





Invocare il craving come fattore causale per spiegare l'abuso di sostanze, la ricaduta o la perdita di controllo non e' una strategia scientifica adeguata ma un approccio tautologico (Mello 1978)



Craving e' un modello teorico che serve da chiave di lettura al clinico per descrivere e comprendere l'eterogeneità dell'esperienza soggettiva del proprio cliente

CRAVING

Qual è il significato del termine



Quale fenomeno descrive

Quali sono le caratteristiche di questo fenomeno

In che modo si sviluppa nel tempo

Come si manifesta nei pazienti

Quali sono le implicazioni a livello terapeutico



A strong or uncontrollable desire,
trad. It.: voglia matta, desiderio ardente
(Cambridge Dictionary)

Etimologia: ← voce ingl.; deriv. di *to crave*
'desiderare ardentemente, bramare'
(Dizionario Garzanti)

Il craving è il desiderio compulsivo forte e
quasi incontrollabile cui vanno incontro i
pazienti con dipendenza da oppiacei durante le
crisi acute di astinenza (Wikler 1948)



il craving è uno stato emozionale-motivazionale, "un'urgenza appetitiva, come una fame, caratterizzata da sintomi simil-astinenziali. Tale sintomatologia è elicitata da stimoli interni o esterni che evocano alla memoria gli effetti euforizzanti dell'alcol o il disagio legato all'astinenza."(NIAA,1989)

Il craving è il desiderio impulsivo per una sostanza psicoattiva, per un cibo o per qualunque altro oggetto-comportamento gratificante: questo desiderio impulsivo sostiene il comportamento "addittivo" e la compulsione finalizzati a fruire dell'oggetto di desiderio (Gerra e Zimovic, 2012)



- Il craving si manifesta come un desiderio intenso e/o irresistibile per la sostanza che può verificarsi in qualsiasi momento, ma più probabilmente in un ambiente dove questa veniva procurata o usata in precedenza ... comporta il condizionamento classico ed è associato a specifiche strutture di ricompensa nel cervello.
- La gravità del craving è definita all'interno di una scala dimensionale che varia da lieve a grave

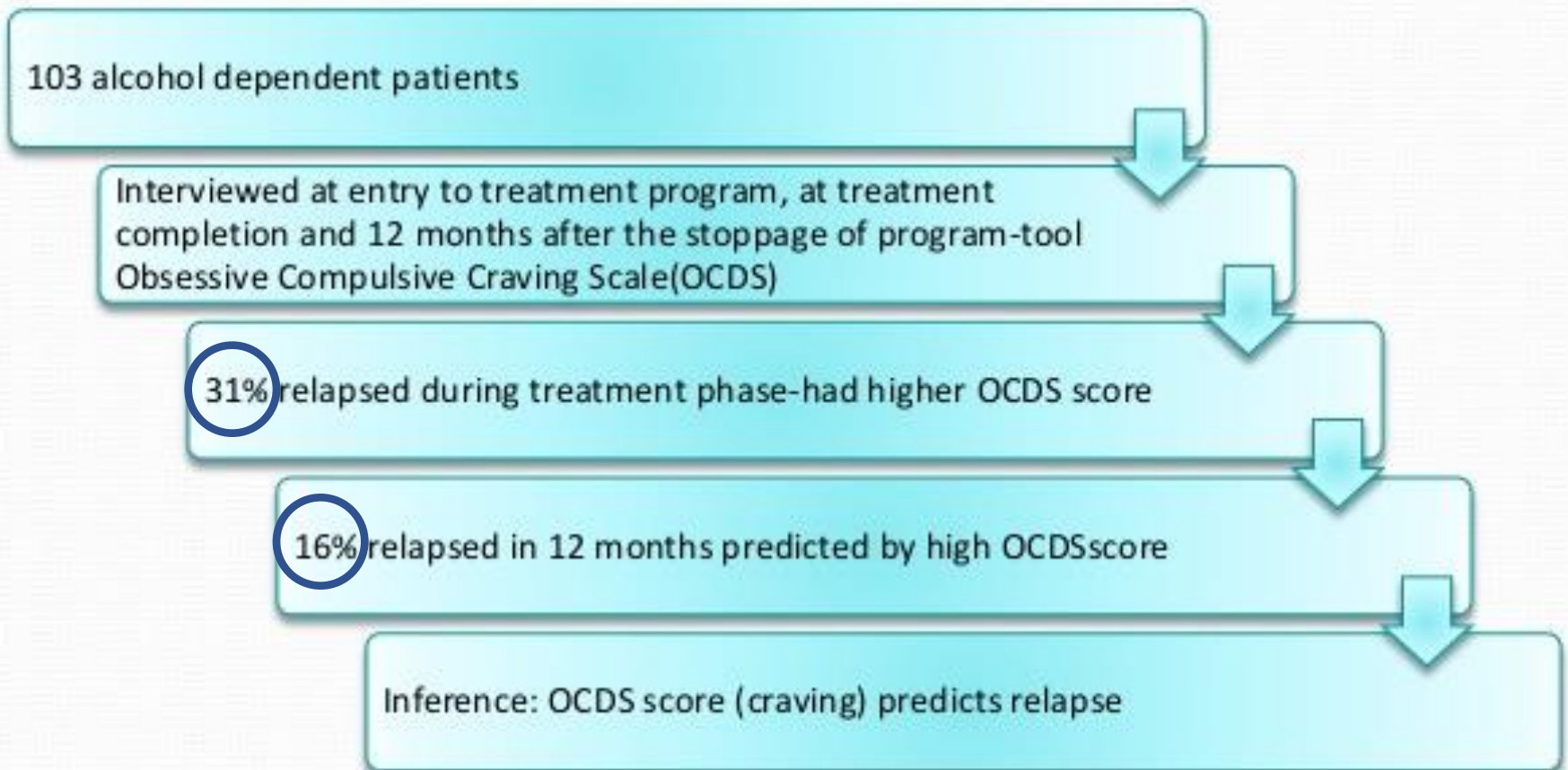


- Il craving per la sostanza e/o per il gioco si attiva conseguentemente all'esposizione agli stimoli correlati
- è la causa principale di ricaduta ed è l'espressione di un sottostante cambiamento dei circuiti cerebrali che permane nel tempo, anche a disintossicazione conclusa.
- tanto più la diagnosi del disturbo da addiction è grave, tanto più è ipotizzabile la permanenza di un craving intenso e persistente che deve orientare le opzioni terapeutiche per i soggetti che lo manifestano verso trattamenti di lungo periodo.

