Title:
Neuropsychology of addictions in residential Therapeutic Communities: are addictive and psychiatric comorbidities linked to substance use and cognitive specific profiles?

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4. Introduction and aims:
Therapeutic Communities (TCs) are care units welcoming people with Alcohol and Drug Use Disorder (AUD/DUD) and frequent psychiatric comorbidities that can lead to neuropsychological impairments which are likely to hinder the benefit of addiction treatment. However, these disorders are rarely considered in the support of TCs residents. The aims of this study are therefore to describe (1) the consumption profile
of the residents regarding their psychiatric history and (2) their neuropsychological impairment profile.

5. Material and methods:
Residents of 3 French TCs underwent clinical interviews and questionnaires (health, psychiatric history, substance use with DSM-V criteria, consumption data) and a neuropsychological screening (BEARNI tool). At first, the sample of TCs residents (n=26) was compared to a healthy control (HC) group (n=26) matched in age, gender and academic level. An analysis of the profiles was also conducted in TCs residents according to their psychiatric history considering 3 categories: psychosis, anxiety-depressive disorder and undiagnosed psychiatric disorder.

6. Results and conclusions:
TCs residents all had AUD and used tobacco. 76,92% used cannabis and 65,38% cocaine. Significative difference was shown on the DSM-V criteria with anxiety-depressive consuming more alcohol than undiagnosed disorders and psychotics using more cocaine than undiagnosed. As for cognition, HC performed better than TCs residents on ataxia, working memory, visuospatial abilities subtests and total score but no difference was found on flexibility. When only comparing the 3 TCs resident groups, cognitive profile differences were found in our 3 groups.

Results indicate a consumption profile difference between people with substance use disorder and psychiatric comorbidities. TCs residents were globally impaired compared to HC and the severity of the cognitive impairments varied according to the psychiatric disorder classification. This data is a first step in better understanding specific TCs residents’ consumption and cognitive profiles to identify people who may be at-risk of neuropsychological impairments and consequently adapt care and treatment proposed.

7. Conflict of interest declaration:
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Abstract in response to the call for communication

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