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1017th Conference

7th International Conference on

Addictive Disorders and Alcoholism

July 03-04, 2017 Kuala Lumpur, Malaysia

Keynote Forum (Day 1)



7th International Conference on

ADDICTIVE DISORDERS AND ALCOHOLISM

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Prem Kumar Shanmugam

The Solace Sabah Retreat, Malaysia

Addictions and the family: A dual diagnosis

Addiction is a disease that not only impacts the individual but the family as a whole as well. Family members tend to take on new unhealthy roles when infected with this disease in order to continue evolving as a unit and maintain homeostasis. This form of dysfunctional balance helps keep the system going while enabling the addiction to continue manifesting further. Codependency is a concept that describes this dysfunctional relationship or behavior of supporting or enabling another individual's addiction, unhealthy behavior, poor mental health or immaturity. Very often also known as 'relationship addiction', people who are codependent end up in relationships that are not only destructive to themselves but also to the other parties as well. In these kinds of relationships, people tend to become over-dependent on each other so much for the purpose of getting their own core dependency issues met that their personal and emotional maturity is stunted from growing. As the addict continues the addiction, the codependent sacrifices his or her own needs in order to fulfill the addicts' needs. One person needs to feel needed by sacrificing for the addicts needs while the addiction continues. They tend to continue to please people around them in order to feel important and wanted. There is this strong desire to appear perfect and good for others to approve. They have this delusional idea that as long as they can keep the important people in their life happy, their own pent up explosive emotions will go away. This form of "dual diagnosis" is not uncommon in most families presenting with addictions. Similar to treating any other dual diagnosis or comorbid disorder, family members require specific treatment as well and this paper discusses how this is achieved employing a biopsychosociospiritual approach.

Biography

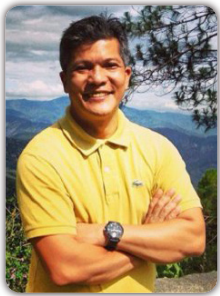
Prem Kumar Shanmugam is Chairman and Clinical Director of Solace Sabah Addiction Treatment Retreat. He co-founded Solace with the vision of helping people with addictions recover and learn to live for life. He has worked in the field of Addictions and Psychology for more than 10 years. He is the Past President of the Association of Psychotherapists and Counselors (Singapore) and the Regional Director of the Asia Pacific Certification Board (Singapore) while being one of the founding members as well. He is a Psychologist, Psychotherapist, Trainer and Facilitator and is actively involved in research in the Addiction field. He is a Certified Practitioner in Management of Family Violence Counseling, Certified Clinical Supervisor, Certified Substance Abuse Therapist (Level 4) and a Certified Psychotherapist and Counselor (Level 4).

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Robert R Labos

KAYA Rehab Asia, Philippines

Cognitive-behavioral therapy as an effective treatment method in the ASEAN setting

The treatment of addiction is complex and broad in approach, without much study and work on regional and cultural realities thus resulting in poor outcomes. Cognitive-Behavioral Therapy (CBT) was developed as a method to prevent relapse when treating alcoholism, and later it was modified for individuals with substance use disorder. Cognitive-behavioral strategies are based on the theory that in the development of maladaptive behavioural patterns like substance abuse, learning processes play a significant role. The use of CBT is to learn to identify and correct addictive behaviours by using a range of different skills that can be used to prevent drug abuse and to address an assortment of other problems that often co-occur with it. A central element of CBT is anticipating likely problems and enhancing clients' restraint by helping them expand effective coping strategies. Specific techniques include looking into the positive and negative consequences of drug use, self-monitoring to identify cravings on the onset and recognize situations that might put one at risk for use, as well as developing strategies for coping with cravings and avoiding those high-risk situations. Research indicates that the skills individuals become skilled at through cognitive-behavioral approaches remain after the completion of treatment. Current research focuses on how to produce even more influential effects by combining CBT with medications for drug abuse and with other types of behavioural therapies. From my particular practice of combining culturally sensitive factors we focus on a particular cognitive distortion described as personalisation. Doing so has been producing positive treatment outcomes.