CLINICAL IMPLICATION

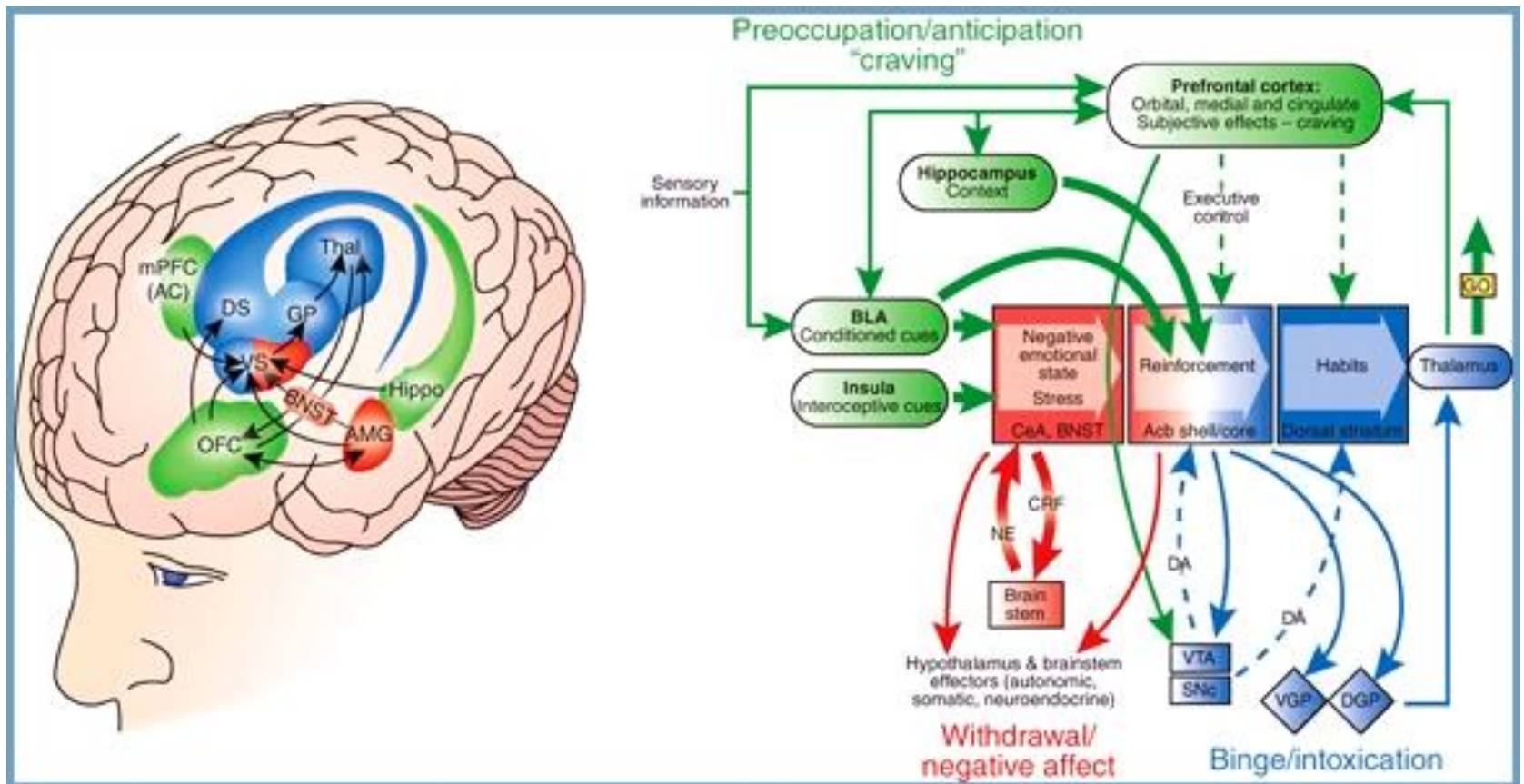
Craving as a cause of relapse

Bottlender et al, 2004





Quali sono le aree cerebrali coinvolte





E quali sono i neurotrasmettitori coinvolti



GHB Acido g-aminobutirrico



Opioidi endogeni



Acido glutammico



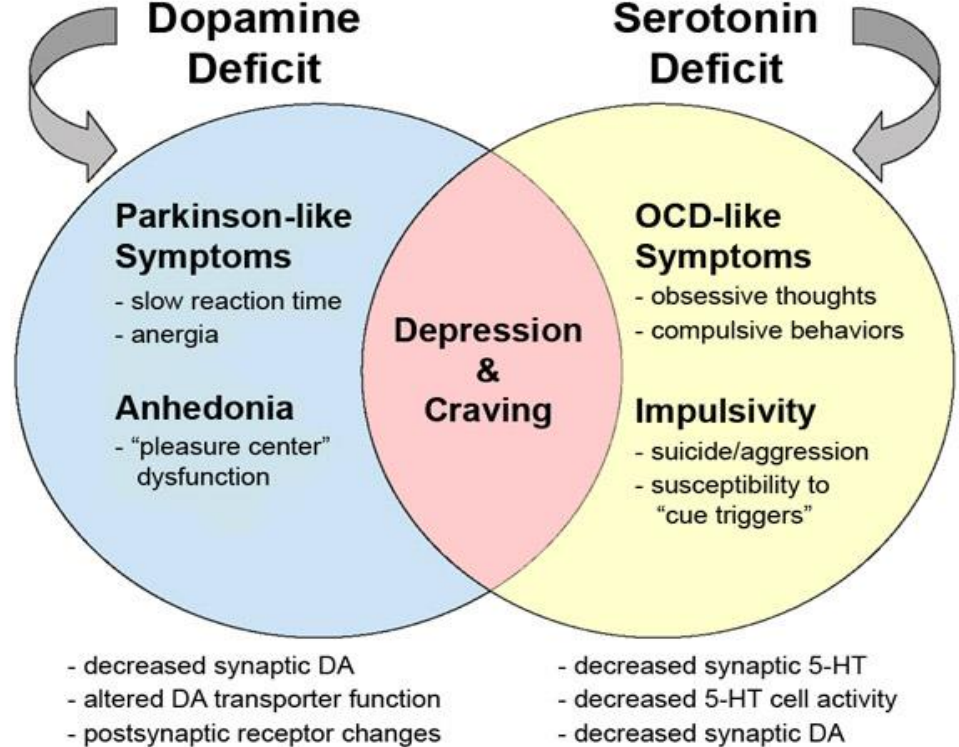
Noradrenalina



Dopamine Deficit



