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Introduction Alcohol dependence is a serious problem in Central Europe and the treatment effect depends on level of patient's motivation. The theory of change assumes that therapeutic approaches should be adapted to the motivation stage.
Objectives To examine the state of readiness to change at the beginning and the end of inpatient 6-week and 12-week therapeutic program in Slovakia, Poland, and Czechia.
Aim To compare readiness to change with insight and motivation. To find out, whether patients change during the therapeutic program and how this change leads to advances in treatment.
Methods A total of 380 inpatients were examined using Alcohol Use Disorders Identification Test (AUDIT), the Stages of Change Readiness and Treatment Eagerness Scale (SOCRATES), Readiness to Change Questionnaire (RCQ), and Demographic Questionnaire.
Results Measured by AUDIT, single patients declared higher severity of alcohol dependence than married or divorced patients. A majority of patients were at the stage of action (68.5%) or preparation (26.3%) according to RCQ at the beginning of the treatment. Readiness to change was higher at the end of both programs in terms of taking steps in married patients and in terms of Decreasing of Ambivalence in single patients. The results of the 6-week program appear to be slightly better than 12-week treatment.
Conclusions The intention and motivation to treatment changed during therapy. Marital status may increase the active component for readiness to change, while passive component (decreasing the ambivalence) is observed in single patients. Duration of the program does not seem to be crucial for readiness to change.
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EV1444

The prevalence of psychiatric co-morbidities and relapses in males treated for alcohol dependence syndrome – Prospective study from tertiary de-addiction care unit in Kerala, India

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Kerala has high percapita consumption of alcohol among the other Indian states.
Objectives Prevalence of psychiatric co-morbidities in alcohol dependence syndrome and association of severity of alcohol dependence, personality dimensions, motivation and short delay relapses.
Methods A prospective study in 91 male alcoholic patients for 2 months.
Results Two groups not relapsed (NR = 48) and Relapsed (R = 43) were comparable in age, SADQ severity score, average units of alcohol consumption and years of alcohol use. Average consumption was 17 units/day (500 mL spirits), age of onset before 25 years 87%, mean age 40 and severe alcohol dependence was in 57% of study population. Co-morbid nicotine use was 80.2% and in equal numbers in the relapsers and non-relapsers group.
Conclusions Bipolar disorder was the most prevalent (19.8%) in the study population. About 53.8% had alcohol dependence as the primary diagnosis with no associated psychiatric co-morbidities. Anxiety disorders (12%) and personality disorders (19.7%) were found more in the relapsers group. Anxiety symptoms seemed to be a risk factor for relapsing compared to other co-morbidities in bivariate analysis (Pearson Chi^2 5.998, $P = 0.014$). Psychoticism among relapsers were high (Pearson Chi^2 4.901, P value 0.027, OR: 3.782, 95% CI: 1.103–12.958). Co-morbidities were not statistically significant in multivariate (Pearson Chi^2 1.765, $P = 0.184$, OR: 1.755, 95% CI: 0.763–4.037). Severity of alcohol dependence in relapsers was not significant (Pearson Chi^2 0.650, $P = 0.722$). Motivation levels of 62.8% of relapsers were low, 32.6% medium and only 4.7% reported high motivation (Pearson Chi^2 11.846, $P = 0.003$). Poor motivation proved to be a risk factor for future relapse ($P = 0.008$, 95% CI: 1.266–4.648, SE.332).
Disclosure of interest The authors have not supplied their declaration of competing interest.

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Anti-craving biofeedback program in clinical course of pathological addictions

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Introduction Modern clinical narcology searches for anti-craving programs to overcome psychoactive substances (PAS) pathological addiction with bio-adaptive regulation of systems (BARS).
Aims and objectives To develop computer modified biofeedback program integrated with Luscher test.
Method Twenty-two PAS addicts who were undergoing biofeedback modified psycho-training were examined. Computer rheoencephalogram (REG) was used as an external monitoring module.
Results Technologically novel biofeedback computer modification was developed with preceding Luscher computer testing for determination of the individual preference colour and the colour producing individual unpleasant associations in respondents. Consequently, biofeedback program was corrected differentially by changing standard colour templates for those personified on monitor. Cerebral hemodynamics condition transferred to individually designed for a particular respondent colour registers is used as a homeostatic parameter reflecting alcohol craving presence/absence: in case of the disordered REG parameters the signal reflects the respondent's unpleasant (negative) colour, and with no craving the screen is filled with positive, pleasant, favourite colour. During BARS auto-training the respondents' skills to mediate present subjective clinical PAS craving manifestations with unpleasant colour and the experimental auto-training method have been mastered, and those psycho emotional states which displace PAS craving symbolic colour from the screen are selected, and it is substituted with favourite colour (symbol of healthy mode of life motivations).
Conclusions Usage of combined BARS biofeedback improved effectiveness of the training and allowed to objectivize and control the condition of the patient getting reliable visual and digital information about either regress or activation of PAS craving and potential relapse of addictive behaviour.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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