder in a given individual.

Such disorders are not uncommon and a growing body of evidence has taught us that this phenomenon has a unique clinical course than either of its separate diagnosis. The impact of co-occurrence is greater than the sum of its parts.

In general, there is a downgrading of the prognosis for both disorders when identified in the same patient. The currently accepted prevalence of this condition has been stable over the course of two decades during which time, several large scale studies have cast their net wide enough to capture diagnostic relationships that had historically been difficult to make. After all, the populations being studied present

diagnostic challenges given the overlap between substance induced symptoms, withdrawal symptoms and those that are independent of substance use.

### **Biography**

Torie S. Sepah, MD is a physician psychiatrist, with Board Certification by the ABPN in Adult Psychiatry. She completed undergraduate at UCLA with a BA in Political Science and medical school at Tulane School of Medicine, where she was inducted into the Arnold P. Gold Humanism in Medicine Honour Society for exemplifying humanistic care. She completed internship in Family Medicine at Kaiser Permanente Los Angeles Medical Centre and residency in Psychiatry at LA County-University of Southern California. Dr. Sepah was a Chief Resident during residency at which time she conducted research on physician burnout among two departments, from the resident to attending level.

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# DAY 2

Keynote Forum



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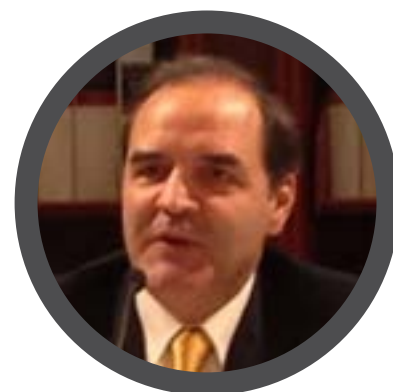
Javier Fiz Perez, J Addict Res Ther 2018, Volume 9  
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## STRESS PERCEPTION AND STRESS CAUSES: COPING SUPPORT TECHNIQS WITH THE POSITIVE PSYCHOLOGY APPROACH

**Javier Fiz Perez**

European University of Rome, Italy

Stress is no longer a phenomenon that concerns adults exclusively. For this reason, we have decided to include teenage stress in our research. We have been submitting a survey on stress to a group of 671 teenagers with an average age of 16 years and 7 months. The survey was focused on two different aspects: stress perception and stress causes family support coping questionnaire was also submitted. The main finding of this study is that 38% of the sample defines them as stressed, with no gender related differences. Subjects that consider themselves stressed indicate as causes lack of time (31%) and excessive commitments (23%). Almost all the subjects say school (48%), family (21%) and sentimental relationships (8%) are the main sources of stress. From the analysis of the open answers, it is clear that family and school expectations are the greatest sources of stress – even if significantly more so for females than for males. Subjects were asked to assess the level of stressed originated by finishing school and the need of choosing and planning their future. This finding is meaningful when measured up to the percentage of subjects that has stated to have already made the decision of what to do when they finish studying. As it is seen in the graphic (we asked the subjects to state if they had already decided what to do after school) the greatest levels of uncertainty are found in year IV. The intersection of these data does not seem, however, enough to explain levels of stress, as the high percentage of students who have decided should cause a significant reduction of stress in year V. Most likely, stress concerning the post high school choice is the nonlinear combination of two factors: on one hand, uncertainty regarding the choice, on the other hand, the immediacy of the event. Comparing stress levels amongst subjects that count on strong family support and subjects that count on scant family support there are significant differences. The subjects that count on strong family support seem to register lower average stress levels, regarding their post high school choices. Furthermore, this kind of support seems to reduce stress as the event comes nearer, facilitating the decision-making.



### Recent Publications

1. G Giorgi and Fiz Pérez J (2014) The general health questionnaire (GHQ-12) in a sample of Italian workers: Mental health at individual and organizational level. *World Journal of Medical Sciences* 11(1):47-56.
2. G Giorgi, Fiz Perez J and M Morone (2016) Neuroticism: characteristics, impact on job performance and health outcomes. The influence of neuroticism, personality traits and motivation on organizational emotional intelligence and work-related stress tolerance. ISBN: 978-1-63485-323-1.