Serotonin Deficit



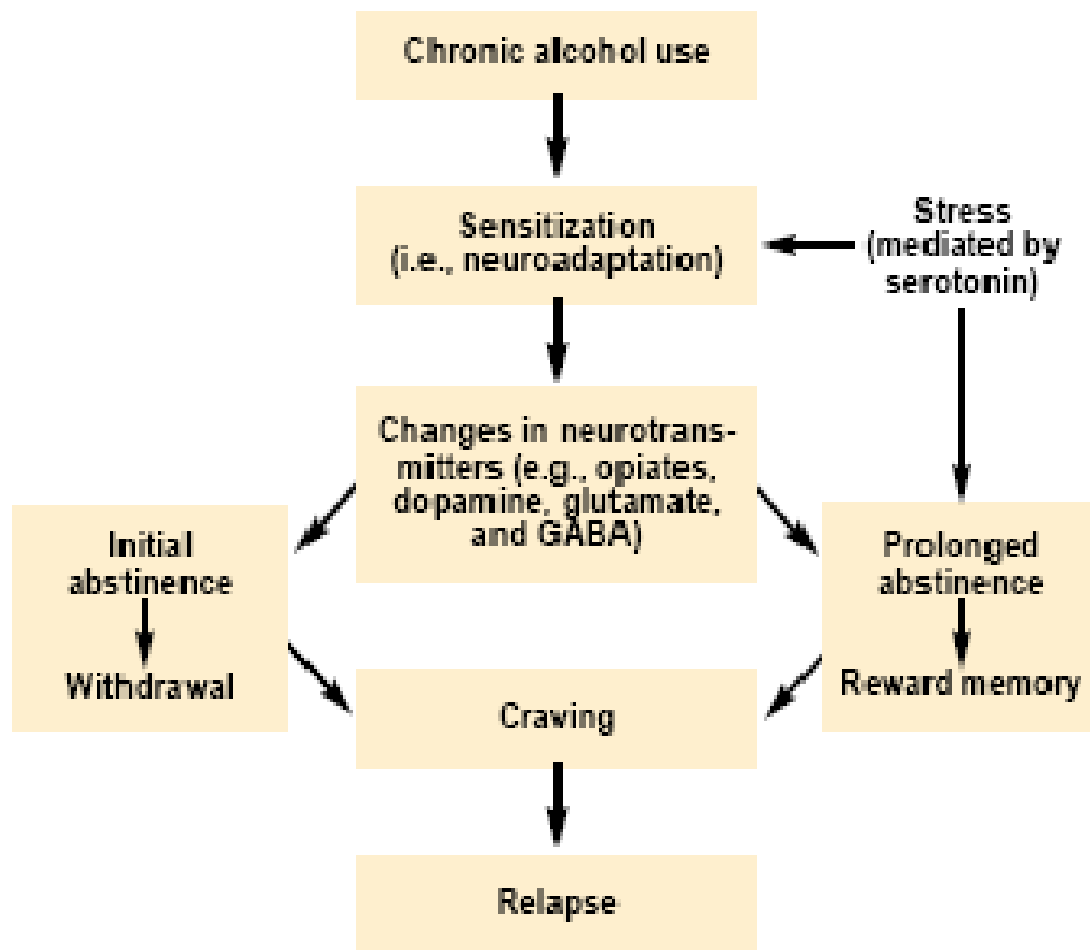


Le principali tipologie del craving

Craving negativo
preoccupazione di assumere la sostanza per evitare l'astinenza

Craving positivo
compulsione nei confronti della sostanza sostenuta dall'aspettativa di una incentivazione, di una gratificazione.

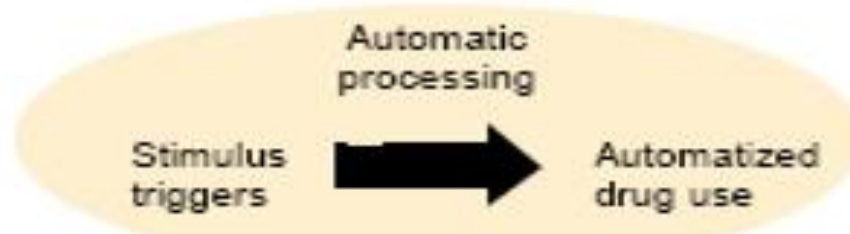
(Petrakis, 1999)



