

P01-97

IMPULSIVITY AND ADDICTION SEVERITY IN COCAINE, COCAINE AND HEROIN AND HEROIN DEPENDENT PATIENTS MEASURED BY BIS-11 AND EUROPASI

C. Roncero, L. Rodríguez-Cintas, C. Daigre, F. Gideoni, N. Martínez-Lun, C. Barral, A. Egido, C. López, J. Alvarós, E. Ros

Vall d'Hebron University Hospital, Barcelona, Spain

Objectives: We aimed to study the relationship between impulsivity and the addiction severity in 3 groups of outpatients attending our clinic, through the Barrat Impulsivity Scale (BIS-11) and the standardized, semistructured interview EuropAsi.

Methods: 174 outpatients were analyzed (82.6% men, 113 cocaine-dependent as main drug (mean age 32.71 y.o. (31.45-33.96)), 43 cocaine and heroin-dependent (mean age 36.68 y.o. (33.52-39.85)) and 18 heroin dependent (mean age 37.94 (32.71-41.50)). 26.3% were cannabis-dependent and 10.9 % abused of Cannabis. Statistical analysis used was the Kruskal-Wallis Test.

Results: Differences in motor impulsivity were found between the 2 groups with cocaine dependency and the only heroin-dependent (mean = 20.59, $ST \pm 7.7$ and mean = 17.11, $ST \pm 7.3$, respectively; $W: .019$). EuropASI, showed intergroup differences in the medical, use of alcohol and legal areas. In the medical area the most affected were the heroin dependent group (mean score = .40), followed by cocaine and heroin group (mean score = .27) and the cocaine-dependent (Mean = .10). In the use of alcohol area the most affected were the cocaine group (Mean = .16) followed by the cocaine and heroin-dependent (mean = .11) and heroin dependent (Mean = .06). In the legal area the most affected were the the cocaine and heroin-dependent (Mean = .22) followed by heroin-dependent (Mean = .09) and cocaine-dependent (Mean = .07).

Conclusions: Patients suffering from stimulant dependency alone or together with heroin dependency show different impulsivity levels. The addiction severity varies depending on the substance of abuse. Treatment programs should be designed attending patients' needs.