### Biography

Javier Fiz Perez is a Psychotherapist and Professor of Psychology at the European University of Rome, where he cooperates also as Delegate for the International Research Development. He is Co-Director of the Laboratory of Applied (Business and Health Lab). He graduated in Philosophy, Psychology and Social Bioethics, getting also a specialization in Executive Business Administration (EMBA) after the PhD. He is a Member of the Advisory Board of the Academic Senate of the Accademia Tiberina. He is the Coordinator of the Scientific Committee of The International School of Economics and Ethics (Italy) and collaborates with the International Academy for Economic and Social Development (AISES) of which he has been Vice President for Spain and Latin America. He is also the Scientific Research Director of the European Institute of Positive Psychology at Madrid (IEPP) being also a Member of the Scientific Committee of International Institute Jacques Maritain. He is also a Member of several Committees of Scientific Journals and the Director of the International Network for Social and Integrated Development (INSID). He has more than 150 national and international publications.

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## DECISION MAKING IN ADDICTION

### Ebru Aldemir

Aegean University Institute on Drug Abuse,  
Toxicology and Pharmaceutical Science, Turkey

Addiction is a serious public health problem that causes morbidity and mortality and economic burden. Recognizing that addiction results from the choices made by those with that disorder, the field of addiction science, beginning in the 21<sup>st</sup> century has increasingly focused its attention on decision making processes. A hallmark of addiction is the fact that the individual suffering from it continues to use despite negative consequences. Progress in identifying the neurobehavioral decision processes underlying disadvantageous decision making evident in addiction could facilitate the transition from a symptom-focused approach to a mechanism-focused approach, and this may further the development of treatments for these conditions. Decision-making impairments can be both the cause and consequence of addiction. Some of the traits linked to substance use vulnerability, such as reward-sensitivity and impulsivity, contribute to poorer performance in decision-making tasks. Similarly, the deleterious effects of chronic substance use on frontostriatal and limbic systems have been shown to produce or exacerbate impairments in cognitive control processes that contribute to decision making, such as working memory. This presentation will focus on neurobehavioral theories of impaired decision-making in addiction; impairments in three stages of decision-making in addiction, namely, preference formation, choice implementation, and feedback processing; and implications of impaired decision-making in addiction.

#### Recent Publications

1. Bickel W K, Mellis A M, Snider S E, Athamneh L N, Stein J S and Pope D A (2017) 21<sup>st</sup> century neurobehavioral theories of decision making in addiction: Review and evaluation. *Pharmacology Biochemistry and Behavior* 164:4-21.
2. Verdejo Garcia A, Lawrence A J and Clark L (2008) Impulsivity as a vulnerability marker for substance-use

disorders: Review of findings from high-risk research, problem gamblers and genetic association studies. *Neurosci Biobehav Rev* 32(4):777-810.

3. Verdejo García A, Chong T T J, Stout J C, Yücel M and London E D (2017) Stages of dysfunctional decision-making in addiction. *Pharmacology Biochemistry and Behavior* 164:99-105.
4. Albein Urios N, Martinez Gonzalez J M, Lozano O, Clark L and Verdejo Garcia A (2012) Comparison of impulsivity and working memory in cocaine addiction and pathological gambling: Implications for cocaine-induced neurotoxicity. *Drug Alcohol Depend* 126(1-2):1-6.
5. Vonmoos M, Hulka L M, Preller K H, Minder F, Baumgartner M R and Quednow B B (2014) Cognitive impairment in cocaine users is drug-induced but partially reversible: Evidence from a longitudinal study. *Neuropsychopharmacology* 39(9):2200-2210.