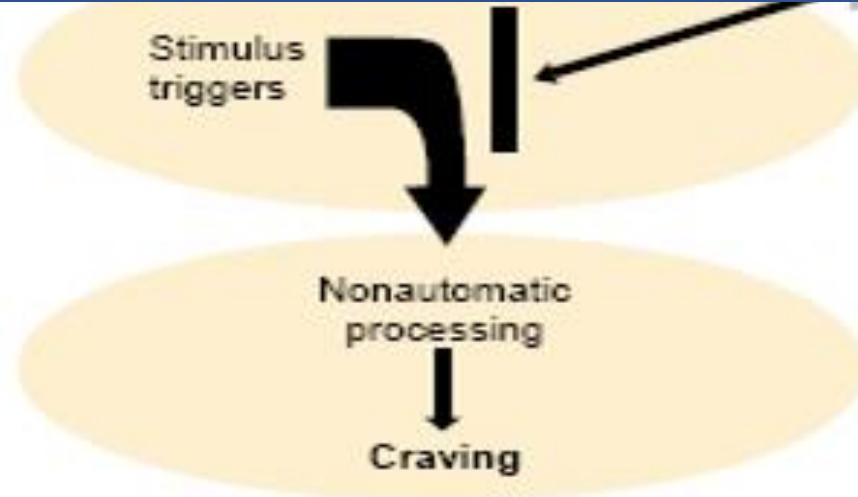


A che livello si manifesta il craving

Livello inconsapevole



Livello consapevole



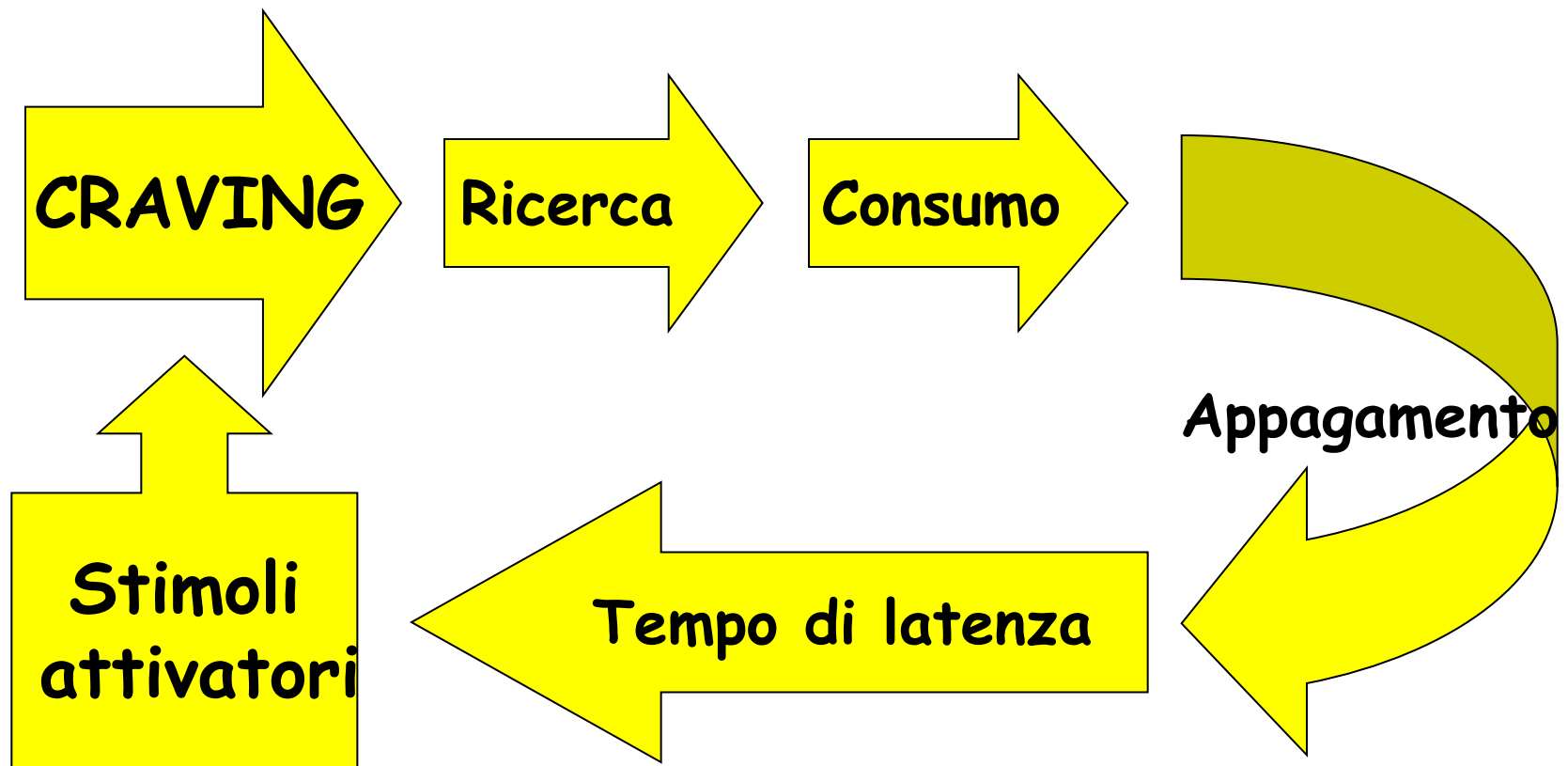
Da un punto di vista evolucionistico il craving è uno **stato affettivo e motivazionale** che orienta un individuo ad un'azione con elevato valore adattivo

L'apprendimento e il mantenimento della coscienza sono in gran parte legati a *sistemi di valore* implicati nella ricompensa e nelle risposte necessarie alla sopravvivenza
(Edelman 2014)



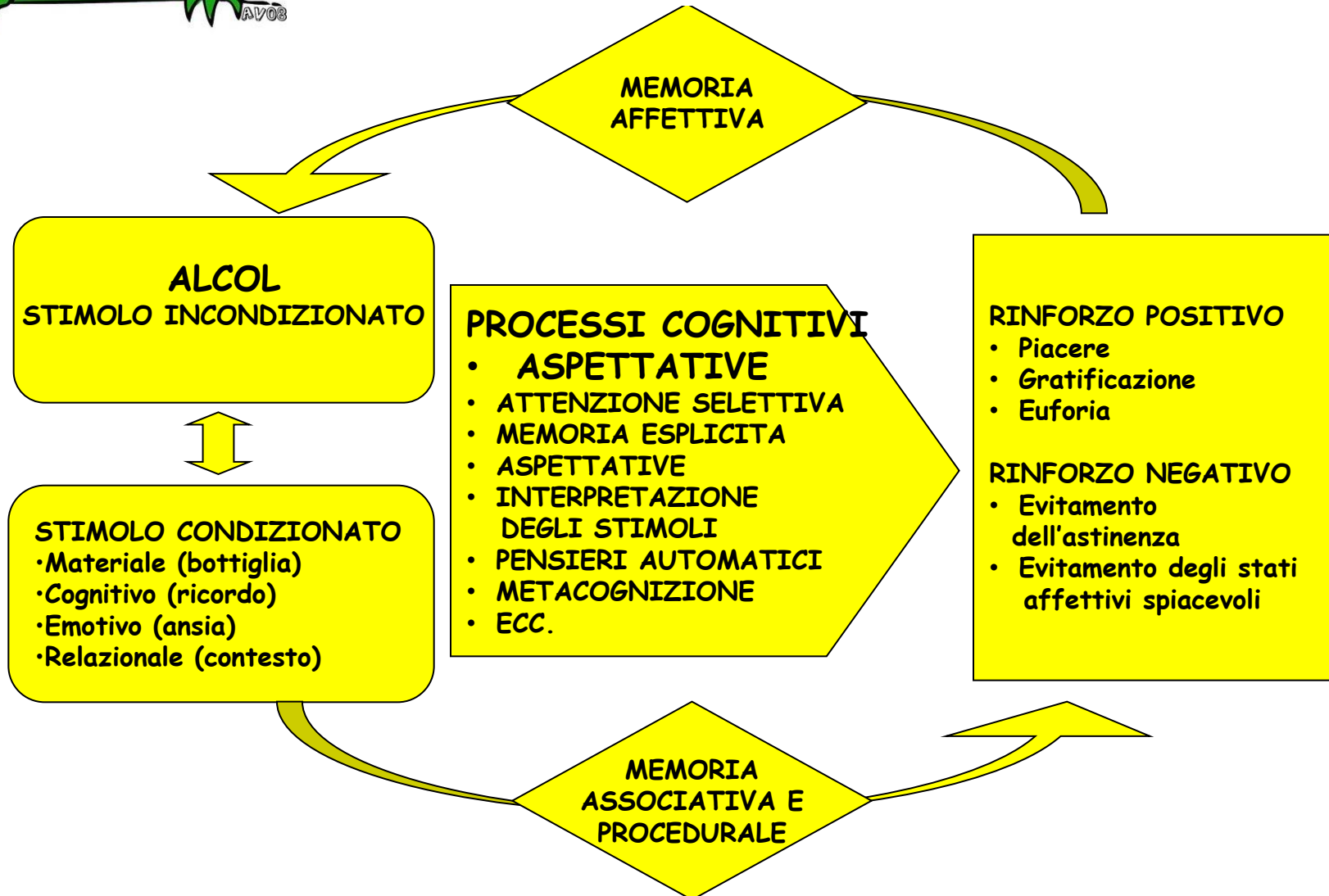
"That's the last time I go grocery shopping when I get a craving."