Biography

Robert R Labos, BA-Arch, IAC, RC completed his Bachelor of Arts Degree, majoring in Architecture from the University of Santo Tomas, Manila, Philippines. In the spring of 2000, he has completed a short course on Addiction offered by the Harvard Medical School, Department of Continuing Education, Cambridge, USA. He has also continued to update himself by going to training and workshops, completing in the first and third quarter of 2013, Training and Workshop on Addiction Treatment given by the Colombo Plan-Asian Center for Continuing Education, Bangkok, Thailand. His research interests are in alternative practices in treatment of addiction as well continuing care and relapse prevention and cognitive behaviour therapy. He began working in the Addiction field in 1995 with one of the Philippines' best Minnesota Method Outpatient Treatment Facility, located in Makati City, the country's central business district.

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ADDICTIVE DISORDERS AND ALCOHOLISM

July 03-04, 2017 Kuala Lumpur, Malaysia



Wai Kwong Tang

The Chinese University of Hong Kong, China

Evidence of brain damage in chronic ketamine users – A brain imaging study

Background & Objectives: The objectives of this study were to ascertain the pattern of grey and white matter volume reduction and regional metabolic and activation abnormalities in chronic ketamine users, and to evaluate the correlations between these brain abnormalities and cognitive impairments in chronic ketamine users in Hong Kong.

Design: The design was a cross-sectional observational study.

Setting: Counselling Centre for Psychotropic Substance Abusers in Hong Kong was taken as a setting for this study.

Participants: 136 participants were recruited from October 2011 to April 2014. The participants were divided into two groups: Ketamine users (79) and healthy controls (57).

Main Outcome Measures: Psychiatric assessments included screening with self-rating questionnaires and face-to-face interviews. All of the participants completed a detailed cognitive battery that covered general intelligence, verbal and visual memory, executive functions, motor speed and language. All of the participants underwent magnetic resonance imaging of the brain.

Results: Many of the participants in the ketamine group also frequently used cocaine and cannabis. Among the ketamine users, 12.6% were diagnosed with a mood disorder and 8.9% with an anxiety disorder. The participants in the ketamine group had worse performance than the healthy controls on tests of general intelligence, verbal, visual and working memory and executive functioning. In terms of grey matter volumes, the right orbitofrontal cortex, right medial prefrontal cortex, left and right hippocampus and possibly the left orbitofrontal cortex were smaller in the ketamine group. In contrast, the volumes of the left basal ganglia, left putamen and possibly the left caudate were higher in the ketamine group. In terms of white matter volumes, the ketamine group had a lower periventricular white matter volume in the right hemisphere. The grey matter volumes of the left and right orbitofrontal cortex, right medial prefrontal cortex, left basal ganglia and left putamen, and right periventricular white matter volume were negatively correlated with the severity of ketamine dependence. The hippocampal volumes were correlated with performance on the arithmetic, information and digit span tests. The periventricular white matter volume also correlated with the information score. A functional connectivity examination of the default mode network revealed significantly decreased connectivity in the medial part of the bilateral superior frontal gyrus, left middle frontal gyrus, bilateral gyrus rectus, left superior temporal pole, left inferior temporal gyrus, bilateral angular gyrus and bilateral cerebellum crus II in the ketamine group. This group also displayed increased connectivity in the bilateral precuneus and right inferior occipital gyrus.

Conclusions: The results provide imaging evidence of brain damage in chronic ketamine users. Chronic ketamine use was associated with reduced grey and white matter volumes in certain regions of the brain. Chronic ketamine use was also associated with altered functional connectivity with the default mode network. Abnormal brain structures and altered functional organisation of the brain network may underlie the hypersensitivity towards drug related cues but weakened cognitive control in those with ketamine addiction. Longitudinal or prospective studies would help to strengthen the evidence on the reversibility of the structural and functional brain damage caused by ketamine.

ADDICTIVE DISORDERS AND ALCOHOLISM

July 03-04, 2017 Kuala Lumpur, Malaysia

Biography

Wai Kwong Tang was appointed as Professor in the Department of Psychiatry, the Chinese University of Hong Kong in 2011. His main research areas are Addictions and Neuropsychiatry in Stroke. He has published over 100 papers in renowned journals, and has also contributed to the peer review of 40 journals. He has secured over 20 major competitive research grants. He has served on the editorial boards of five scientific journals. He was also a recipient of the Young Researcher Award in 2007, awarded by the Chinese University of Hong Kong.