#### Biography

Ebru Aldemir has been a Psychiatrist for fifteen years. She is a Lecturer and a PhD student on Substance Addiction Programme at Ege University Institute on Drug Abuse, Toxicology and Pharmaceutical Science. She has published more than 15 papers in reputed journals. Her research interests are addictive disorders, neurocognitive functions, motivational interviewing and brief psychotherapies.

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# DAY 2

## Workshop



## 8<sup>th</sup> International Conference on **Addiction Psychiatry**

August 13-14, 2018 | Madrid, Spain

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Andrew J Ashworth, J Addict Res Ther 2018, Volume 9  
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## A WORKSHOP ON RAPID SIMPLE EXERCISES USING NEUROBIOLOGICAL EVIDENCE TO ATTENUATE ANXIETY, ANGER AND STRESS

**Andrew J Ashworth**

Bonhard Medical Ltd., UK



Anxiety disorders defined by ICD IV have a lifetime prevalence of 28.8% and a point prevalence of 7.3%. Comorbidity of addiction and anxiety is common. Part 1: BabyGaze for attenuation of anxiety – An anxiety positive feedback loop has been proposed involving an efferent pathway (from the cortex) via the limbic system, amygdala, amygdalofugal and sympathetic nervous system to the viscera. There is also an afferent interoception pathway from the viscera via the spinothalamic tract, the spinoreticular and spinotegmental tracts and on to the ventromedial prefrontal cortex which senses and rationalizes visceral information. Neonates have a typical up and out gaze 'BabyGaze' that involves recruitment of the III & IV cranial nerves that juxtapose the most rostral parasympathetic (Edinger-Westphal) nucleus in the brainstem. By adopting the BabyGaze whilst giving attention to interoceptive perception, feelings of anxiety (and anger) can be rapidly attenuated. The workshop will give participants the opportunity to experience the attenuation and to deliver the method as a treatment to a fellow participant. Part 2: Da Vinci Gaze for resolution of stress – Cerebellar function goes beyond the long understood role of muscular co-ordination. Each cerebellar hemisphere has a bidirectional relationship with the contralateral hippocampus where coding to and decoding from long term memory occurs. Spatial working memory has been shown to be lateralized, egocentric short-term memory being held in the right cerebellar hemisphere and allocentric memory being held in the left. Thus the right cerebellar left hippocampus (RCLH) deals with experiential memory forming a street view and LCRH deals with understanding and forms a map view. Traumatic events are postulated to involve a sudden change to the map view held in the LCRH. Smaller hippocampal volume predicts vulnerability to trauma. US combat veterans with PTSD have a right hippocampal volume that is 8% smaller than controls. Co-twins of PTSD patients also had smaller hippocampi, suggesting a genetic or developmental predisposition for PTSD affecting the encoding and decoding of long-term memory. The anatomical connection between the two cerebellar hemispheres is via the

middle cerebellar peduncles which are juxtaposed around the VI<sup>th</sup> cranial nerve nuclei. This juxtaposition is consistent with REM sleep representing middle cerebellar activity synchronizing of egocentric and allocentric memories for encoding to long-term memory. It has been postulated that when short term egocentric and allocentric memories are asynchronous, encoding is negatively affected leading cerebellar neural networks unavailable for further short term memory. A simple exercise to encourage subconscious allocentric and egocentric synchronization by first identifying the dominant lateral gaze to encourage intercerebellar connection and then using alternate cerebellar stimulation to synchronize egocentric and allocentric memories for encoding will be demonstrated to and experienced by the delegates.