Il craving è parte integrante di un **sistema comportamentale** biologicamente determinato e ambientalmente condizionato

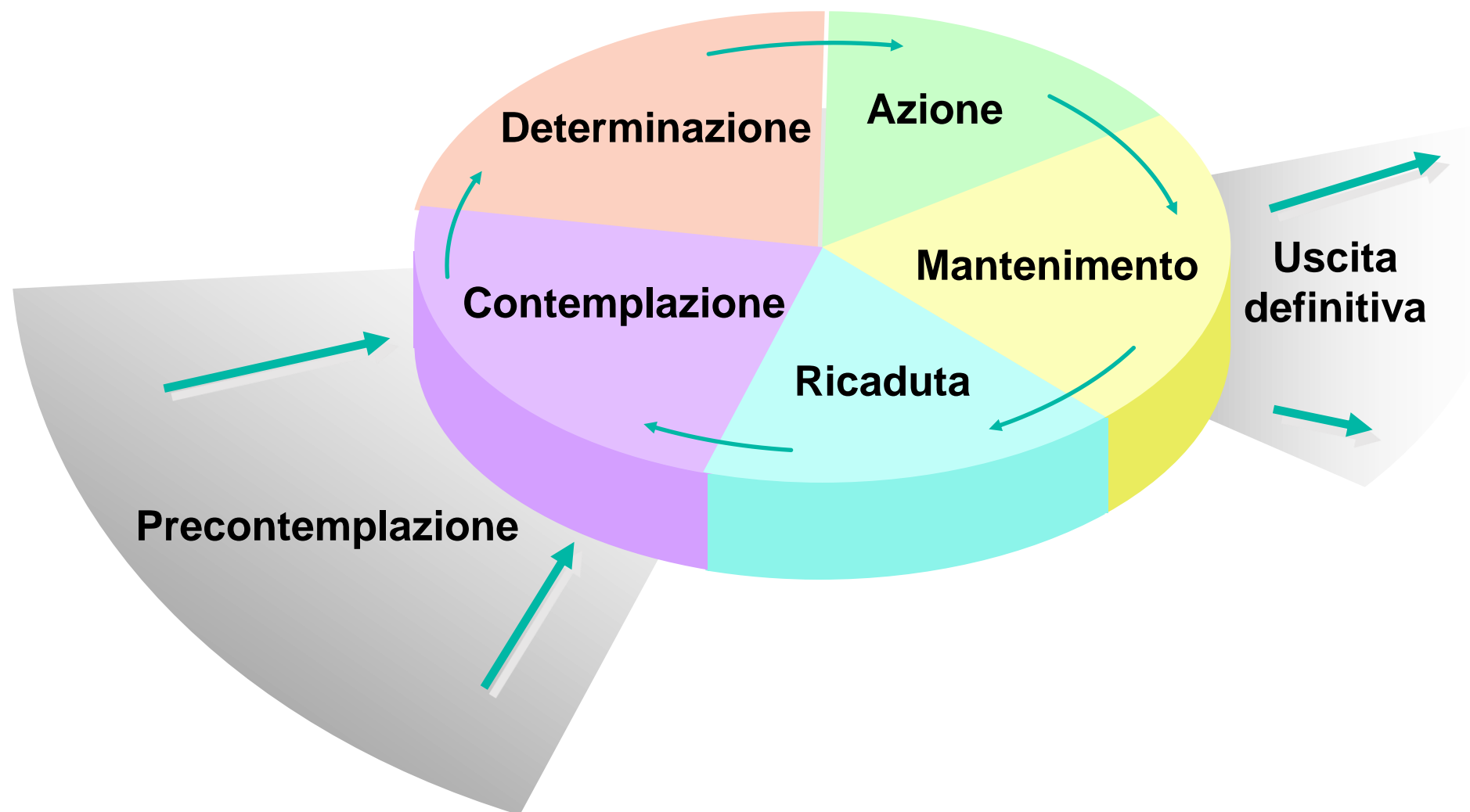




Il craving e' **un'esperienza multifattoriale e complessa** che implica diversi processi di apprendimento e meccanismi cognitivi variamente interconnessi fra loro