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ADDICTIVE DISORDERS AND ALCOHOLISM

July 03-04, 2017 Kuala Lumpur, Malaysia



Seyed Amir Jazaeri

University of Malaya, Malaysia

A study of efficacy of Psychological acupuncture therapy (PAT) and Cognitive behavioral therapy (CBT) on psychological disorders associated with addiction (depression, anxiety, insomnia and sleep disorders) in Malaysia and Iran

Statement of the Problem: The aim of the study was to evaluate the efficacy of Psychological acupuncture and Cognitive behavioral therapy on depression, anxiety, and sleep disorders associated with addiction among patients in Malaysia and Iran. This article examines the efficacy of Psychological acupuncture and related techniques for the treatment of drug dependence in experimental settings and clinical practice will be reviewed, and the possible psychological mechanisms underlying this effect will be discussed.

Methodology & Theoretical Orientation: This study conducted in Malaysia and Iran. Twenty and seven patients included to this study (n=27). Malaysian patients were assigned to study in Dr. Nick Omar Acupuncture clinic in Kuala Lumpur, Malaysia (n=13). Iranian patients were assigned to study in Malak Abad Psychological Services office in Mashhad, Iran (n=14). They were grouping in one controlled group and two experimental groups. The controlled group received only medication treatment. Psychological acupuncture and cognitive behavioral therapy were conducted on two experimental groups for three sessions weekly which lasted for two months (eight weeks). The primary outcomes anxiety (Beck Anxiety Inventory; BAI) and insomnia (Insomnia Severity Index; ISI) were measured at baseline and at follow-ups 5 weeks and 3 months after the baseline assessment. Secondary outcomes were drug use and addiction service utilization. Complete datasets regarding BAI/ISI were obtained from 37/34 subjects in the NADA group, 28/28 in the LP group and 36/35 controls. Data were analyzed using appropriate statistical techniques (Chi-square, Analysis of Variance, Kruskal Wallis, Repeated Measures Analysis of Variance, and Wilcoxon Signed Ranks tests)

Findings: Psychological Acupuncture along with Cognitive behavioral therapy (CBT) relieves withdrawal symptoms, prevents the craving for drugs and increases the rate of participation of patients in long-term treatment programs. The best results have been obtained by treating patients in an open-group setting, using acupuncture points in the external ear with needles without electrical stimulation. The same points are used at each visit, regardless of the type of drug to which the person is addicted. This method is also used for the treatment of persons suffering from stress, depression, anxiety, insomnia and sleep disorders. Psychological acupuncture and Cognitive Behavioral Therapy (CBT) reduced alcohol craving compared with all controls (SMD = -1.24, 95% CI = -1.96 to -0.51); and acupuncture reduced alcohol withdrawal symptoms compared with all controls (SMD = -0.50, 95% CI = -0.83 to -0.17). In secondary analyses: acupuncture reduced craving compared with sham acupuncture (SMD = -1.00, 95% CI = -1.79 to -0.21); acupuncture reduced craving compared with controls in randomized controlled trials (RCTs) conducted in Western countries (SMD = -1.15, 95% CI = -2.12 to -0.18); and acupuncture reduced craving compared with controls in randomized controlled trials (RCTs) with only male participants (SMD = -1.68, 95% CI = -2.62 to -0.75).

Conclusion & Significance: This study showed that acupuncture was potentially effective in reducing alcohol craving and withdrawal symptoms and could be considered as an additional treatment choice and/or referral option within national healthcare systems. Acupuncture therapy could effectively and safely improve the sleep quality of outpatients receiving MMT. The substantial attrition at follow-up is a main limitation of the study.

ADDICTIVE DISORDERS AND ALCOHOLISM

July 03-04, 2017 Kuala Lumpur, Malaysia

Biography

Dr. Seyed Amir Jazaeri was born in Iran. He finished M.A. and B.A. degree in Iran, Ph.D. in Psychology in India and Postdoc in Malaysia. He has his expertise in addiction treatment and psychotherapy with alcohol and drug addiction. He finished an acupuncture training course in The Faculty of Homeopathy Medicine, Department of Chinese Acupuncture under supervision of Professor. Dr. Nick Omar at Kuala Lumpur, Malaysia and started to use Psychological acupuncture on addiction and psychotherapy with addicts in University of Malaya Center of Addiction Sciences (UMCAS) and Dr. Nick Omar clinic in Kuala Lumpur. This approach is responsive to psychological disorders and addiction treatment and has a different way of focusing on psychotherapy.

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