### Recent Publications

1. Ashworth A J and Dutton P V (2017) BabyGaze: A rapid neurobiological intervention for anxiety, panic and anger. *International Journal of Psychiatry* 2(2):1-2.
2. Ashworth A J and Dutton P V (2016) BabyGaze: A neurobiological method of anxiety relief in trauma. *Trauma Emerg Care*, 1(3):36-39.
3. Yu W and Krook Magnuson E (2015) Cognitive collaborations: Bidirectional functional connectivity between the cerebellum and the hippocampus. *Front Syst Neurosci*. 9:177.
4. Iglói K, Doeller C F, Berthoz A, Rondi Reig L and Burgess N (2010) Lateralized human hippocampal activity predicts navigation based on sequence or place memory. *PNAS* 107(32):14466-14471.
5. Stoodley C J, Valera E M and Schmahmann J D (2012) Functional topography of the cerebellum for motor and cognitive tasks: An fMRI study. *Neuroimage* 59(2):1560-70.

## Biography

Andrew J Ashworth is a General Medical Practitioner with experience of Combat. His interests include rapid neurological management of anxiety on which he has presented at a previous conference. He has graduated from Leeds University Medical School in 1980. He became a member of the Royal College of General Practitioners in 1985. He was a Royal Navy Medical Officer between 1980 and 1994 with experience including combat in the Falklands Conflict and in submarines at sea. He is dual qualified in Occupational Medicine. His special interest is in the treatment of psychological trauma and is qualified in brainspotting as well as CBT. He works as an NHS General Practitioner in Scotland as well as providing occupational medical services and carrying out research on trauma and anxiety.

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# DAY 2

Scientific Tracks & Abstracts



8<sup>th</sup> International Conference on

# Addiction Psychiatry

August 13-14, 2018 | Madrid, Spain



# DAY 2

August 14, 2018

## Sessions

**Substance Use Disorder | Addiction Medication |  
Behavioral Addiction | Addiction | Mental Health |  
Alcoholism Addiction**

### Session Chair

**Javier Fiz Perez**

European University of Rome, Italy

### Session Introduction

**Title: Achieving rational decision-making with therapy: Addiction perspective**

**Betul Akyel**, Ege University Institute on Drug Abuse, Toxicology and Pharmaceutical Science, Turkey

**Title: Adopting an integrated care model for patients with HIV and substance use disorders**

**Rachel Haroz**, Cooper Medical School of Rowan University, USA

**Title: Quality human relationships fostered by a mental health program with a community approach:  
Emotional benefits for patients with serious mental disorders**

**Sandra Racionero-Plaza**, Universidad Loyola Andalucía, Spain

**Title: Inconceivable dosage of diazepam in severe alcohol withdrawal syndrome**

**Ebru Aldemir**, Aegean University Institute on Drug Abuse, Toxicology and Pharmaceutical Science, Turkey

**Title: Substance, suicide and psychological aspects in chronic pulmonary patients**

**Mitra Safa**, Shahid Beheshti University, Iran

EuroSciCon

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## ACHIEVING RATIONAL DECISION-MAKING WITH THERAPY: ADDICTION PERSPECTIVE

**Betül Akyel**

Ege University - Institute on Drug Abuse, Toxicology and Pharmaceutical Science, Turkey

Despite the fact that the use of the substance causes considerable damage, persistent use is often explained by deterioration in the decision-making process. Decision-making essentially defined as a process that makes the most advantageous choice according to its long-term and short-term results. One of the factors that is closely related to substance use is higher delay discounting. Individuals with substance use disorder behave impulsively, choosing small immediate rewards associated with drug use over delayed rewards such as good health. In terms of substance abuse, it is thought that finding and implementing psychosocial ways to regulate these processes will be successful in terms of treatment success and relapse rates. Acceptance-based therapies can be considered as a valuable option with findings that reduce the delayed discounting. It is considered to be a powerful method in terms of reducing the level of stress related with delayed reward. Stress intolerance and psychological inflexibility also often lead to the decision to use drugs in individuals with substance use disorder by distorting their ability of staying in a negative mood. Acceptance-based therapies are also used for strengthening this ability by increasing stress tolerance and flexibility. Another alternative approach is goal management training (GMT) when studying on decision making processes with substance use disorder. GMT trains self-regulation, feedback monitoring and response initiation that are fundamental cognitive control processes involved in decision-making. Enrolling this approach in usual substance use disorder treatment regimens, have shown a significant improvement in decision-making processes. In this presentation, it is the main goal to share how wrong decision-making processes, which may affect treatment success in terms of addiction, are retreated in different therapy techniques.