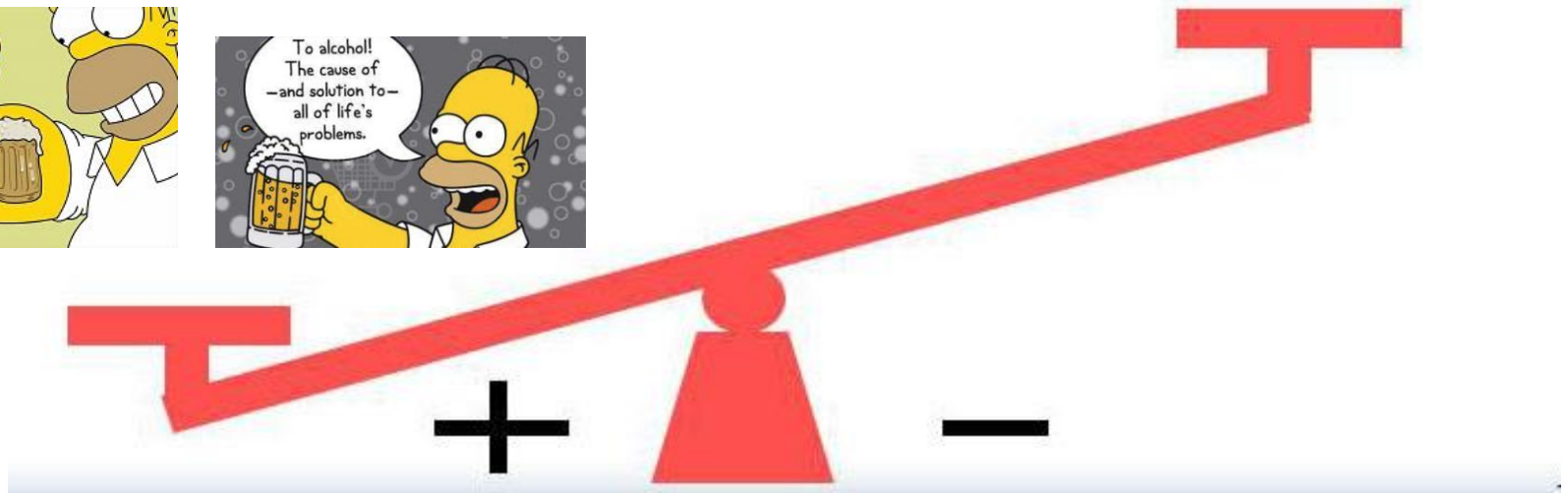
L'esperienza del craving varia in funzione della fase di addiction e cambiamento



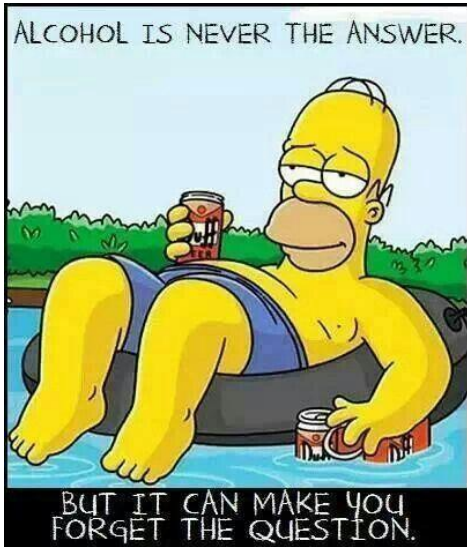
Il craving all'inizio del processo

Aspettative positive

Aspettative negative

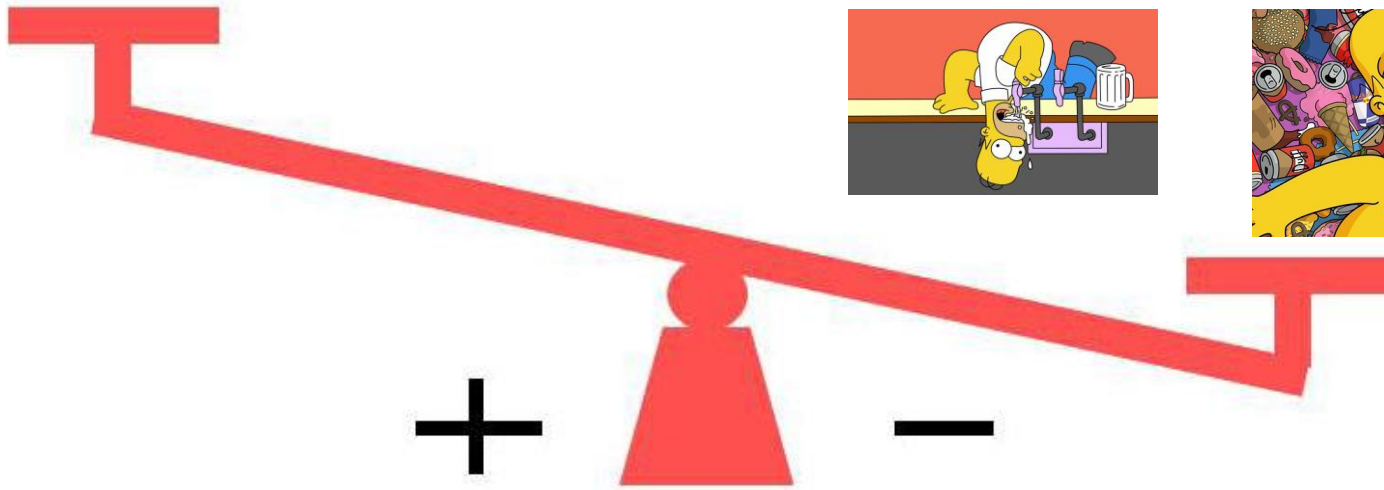
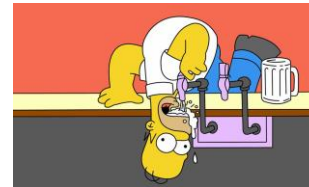


