

## BACKGROUND

Therapeutic Communities (TCs) are care units welcoming people with Alcohol and Drug Use Disorder (AUD/DUD) and frequent psychiatric comorbidities. These alterations can lead to neuropsychological impairments (Beaunieux et al., 2015), which are likely to hinder the benefit of addiction treatment (Cabé et al., 2016). However, these disorders are rarely considered in the support of TCs residents. Understanding cognitive and clinical profile of TCs residents is yet of interest in adapting and optimizing care.

## METHODS

26 residents of 3 French TCs underwent :

- ✓ clinical interviews and questionnaires (health, psychiatric history, DSM-V criteria for substance use, consumption data)
- ✓ neuropsychological screening (the BEARNI; Ritz et al., 2015).

The sample of TCs residents (n=26) was compared to a healthy control (HC) group (n=26) matched for age, gender and education.

Data is part of NEUROADDICT project, still ongoing until 2023.

**AIMS** Describing:  
(1) clinical and consumption profile of the TCs residents  
(2) their neuropsychological impairment profile

## PRELIMINARY DATA RESULTS

### (1) POPULATION DESCRIPTION AND CONSUMPTION PROFILE

#### Socio-demographics

♂ 17 ♀ 9  
Age: 41.3 ± 10.1 [Range: 21-57]  
Years of education: 11 ± 2.15 [Range: 7-17]

#### Frequent medical history and comorbidities

Psychiatric	100 %
Neurological	80.8 %
Liver disease	53.8 %
Family substance use history	76.9 %