### Recent Publications

1. Ashe M L, Newman M G and Wilson S J (2015) Delay discounting and the use of mindful attention versus distraction in the treatment of drug addiction: A conceptual review. *Journal of the Experimental Analysis of Behavior* 103(1):234-248.
2. Lamb R J, Maguire D R, Ginsburg B C, Pinkston J W and France C P (2016) Determinants of choice, and vulnerability and recovery in addiction. *Behav Process* 127:35-42.
3. Morrison K L, Madden G J, Odum A L, Friedel J E and Twohig M P (2014) Altering impulsive decision making with an acceptance-based procedure. *Behavior therapy* 45(5):630-639.
4. Robles E, Huang B E, Simpson P M and McMillan D E (2011) Delay discounting, impulsiveness, and addiction severity in opioid-dependent patients. *Journal of Substance Abuse Treatment* 41(4):354-362.
5. Valls Serrano C, Caracuel A and Verdejo Garcia A (2016) Goal management training and mindfulness meditation improve executive functions and transfer to ecological tasks of daily life in polysubstance users enrolled in therapeutic community treatment. *Drug and Alcohol Dependence* 165:9-14.

### Biography

Betül Akyel has been a Psychologist for six years. She has completed her Master's degree programme on Substance Addiction at Ege University Institute on Drug Abuse and she has been a PhD student on Substance Addiction Programme at Ege University Institute on Drug Abuse, Toxicology and Pharmaceutical Science. Her research interests are addictive disorders, neurocognitive assessment and cognitive behavioral therapies.

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## ADOPTING AN INTEGRATED CARE MODEL FOR PATIENTS WITH HIV AND SUBSTANCE USE DISORDERS

**Rachel Haroz**

Cooper University Hospital, USA

Despite significant advances in health outcomes in the patients living with HIV (PLWH) population, those with substance use disorders have continued to face barriers at every level of care. These patients have delayed diagnosis, decreased access to care and adherence to antiretroviral therapy, increased risk behavior, and inferior medical outcomes. Integration of HIV and substance use disorder care has been shown to improve retention in care, leading to improved outcomes. In particular, treatment of patients with opioid use disorder and HIV with medication assisted treatment, such as methadone or buprenorphine has been shown to improve retention in care, improve adherence to antiretroviral therapy and decrease risky transmission behavior. The Cooper early intervention program (EIP) is located within Camden, NJ, and provides HIV/AIDS care and treatment services to part of the Philadelphia Eligible Metropolitan Area, a Part A planning region that includes the southwestern area of New Jersey. Preliminary 2017 data from internal reporting suggested that 186 out of 924 (20.1%) active HIV+ patients were identified as having a substance use disorder over the previous 5 years. Of the 186 patients, only 107 exhibited durable viral suppression, in stark contrast to EIP's overall viral load suppression rate of 86.98%. This identified cohort of patients could be indicative of chronic medication nonadherence frequently observed in these patients. In 2017, EIP integrated addiction medicine services to provide support for PLWH with co-occurring substance abuse issues. The mission for this enhanced treatment adherence program aligns with the national goals to develop a coordinated response against the largest barrier to achieving viral suppression. Since its inception, addiction medicine has linked approximately 17 PLWH to care. Our goal is to achieve a 50% improvement in viral suppression, thus reaching the 90–90–90 targets launched by the United Nations Program on HIV/AIDS (UNAIDS).