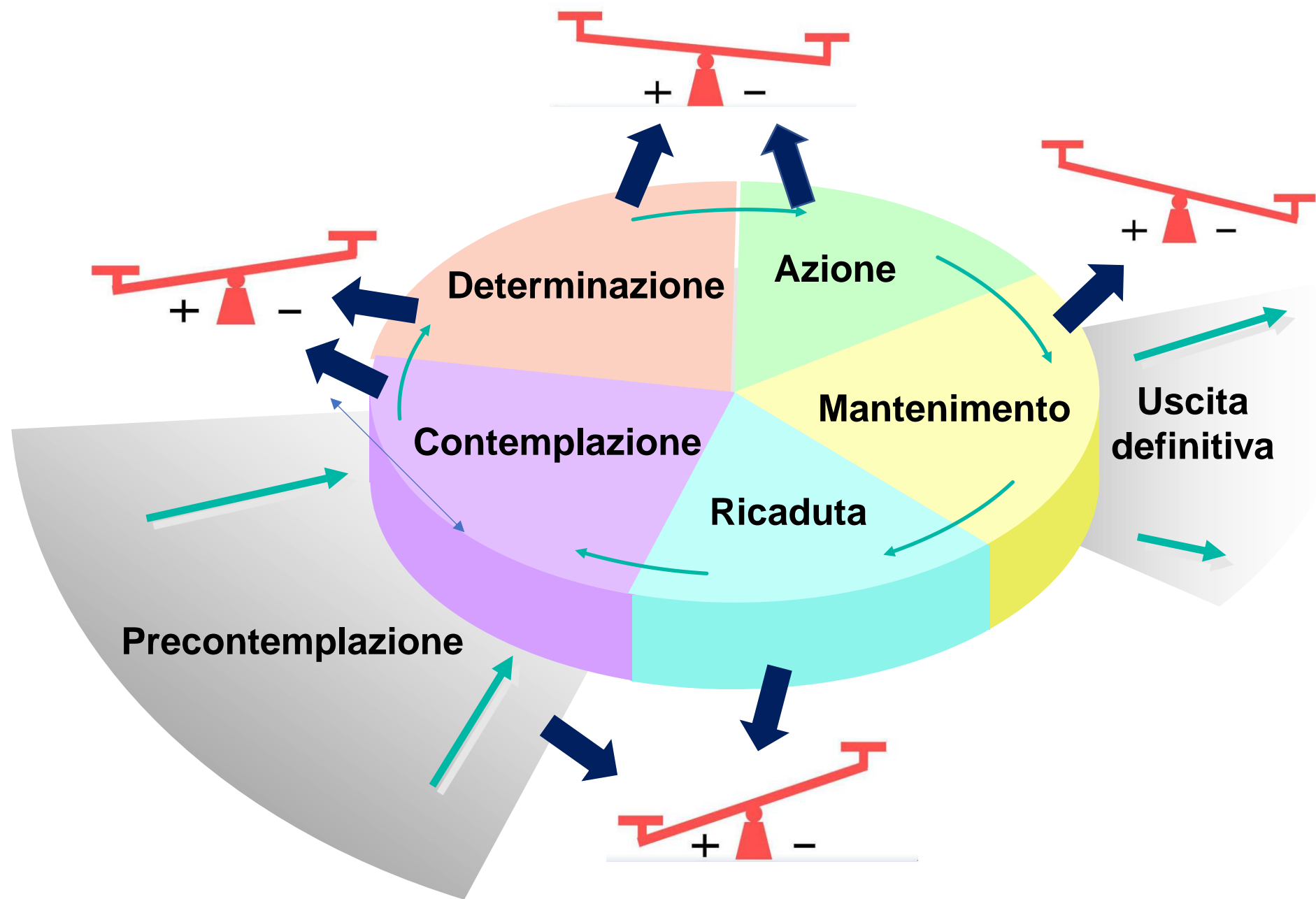
Aspettative positive



Il craving alla fine del processo

Aspettative negative



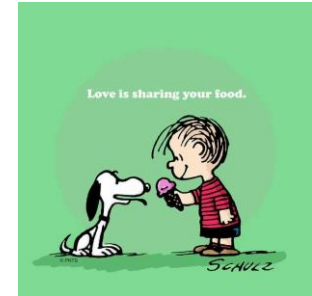


PEANUTS



1° OBIETTIVO: NORMALIZZARE L'ESPERIENZA DEL CRAVING

Il craving è un'esperienza normale che tutti sperimentano nell'arco di vita



Il craving è comune in tutti coloro che hanno usato oggetti gratificanti in modo continuativo

