

American Academy of Addiction Psychiatry 20th Annual Meeting and Symposium

December 3-6, 2009 ~ Hyatt Regency Century Plaza, Los Angeles, CA

Call For Abstracts



Conference registration opens July 1, 2009

Register for the 20th Annual Meeting at www.aaap.org/meetings/2009am/2009attendeereg.html

***Submissions for paper, poster or workshop presentations
must be submitted online by June 1, 2009***

Online submission forms, instructions and examples are available at
www.aaap.org/meetings/2009AM/2009abstracts.html

Submission Categories

- **Paper Presentations** offer an opportunity to briefly present research findings or data on clinical experiences. These presentations are clustered into concurrent 60-minute sessions with each abstract presentation 10 minutes in length followed by an additional 5 minute question/answer period.
- **Posters** are displayed during the opening reception and throughout the conference with the author(s) hosting informal discussions about their work.
- **Workshops** are 90-minute sessions which emphasize an interactive learning process around a specific topic. The emphasis will be on skills development and small group discussion as opposed to dissemination of information in a lecture format.

The American Academy of Addiction Psychiatry encourages abstract submissions for paper, poster and workshop presentations by and about racial and ethnic minorities and women, as well as other underrepresented groups, are strongly recommended.

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www.aaap.org

The following guidelines apply to submission of proposals for all presentations

Paper and Poster Presentations

Submissions must contain data (either quantitative or qualitative) and report research results.

Submissions should be organized under the following headings:

Background: Describe the importance of the study and state the objective(s).

Methods: Provide a description of the methods used: study design, setting, population, measures, and analytic procedures.

Results: Describe the results to support the conclusions.

Conclusions: State the implications of the findings for clinical practice, research, education, or policy.

Funding: (Indicate source of funding, i.e., NIH Institute, Foundation, Health Care Company, Pharmaceutical, etc.)

During the review process, the Review Committee may recommend the author convert a paper submission to a poster. Authors should indicate their presentation preference (poster or paper) on the abstract submission form. The same paper may not be submitted for both a paper presentation and poster.

Papers that have been published or accepted for publication either in article or abstract form prior to the abstract submission deadline will not be eligible for review. Papers under review at the time of the submission deadline but not yet accepted for publication, even if appearing before the meeting, are eligible for presentation.

Workshops

Workshops should be interactive, with an emphasis on audience participation in discussions, skill-building exercises, etc. Participation in workshops should impact attendee's teaching, clinical, policy and/or administrative work.

Learning Objective(s): State the objective of the workshop. A learning objective clearly states what someone will learn as a result of the presentation. Objectives are action-oriented and should begin with words such as, "describe," "evaluate," "recognize" or "assess." Do not use terms like "understand" or "know how to."

Brief Summary of Workshop: Describe the workshop in 250 words or less.

Contents and Methods: Describe the identified objectives to be accomplished. List the methods, strategies, materials and resources to be used by the workshop facilitator. Please specify how you will meet the goal to make this an interactive session. Note: No more than half of the workshop time (45 minutes or less) will be spent on presentation and the remaining time will be dedicated for discussion and interactive exercises with the audience.

Additional Presenters: List name, degree, and institutional affiliation for any additional presenters who will be involved in the workshop.

Title: Naltrexone Treatment Alcohol Dependence in Schizophrenia: Effects on Depression and Psychosis Severity

Steven L. Batki, MD^{1,2}; Jacqueline A. Dimmock, PhD²; Robert Ploutz-Snyder, PhD³; Michelle Cavallerano, BA²; Luba Leontieva, PhD²; Sara DeRycke, BA²; Zsuzsa Szombathyne Meszaros, PhD²; Kelly Canfield, RN, NP^{2,3} ¹Department of Psychiatry, University of California, San Francisco and SF VA Medical Center; ²Department of Psychiatry, SUNY Upstate Medical University; ³Department of Medicine, SUNY Upstate Medical University

Background/Objective: A preliminary analysis of the effects of naltrexone (NTX) treatment on depression and psychosis severity in patients with schizophrenia and alcohol dependence. While NTX has shown promise in the treatment of alcohol dependence in serious mental illness, questions exist regarding its effects on mood and psychosis.

Methods: 90 subjects with schizophrenia/schizoaffective disorder and alcohol abuse dependence were assigned to 12 weeks of naltrexone or placebo treatment. Mean baseline PANSS scores were: Positive 15.4, Negative 13.5, Composite 1.9, General 32.3. Mean baseline Calgary Depression score was 5.2. Multi-level modeling analysis was conducted of longitudinal treatment effects on PANSS and Calgary scores from baseline to study end, by treatment group and adherence. "Adherent" participants received at least 80% of study medication; "non-adherent" less than 80%.

Results: Preliminary multi-level modeling of longitudinal treatment effects on PANSS Positive, Negative, Composite, and General scores from baseline by group revealed no significant main effects or interactions involving treatment group; thus, no significant changes in PANSS scores were observed for either group. Treatment main effects and interactions in our multi-level model of Calgary scores were also non-significant, however we did observe a decrease in Calgary scores over time in the Placebo group ($p < .05$), a decrease that occurred only in "non-adherent" subjects.

Conclusions: Patients with schizophrenia and alcohol use disorders treated with naltrexone did not demonstrate increased depression; nor did they demonstrate improvement of psychotic symptoms. Further analyses may be necessary to explore possible relationships between changes in alcohol use and psychiatric symptoms in schizophrenia.

Source of Funding: NIAAA RO1 AA013655

Disclaimer: AAAP is a private, non-profit organization which reserves the right to remove any presentation from its public forums if questions arise that may compromise the reputation of AAAP. Presentations may be withdrawn by AAAP for various reasons which include, but are not limited to: 1) concerns about pharmaceutical or private corporate influence on or funding for work to be presented, 2) questions regarding the research methodology, analysis and conclusions, or 3) evidence that data was altered or misrepresented.

For further information email annualmeeting@aaap.org or call (401) 524-3076.