### Recent Publications

1. Meyer J E, Althoff A L and Alice F L (2013) Optimizing care for HIV-infected people who use drugs: Evidence-based approaches to overcoming healthcare

disparities. Clin Infect Dis 57(9):1309-1317

2. Batkis M F, Treisman G J and Angelino A F (2010) Integrated opioid use disorder and HIV treatment: Rationale, clinical guidelines for addiction treatment, and review of interactions of antiretroviral agents and opioid agonist therapies. AIDS Patient Care STDS 24:15–22.
3. Lucas GM, Chaudhry A, Hsu J, et al. (2010) Clinic-based treatment of opioid-dependent HIV-infected patients versus referral to an opioid treatment program: A randomized trial. Ann Intern Med. 152:704–11.
4. Chitsaz E, Meyer J P, Krishnan A, et al. (2013) Contribution of substance use disorders on HIV treatment outcomes and antiretroviral medication adherence among HIV-infected persons entering jail. AIDS Behav. DOI: 10.1007/s10461-013-0506-0.
5. Van Asten L C, Boufassa F, Schiffer V, et al. (2003) Limited effect of highly active antiretroviral therapy among HIV-positive injecting drug users on the population level. Eur J Public Health 13:347–9.

### Biography

Rachel Haroz is an Assistant Professor in the Department of Emergency Medicine at Cooper Medical School of Rowan University. She is board certified in Emergency Medicine, Medical Toxicology and Addiction Medicine; she obtained her BA in Biology from Brandeis University, MD from Tufts University and completed a residency in Emergency Medicine and fellowship in Medical Toxicology. She has spent the last 17 years working in inner city emergency departments, mostly in the Camden area where opioid intoxication, abuse and dependency are rampant. She helps staff the Outreach Clinic at the Urban Health Institute at Cooper University Hospital in Camden New Jersey, an addiction medicine specialty clinic dedicated to treating patients with substance use disorders as well as the Early Intervention Program Clinic – a clinic dedicated to the care of patients with HIV and substance use disorders.

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## QUALITY HUMAN RELATIONSHIPS FOSTERED BY A MENTAL HEALTH PROGRAM WITH A COMMUNITY APPROACH: EMOTIONAL BENEFITS FOR PATIENTS WITH SERIOUS MENTAL DISORDERS

**Sandra Racionero Plaza<sup>2,3</sup>, Ramón Flecha García<sup>1,3</sup>, Juan Piñero<sup>4</sup>, Desiree Ruiz Aranda<sup>2</sup> and Susana León<sup>1</sup>**

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**Statement of the Problem:** Human relationships which are characterized by violence increase the likelihood to engage in addictive behaviors and negative mental health outcomes are particularly prevalent in those cases. Contrarily, quality human relationships can be life-saving. A growing number of research indicates how important close emotional connections are for health and well-being, what is in line with a community approach in mental health care that is proving to have successful results and more benefits in comparison to traditional individualized interventions in hospitals. Mental health programs that foster positive social relations as part of activities based in the community can be successful in promoting emotional wellbeing in patients with serious mental disorders derived from addictive behaviors and unhealthy relationships.

**Methodology & Theoretical Orientation:** We worked with a sample of 15 patients (age range: 25-45) with serious mental illness who were involved in a mental health program with a community approach which was provided in a day care hospital in Malaga (Spain). Some patients developed schizophrenia and psychosis as a result of addiction to drugs. We conducted interviews and focus groups with those patients, analyzing the data according to a theory driven approach as well as with enough openness to find out new categories.

**Findings:** Patients with mental health disorders derived from addictive behaviors reported that the community approach of the mental health program was very positive for them to improve their emotional wellbeing. The patients emphasized the importance of the community approach in fostering the creation of new friendships that helped them improving their self-concept and recovering confidence in themselves and in others.

**Conclusion & Significance:** Programs that support socio-emotional development in therapeutic groups in community contexts can enhance the development of quality human relationships that have positive effects in patients with mental health disorders derived from addictive behaviors.

