There is a need for researchers and policymakers in the area of co-morbid mental health and substance misuse to collaborate and develop shared methods of approach to evidence and research based policy. Although much is known about the prevalence and multiple needs of co-morbid individuals, there are a number of research questions that remain unanswered. By collaborating with colleagues in other European countries and encouraging generalization of results an understanding of the effect health and social care systems on the level and intensity of complexity dual diagnosis presentations will develop. Similarly, while previous research highlighted the complex needs of co-morbid individuals, future research should concentrate on factors that may help prevent the 'ping-pong' effect, resulting in co-morbid people being bounced around various organisations and agencies, most notably among mental health and substance misuse services.

S23.03

Innovations in pharmacological treatment of addiction

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Addictive behaviour associated with alcoholism is a brain disease characterized by craving for alcohol, loss of control over consumption, development of tolerance and dependence, while simultaneously the repertoire of social functioning not related to intake behaviour declines dramatically. To understand the factors that compel some individuals to drink excessively and to identify targets for pharmacological intervention, addiction research has focused on the identification of brain mechanisms that support reinforcing actions of alcohol and the progression of changes in neural function induced by chronic drug or ethanol intake. Cellular and molecular mechanisms of tolerance, sensitization, and dependence have been investigated intensively. The ability of most drugs to enhance dopamine neurotransmission particularly within the mesocorticolimbic dopamine (''reward'') system was demonstrated repeatedly. However, the past decade has placed the dopamine system within a broader context of neuronal circuitry involved in drug seeking, drug taking, and recovery. Specific effects on other receptors symptoms provide particular challenges given the almost ubiquitous expression of these receptors throughout the CNS. Additionally, new emphasis on various neuropeptide systems has reemerged, including opioid peptides and the stress-related peptides of the hypothalamus-pituitary-adrenal axis. Continued research is warranted on the various neurobiological based components that underlie the transition from drug intake to addiction to define drug targets for innovative pharmacological treatment options.

S23.04

Hidden comorbidity

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Attention-deficit/hyperactivity disorder (ADHD) is a chronic disease that is well accepted as a childhood condition. Despite increasing evidence of its clinical relevance in adults, it would appear that adult ADHD is underdiagnosed. This is particularly the case when comorbid with another mental disorder. Comorbidity across the life-span runs as high as 70% amongst adults diagnosed with ADHD. One of the most frequently occurring comorbidities in adult ADHD are substance use disorders (SUDs), which show a bi-directional relationship. ADHD is a risk factor for the development of later SUD to the extent that 9%-30% of adults with ADHD have a substance use problem. On the other hand, prevalence studies have shown that between 15% and 25% of patients with a SUD also have ADHD. The bi-directional relationship between ADHD and SUD can modify the clinical expression of symptoms, thus rendering difficult both correct diagnosis and appropriate treatment. ADHD is a strong risk factor for the subsequent development of an SUD and can jeopardize drug treatment. Assessment for ADHD is highly recommended amongst SUD patients as is a drug evaluation for those adults diagnosed with ADHD. An undiagnosed comorbidity can result in poor results as only part of the problem is treated. More research is needed to clarify relationship between adult ADHD and substance abuse, as well as to explore new psychopharmacological and psychotherapeutic treatments for this comorbidity.

S24. Symposium: QUALITY OF LIFE AND SUICIDE IN THE GERIATRIC PSYCHIATRY–THE RIGHT TO DIE, AN ETHICAL POINT OF VIEW (Organised by the AEP section on Geriatric Psychiatry)

S24.01

The concept of quality of life in dementia in the different stages of the disease

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Dementia is progressive, age related, chronic condition and can profoundly affect the lives of patients and their families.The main question in care becomes how to promote well being and maintain an optimal Quality of Life QOL. But is not always clear what QOL means.The conceptualizations of QOL vary because most instuments are developed for patients in different stages of dementia, and the relevant life domains for QOL vary with the progression of the disease. As a consequence most instruments are unsuitable for assessing QOL in the whole range of mild to severe dementia.This presents a problem for the daily care for people with dementia and for the evaluation of interventions aimed at improving QOL, as changes in QOL with the progression of the disease are difficult to detect and assess with existing instruments.This presentation following conceptual definition offered. Dementia specific QOL is the multidimensional evaluation of the person environment system of the individual, in terms of adaptation to the perceived consequences of the dementia.

S24.02

Suicide and attempted suicide in the elderly. Should the physician give support to patient's wish to die?

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Suicide is a major cause of death of older people. The most reason cited by older adults who consider suicide is loneliness. Feeling alone, worthless, helpless and hopeless are symptoms of depression which carries a high risk for suicide. The suicide risk in the elderly depends on the societies, communities and religious beliefs.

On the other hand the patients who believe that their quality of life would be disturbed by the continued treatment, have the right to ask

https://doi.org/10.1016/j.eurpsy.2007.01.150 Published online by Cambridge University Press