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Background: Beyond the evaluative complaint of a “sore” throat, patients with pharyngitis frequently report different qualities of throat pain such as “burning” and “difficulty swallowing” (Schachtel et al. Arch Intern Med 1984). Optimally, treatments should not only relieve throat soreness, but also reduce these other dimensions of pain. We investigated the effects of a lozenge containing 8.75 mg of the nonsteroidal anti-inflammatory drug, flurbiprofen, on 11 qualities of throat pain.

Material and Methods: This randomised, double-blind, placebo-controlled, single-dose trial enrolled adults with recent onset moderate-to-severe sore throat and pharyngitis (≥ 5 on the Tonsillo-Pharyngitis Assessment; TPA). Patients were randomised to one flurbiprofen or one identically-flavoured vehicle lozenge (placebo). At baseline and hourly for 3 hours post dose, patients used Likert scales to rate throat soreness and 10 other qualities of throat pain: sensory symptoms (burning, raw, dry, irritated/scratchy, tight, like a lump in the throat, swollen), functional symptoms (difficulty swallowing, husky/hoarse voice) and an affective descriptor (agonising). These 11 scales comprise the Qualities of Sore Throat Index (QuaSTI). Mean changes in the QuaSTI scores for both treatment groups were compared from baseline to 3 hours after treatment.

Results: A total of 122 patients with moderate/severe sore throat were randomised to flurbiprofen or placebo treatment. Mean age was 19.5 years, mean TPA score was 9.9. Compared with placebo, flurbiprofen-treated patients reported significantly greater reductions in sensory, evaluative, affective and functional QuaSTI symptoms (all $P < 0.05$).

Conclusions: In adults with sore throat, a single dose of flurbiprofen 8.75 mg lozenge reduced sensory, functional and affective qualities of throat pain as well as throat soreness. The QuaSTI appears to be a sensitive instrument for the measurement of different qualities of throat pain and response to treatment.

A CASE REPORT OF SUICIDE IN A TEENAGER WITH LONG-TERM USE OF FLUOXETINE ASSOCIATED WITH CYP2D6 POLYMORPHISM

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Background: CYP2D6 enzyme is responsible for the metabolism of antidepressants, including selective serotonin reuptake inhibitors, such as fluoxetine. Genetic variations in the highly polymorphic CYP2D6 gene may be associated with increased, reduced, or lost enzyme's activity, which can cause adverse drug reactions. Researchers discovered a link between fluoxetine use and suicidal behavior among teenagers.

Case Presentation: A 17-years old teenager, a girl, has been taking fluoxetine for three months following neurologist's advice as a treatment for mood instability with a prevalence of depressed mood. The teenager committed suicide. After analyzing the girl's diary, the psychiatrist made a conclusion that the girl had been suffering from schizotypal personality disorder. Genotyping showed the presence of heterozygous CYP2D6*4 allele (c.1846G>A) and heterozygous CYP2D6*10 allele (c.100C>T), which may

determine decrease in CYP2D6 activity. No other genetic variants (CYP2D6*3, CYP2D6*6, CYP2D6*9, CYP2D6*41) were found. Forensic chemistry research of bodily fluids pointed to presence of fluoxetine in blood and urine. Quantitative measurement of fluoxetine concentration in blood wasn't made because of insufficient volume of blood.

Conclusions: Fluoxetine use may cause toxic drug accumulation thus leading to worsening of suicidal thoughts if taken by teenagers with possible genetic determined insufficiency of CYP2D6 enzyme (poor metabolizer).

SUBSTANCE USE AMONG MEDICAL STUDENTS IN GREECE

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Introduction: Limited research exists worldwide on medical students' substance use patterns including alcohol and marijuana use. The aim of the present study was to examine the prevalence of substance use, including marijuana, alcohol and other illicit substances (i.e. cocaine, heroin, hallucinogens, and ecstasy) in a sample of medical students in Northern Greece.

Material and Methods: Six hundred fifty-five medical students (55.7% females) from the Aristotle University of Thessaloniki completed an anonymous, self-administered, web-based survey. Students were asked to report the frequency of use (lifetime, the past year, and the past month) and the motive of the use. The CAGE questionnaire was used to determine the severity of the alcohol use.

Results: Seventy-two percent of the students reported having never used any illegal substance and 21% reported marijuana use at least once in their lifetime; 20.9% of the students were nicotine smokers. No gender difference regarding marijuana use (50.7% male vs 49.3% female) was observed. Significantly more nicotine smokers and alcohol users were noticed in the marijuana group than in the no marijuana group. The use of other illicit substances was rare in our sample (3% used inhalers, 2.3% cocaine, 2.3% ecstasy, 2% ketamine, 1.8% amphetamines and 1.7% mephedrone). However, the use of marijuana was significantly positive correlated with use of cocaine, LSD, ecstasy, ketamine, amphetamine and mephedrone.

Conclusions: Although the relative mean CAGE scores are low indicating a lack of severe alcohol related problems in our sample, there is a significantly higher mean CAGE score in students who use marijuana. Marijuana use is also associated with polysubstance use, this result confirms previous findings in the general population. Nationwide studies are needed further investigating the prevalence, the motivation and the impact of this risky behaviour among this population.

THE IMPORTANCE OF CONVENIENCE FOR PATIENT ADHERENCE TO DRUG TREATMENTS – AN OVERVIEW OF SECONDARY LITERATURE

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Background: The convenience of a medication regime, i.e. dosing complexity and frequency, is considered of great importance to patient adherence. The aim of this review was to synthesise review-level evidence on how convenience affects patient adherence.