### Recent Publications

1. Amador J, Flecha R and Sordé T (2018) Drugs and mental health problems among the Roma: Protective factors promoted by the Iglesia Evangélica Filadelfia. *International Journal of Environmental Research and Public Health* 15(2):335.
2. Flecha R, Soler M and Sordé T (2015) Europe must fund social sciences. *Nature* 520(7581):193-193.
3. Racionero Plaza S (2018) Quality human relationships as a context for health and freedom. *Revista de Fomento Social* 289:43-63.
4. Racionero Plaza S (2015) Reconstructing autobiographical memories and crafting a new self through dialogic literary gatherings. *Qualitative Inquiry* 21(10):920-926.
5. Reale E, Avramov D, Canhial K, Donovan C, Flecha R, Holm P, Larkin C, Lepori B, Mosoni Fried J, Oliver E, Primeri E, Puigvert L, Scharnhorst A, Schubert A, Soler M, Soès S, Sordé T, Travis C and Van Horik R (2017) A review of literature on evaluating the scientific, social and political impact of social sciences and humanities research. *Res Eval* DOI: 10.1093/reseval/rvx025.

## Biography

Racionero-Plaza obtained her joint PhD from the University of Wisconsin-Madison (USA), with the specialties including social interaction, learning, and cognition. She is research member of the Community of Researchers on Excellence for All (CREA). At present, she is Ramón y Cajal fellow, contributing to a research line in the fields of psychology and neuroscience about the role of quality human relationships on mental health, with a focus on the preventive socialization of gender violence among youth. She is head of the Department of Psychology at Universidad Loyola Andalucía and member of the Human Neuroscience Lab at the same university.

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## INCONCEIVABLE DOSAGE OF DIAZEPAM IN SEVERE ALCOHOL WITHDRAWAL SYNDROME

**Demet Gulec Oyekcin** and **Ebru Aldemir**

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**A**lcohol is a psychoactive substance with dependence-creating properties. In 2012, about 3.3 million deaths, or 5.9% of all global deaths, were attributable to alcohol consumption[1]. Symptoms of severe alcohol withdrawal are fewer than 10% and manifest delirium tremens and seizure. [2].The purpose of this study was to discuss the effect of diazepam infusion requirements for delirium tremens. The age of the cases were respectively 39, 43, 57 and 59. The age of first alcohol use were respectively 13, 9, 13, 15. The average daily alcohol consumption were 23, 25, 16, 25 standard drinks and 4 patients had been drinking regularly for 23,18,37,40 years. Two patients had been drinking 2 liters/day of 80% alcohol containing drinks (Turkish cologne). The four of the patients progressed delirium tremens at the first day of hospitalization. The administered diazepam dosages were respectively 140 mg/day, 480 mg/day, 400 mg/day and 240 mg/day on the first day. The dosage was reduced by 10% of gradually in the following days. Withdrawal treatment was accomplished within 15 days. We consider that early onset alcohol drinking and family history are the predictors of inconceivable doses of diazepam for the patients we have reported. There is not any consensus with the dosages of diazepam treatment for delirium tremens.[3]The studies reveal that symptom-triggered treatment or fixed-dose regimen can be used in the treatment of alcohol withdrawal.[4]However in some cases as we reported

vagarious manners may emerge and clinicians have to bend the treatment protocols. It is crucial to determine the risk factors for severe alcohol withdrawal syndrome.

### Biography

Demet Gulec Oyekcin is working as an Associate Professor in the Department of Psychiatry at Çanakkale University in Turkey. I am the coordinator of the Addiction Psychiatry Section (APS) of Psychiatric Association and I primed the Addiction division 4 years ago in the Psychiatry Department of the Medicine Faculty. I have been studying in the addiction field since 2012. Prior to that I studied in different areas of psychiatry; psychoanalysis, psychodynamic psychiatry, epidemiology and personality disorders. In our outpatient/inpatient clinic we mainly treat the patients who have alcohol use disorders; The researches we are currently conducting in the area of addiction are as follows: epidemiology of alcohol and substance use among college students, childhood trauma and severity of alcohol addiction, impulsivity and brain research of alcohol addiction, emotion regulation.