#### Frequent substance use

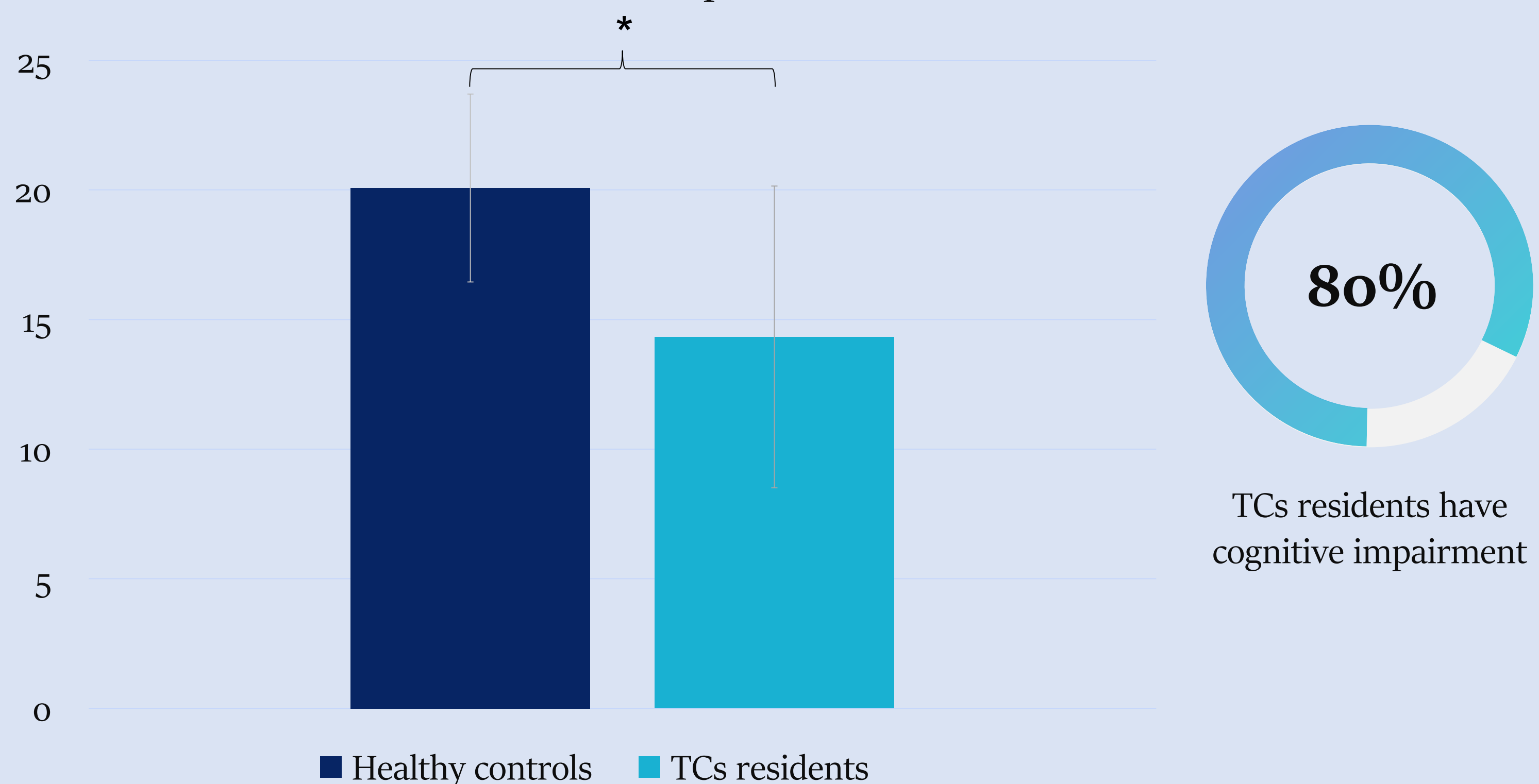
Polyconsumption: 100 %

<b>Alcohol</b> 100 %	<b>Cannabis</b> 76.9 %
DSM-V criteria: 10.3 ± 0.93	DSM-V criteria: 7.85 ± 2.80
Age of onset: 14.2 ± 4.25	Age of onset: 14.8 ± 2.24
Withdrawals: 6.65 ± 7.89	CAST score: 12.2 ± 6.44
AUDIT score: 28.5 ± 9.94	
<b>Tobacco</b> 100 %	<b>Cocaine</b> 65.3 %
Age of onset: 14.2 ± 3.52	DSM-V criteria: 7.27 ± 3.35
Fagerström score: 5.81 ± 9.94	Age of onset: 21.6 ± 6.61

