

Title:

Cocaine-Induced Hallucinations occurrence and severity: two distinct phenotypes with shared and specific risk factors

Authors:

El-Hadi ZERDAZI^{1,2}, Emmanuel CURIS^{1,17}, Emily KARSINTI^{1,3,11}, Romain ICICK^{1,3}, Maeva FORTIAS^{1,3}, Philippe BATEL⁴, Olivier COTTENCIN⁵, Cyrille ORIZET⁶, Aurélia GAY⁷, Philippe COEURU⁸, Alice DESCHENAU⁹, Philippe LACK¹⁰, Delphine MOISAN¹³, Anne-Laure PELISSIER-ALICOT¹², Arnaud PLAT¹³, Jean-Baptiste TRABUT², Isabelle KOUSIGNIAN¹⁷, Luana BOUMENDIL¹⁷, Eric VICAUT¹⁴, Nathalie PRINCE¹, Jean-Louis LAPLANCHE^{1,15}, Frank BELLIVIER^{1,3}, Jean-Pierre LÉPINE¹, Cynthia MARIE-CLAIRES¹, Georges BROUSSE¹⁶, Florence VORSPAN^{1,3}, Vanessa BLOCH^{1,18}.

Affiliations:

- ¹ Université de Paris, INSERM UMR-S 1144, Optimisation Thérapeutique en Neuropsychopharmacologie OTeN, Paris F-75006, France.
- ² APHP, Hôpitaux Universitaires Henri Mondor, DMU IMPACT, Hôpital Emile ROUX, Service d'addictologie, Limeil Brévannes 94450, France
- ³ APHP, GHU Nord-Université de Paris, Hôpital Fernand Widal, Département de Psychiatrie et de Médecine Addictologique, Paris 75010, France
- ⁴ Centre Hospitalier Camille Claudel, Service d'Addictologie de la Charente, La Couronne 16400, France
- ⁵ University of Lille, Inserm U-1172, CHU Lille, Department of Psychiatry and Addiction Medicine, Lille 59000, France
- ⁶ APHP, GHU Centre-Université de Paris, Hôpital Européen Georges Pompidou, CSAPA Monte-Cristo, Paris 75015, France
- ⁷ CHU Saint-Etienne, Service d'Addictologie, Saint-Etienne 42000, France
- ⁸ Association Aurore, CSAPA EGO, Paris 75018, France
- ⁹ Hôpital Paul Guiraud, CSAPA Clinique Liberté, Ivry-sur-Seine 94200, France
- ¹⁰ Hôpital de la Croix Rousse, CSAPA, Lyon 69004, France
- ¹¹ Université Paris Nanterre, Laboratoire Clipsyd, Nanterre 92000, France
- ¹² APHM, CHU La Timone, Service de Médecine légale, Aix-Marseille Université, Faculté de Médecine, Marseille 13385, France
- ¹³ APHP, GHU Nord-Université de Paris, Hôpital Beaujon, UTAMA, Clichy 92110, France

- ¹⁴ APHP, GHU Nord-Université de Paris, Hôpital Fernand Widal, Unité de Recherche Clinique, Paris 75010, France
- ¹⁵ APHP, GHU Nord-Université de Paris, Hôpital Lariboisière, DMU BioGeM, Département de Biochimie et Biologie Moléculaire, Paris 75010, France
- ¹⁶ CHU Clermont-Ferrand, Hôpital Gabriel Montpied, Service d'Addictologie et Université d'Auvergne EA 7280, UFR de Médecine, Clermont-Ferrand 63000, France
- ¹⁷ EA 7537 BioSTM, Faculté de Pharmacie, Université Paris Descartes, USPC, Paris 75006, France
- ¹⁸ APHP, GHU Nord-Université de Paris, Hôpital Fernand Widal, Pharmacie Hospitalière, Paris 75010, France.

Corresponding author: El-Hadi ZERDAZI.

Address : Hôpital Emile ROUX, Service d'addictologie (Pav. FOUQUET) - 01, Avenue de Verdun - 94450 - Limeil Brévannes, France.

Telephone number: + 33 1 45 95 83 85/53

Fax number: + 33 1 45 95 83 90

e-mail address: el-hadi.zerdazi@inserm.fr

Abstract words count: 247 words

Abstract

Cocaine induced transient Hallucinations (CIH) are a frequent complication following cocaine intake associated with cocaine addiction severity. Methods: Two hundred and forty-two non-psychotic and Caucasian lifetime cocaine users were included from a French multicentric study. Clinical variables and Dopamine pathway genotype data were extracted and tested with CIH scores using a zero inflated binomial model which allows to explore factors associated with occurrence and severity separately. Results: Cocaine dependence ($p_{\text{occurrence}} = 4.5 \times 10^{-4}$, $p_{\text{severity}} = 0.03$) and frequency of intake during the worst period of misuse ($p_{\text{occurrence}} = 3.5 \times 10^{-4}$, $p_{\text{severity}} = 0.047$) were associated with more occurrence and higher severity of CIH. Daily cocaine dose during the worst period of misuse ($p_{\text{occurrence}} = 0.02$, $p_{\text{severity}} = 0.15$), a lower age of cocaine initiation ($p_{\text{occurrence}} = 0.008$, $p_{\text{severity}} = 0.81$), and lifetime alcohol dependence ($p_{\text{occurrence}} = 0.03$, $p_{\text{severity}} = 0.56$) were only associated with more occurrence but not with severity of CIH. Genetic associations did not yield significant results after correction for multiple testing. However, some nominal associations of SNPs mapping on *VMAT2*, *DBH*, *DRD1* and *DRD2* genes were significant. In the multivariate model the number of cocaine dependence criteria, lifetime alcohol dependence and nominal associated SNPs remained significant. Conclusion: Our study shows that CIH occurrence and severity are two distinct phenotypes, with common and specific risk factors. Moreover, our results suggested that occurrence and severity may probably do not share the same genetic background.

Keywords (4):

Cocaïne, substance induced psychosis, mixture model, hallucinations