Ebru Aldemir has been a Psychiatrist for fifteen years. She is a Lecturer and a PhD student on Substance Addiction Programme at Ege University Institute on Drug Abuse, Toxicology and Pharmaceutical Science. She has published more than 15 papers in reputed journals. Her research interests are addictive disorders, neurocognitive functions, motivational interviewing and brief psychotherapies.

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## SUBSTANCE, SUICIDE AND PSYCHOLOGICAL ASPECTS IN CHRONIC PULMONARY PATIENTS

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<sup>1</sup>NRITLD - Shahid Beheshti University, Iran

<sup>2</sup>Shahid Beheshti University, Iran

<sup>3</sup>Masih Daneshvari Hospital, Iran

**Statement of the Problem:** Chronic diseases like pulmonary ones include wide range of diseases and so diverse areas. They need psychiatric and psychological services, 10 times more than people who do not suffer chronic diseases.

**Materials & Methods:** In the current study, we investigated psychological status and severity and pattern of substance use in 531 chronic pulmonary patients with tuberculosis, asthma, chronic obstructive pulmonary disease (COPD) and lung transplantation patients in a prospective study in eight months.

**Findings:** Our results showed that the percentage of male gender was more between tubercular, lung transplantation and COPD patients, but the number of women was more just between asthmatic patients. The average age of COPD patients was more than other patients, which was 66 years old. The number of single patients was more between lung transplantation patients, and 67% of them were single. The number of married patients was the most between asthmatic patients and 83% of them were married. Four per cent of the patients used guarded contact. Two per cent of men used manipulative contact, which was not used by women. Sixty eight per cent of the patients suffered from depression. Obsession was one of the symptoms in content of thought that existed in 25% of the patients, mostly in women. Thirteen per cent of patients had suicide ideation, which most of them were men. Hopelessness thoughts were more common between men. Eighty two per cent were irritable. Thirteen per cent had attempted suicide. Thirteen per cent had visual hallucinations and 12.5% had auditory hallucinations which were more common between men. In the field of physiology, 59% of women and 60% of men suffered insomnia. Hundred per cent of transplantation and tubercular patients had used cigarettes and 68% of them smoked daily at the time of the research. Forty per cent of COPD patients smoked more than 30 cigarettes per day. Fifty one per cent of

COPD patients smoked cigarettes until five minutes after waking up. Eighty three per cent of asthmatic patients had attempted to quit smoking.

**Conclusion:** All in all, results of the current study showed that a large number of patients use cigarettes and opium and suffer psychiatric disorders, despite their advanced pulmonary disease. This issue results in reduced treatment compliance and also increased number of hospitalizations. Undoubtedly, careful planning should be done for simultaneous treatment of pulmonary, psychiatric and substance induced diseases of these patients. The holistic treatment requires considering the patient as a human, not just as a patient lung and understanding the point that the optimal treatment would not be reached, unless we simultaneously treat physical and psychological problems of the patients.

### Biography

Mitrasafa is a Professor, Psychiatrist, Head of psychiatry unit, National Research Institute of Tuberculosis and Lung Disease (NRITLD), Shahid Beheshti University of Medical Science, Tehran, Iran. Member of the examining committee of sleep fellowship students National Research Institute of Tuberculosis and Lung Disease (NRITLD), Shahid Beheshti University of Medical Science, Tehran, Iran, since 2015. President of professional ethics and manner and communicational skills committee of Educational Development Unit (EDU) of National Research Institute of Tuberculosis and Lung Disease (NRITLD), Shahid Beheshti University of Medical Science, Tehran, Iran, since 2015. President of female committee in National Research Institute of Tuberculosis and Lung Disease (NRITLD), Shahid Beheshti University of Medical Science, Tehran, Iran, since 2011. Member of establishing committee of Clinical Tuberculosis and Epidemiology Research Center since 2009. Permanent member of Iranian Stop TB committee (TBC) since 2009.

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