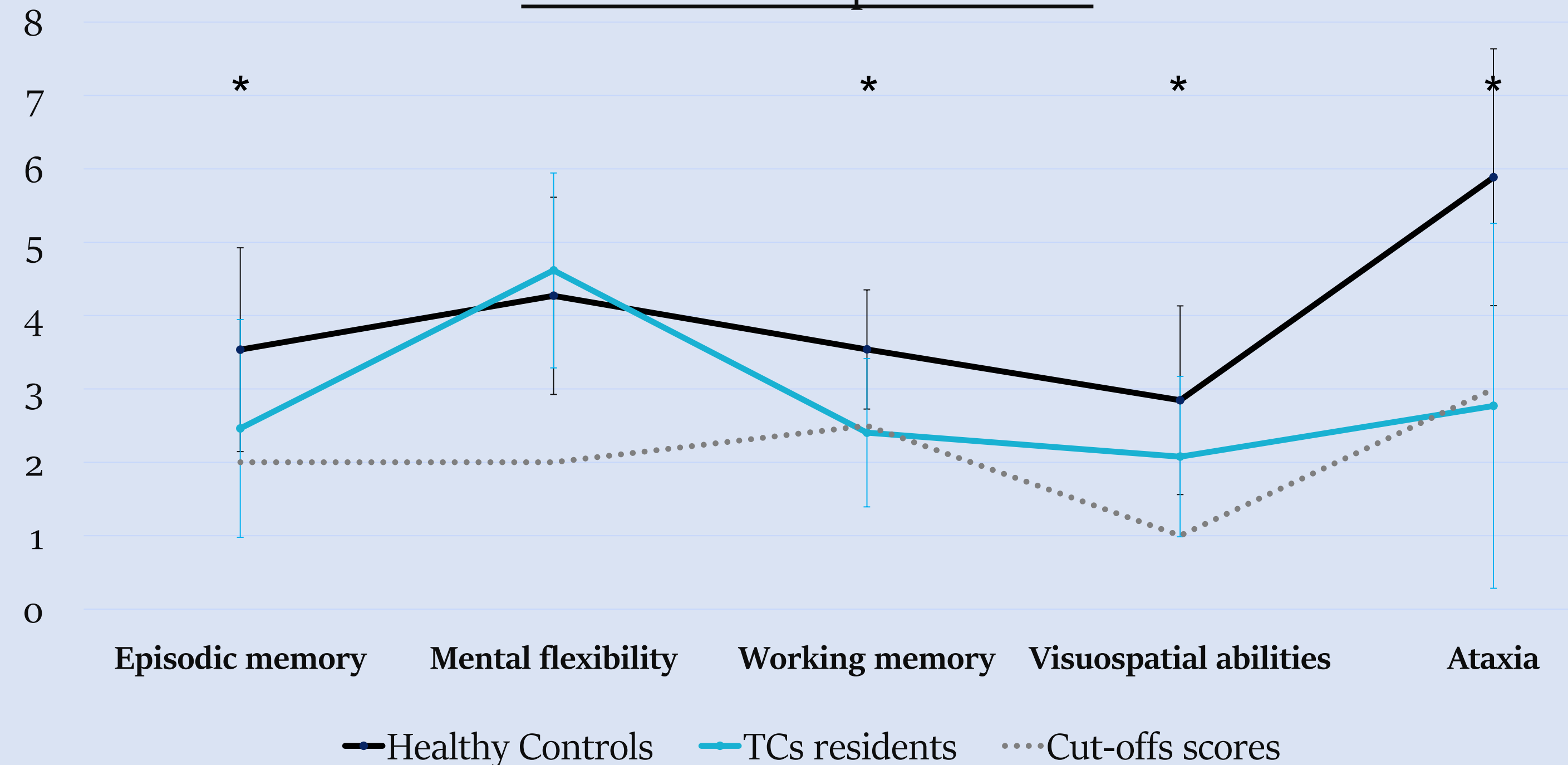
AUDIT: Alcohol Use Disorders Identification Test; CAST: Cannabis Abuse Screening Test; DSM: Diagnostic and Statistical Manual of Mental Disorders.

### (2) NEUROPSYCHOLOGICAL PROFILE

#### Global BEARNI performance (max. score: 30)



#### BEARNI subtests performance



\*p <.05 t-test significative difference

## CONCLUSIONS

Preliminary data indicate a heterogeneous substance use profile in TCs residents, with polyconsumption. TCs residents were globally cognitively impaired compared to HC, with major working memory deficits and ataxia. This data is a first step in better understanding specific TCs residents' consumption and cognitive profiles, for whom cognitive impairments are frequent. It highlights the need to adapt care and treatment in TCs resident who may be at-risk for neuropsychological impairments.

Understand to better support: a strong will to gather answers to a public health issue for TCs residents and care professionals

## REFERENCES

- Beaunieux, H., Eustache, F., Pitel, A.L. (2015). The relation of alcohol-induced brain changes to cognitive function. In Alcohol and the Adult Brain. Jenny Svanberg, Adrienne Withall, Brian Draper and Stephen Bowden (Eds). Chapter 8. Psychology Press
- Cabé, N., Laniepe, A., Ritz, L., Lannuzel, C., Boudehent, C., Vabret, F., ... & Pitel, A. L. (2016). Troubles cognitifs dans l'alcoolodépendance: intérêt du dépistage dans l'optimisation des prises en charge. *L'Encéphale*, 42(1), 74-81.
- Ritz, L., Lannuzel, C., Boudehent, C., Vabret, F., Bordas, N., Segobin, S., ... & Beaunieux, H. (2015). Validation of a brief screening tool for alcohol-related neuropsychological impairments. *Alcoholism: clinical and experimental research*, 39(11), 2249-2260.