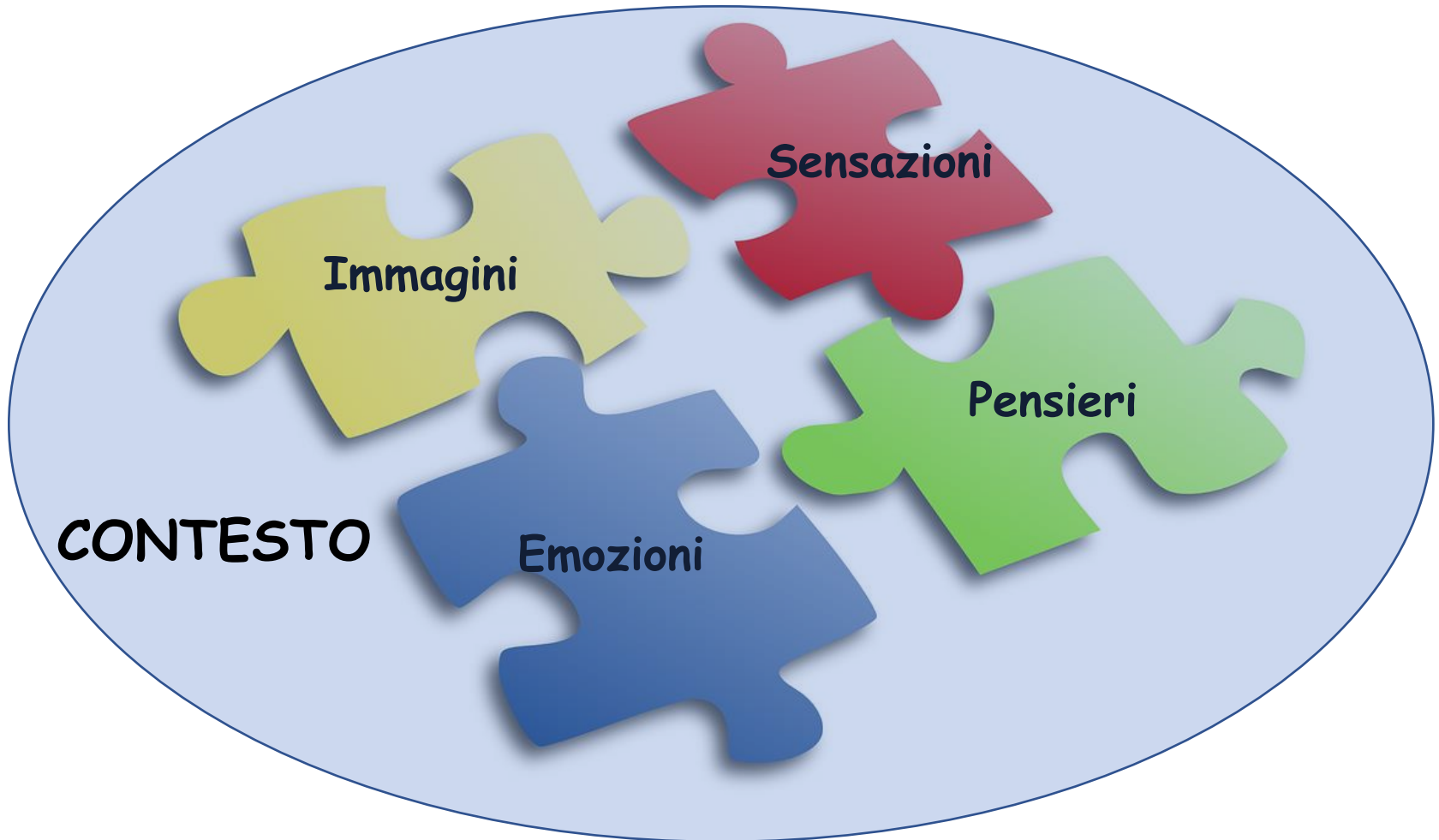


Il craving ha un inizio ed una fine, passa autonomamente

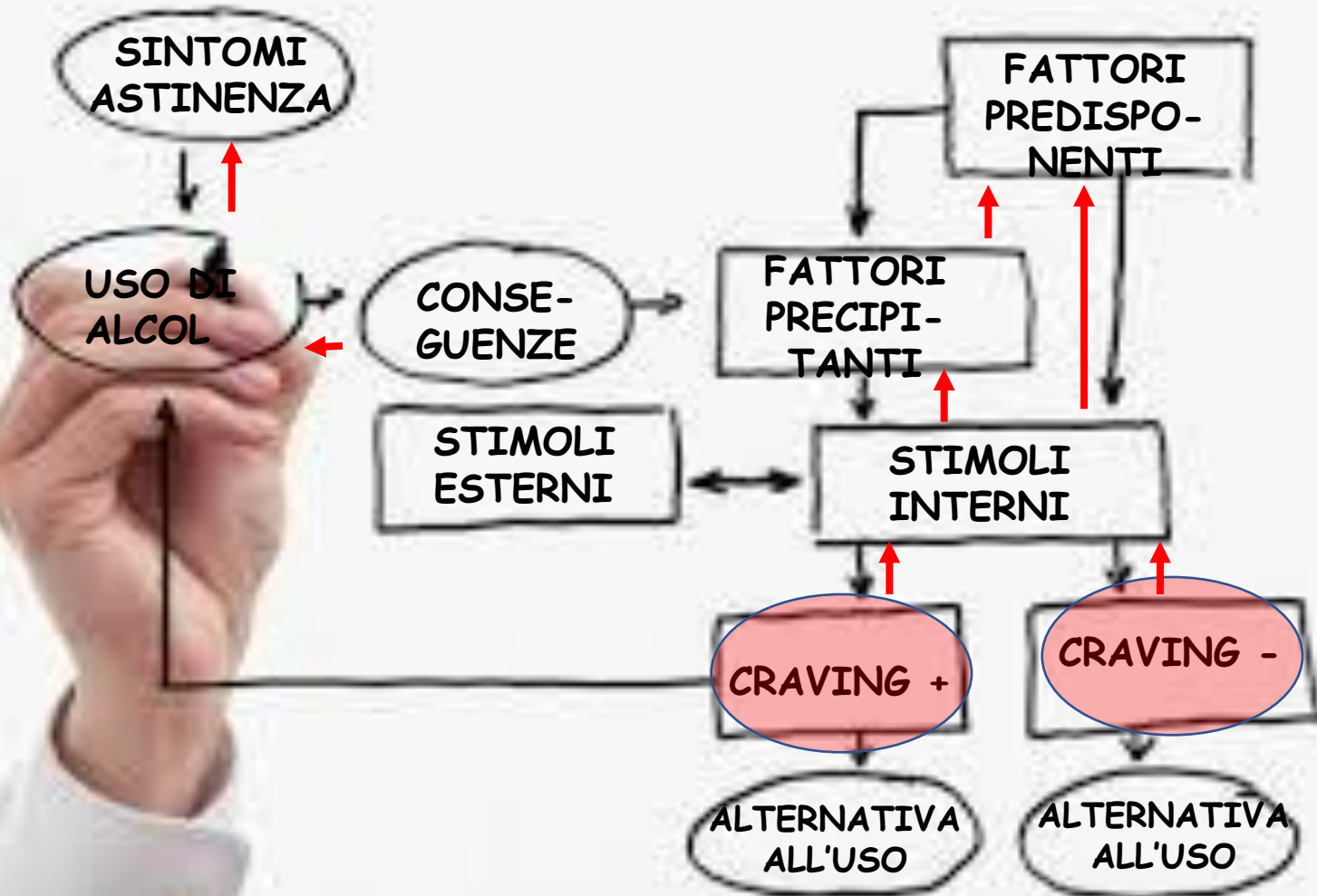
Il craving è un primo segnale di cambiamento



**2° OBIETTIVO: RENDERE ESPLICITO E COMPRENDERE
L'ESPERIENZA SOGGETTIVA DEL CRAVING NEI
DIVERSI ASPETTI IN CUI SI MANIFESTA**



3° OBIETTIVO: CO-COSTRUIRE LA MAPPA DEGLI EVENTI ATTIVANTI E AIUTARE IL PAZIENTE A METTERLI IN RELAZIONE



4° OBIETTIVO: AIUTARE IL PAZIENTE A GESTIRE IL CRAVING

Evitare le situazioni di rischio

Accettare

Veleggiare

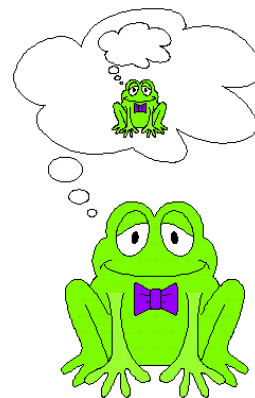
Normalizzare

Distrarsi

Anticipare le conseguenze negative

Riflettere

Chiedere aiuto



Obiettivo del giorno:
Evitare di arrabbiarmi per sciocchezze.
La vita è troppo breve per perdere tempo inutilmente!



**6° OBIETTIVO: AIUTARE IL PAZIENTE AD
AFFRONTARE E GESTIRE I «PROBLEMI EMOTIVI E
RELAZIONALI» ANTECEDENTI E CONSEGUENTI
ALL'USO DI ALCOL**

*"Perchè bevi?" chiese il Piccolo
Principe.*

"Per dimenticare", rispose l'ubriacone.

*"Per dimenticare che cosa?" s'informò
il piccolo principe che cominciava già
a compiangerlo. "*

*"Per dimenticare che ho vergogna",
confessò l'ubriacone abbassando la
testa.*

"Vergogna di che?"

"Vergogna di bere.."



Ma la terapia cognitiva del craving funziona



UPDATE ON TREATMENT OF CRAVING IN PATIENTS WITH ADDICTION
USING COGNITIVE BEHAVIORAL THERAPY

Patricia Maria da Silva Roggi, Maíra Ferreira Nogueira da Gama, Fernando Silva Neves, Frederico Garcia

Figure 1. Flow chart of literature search results for cognitive behavior treatment for craving, March 2013

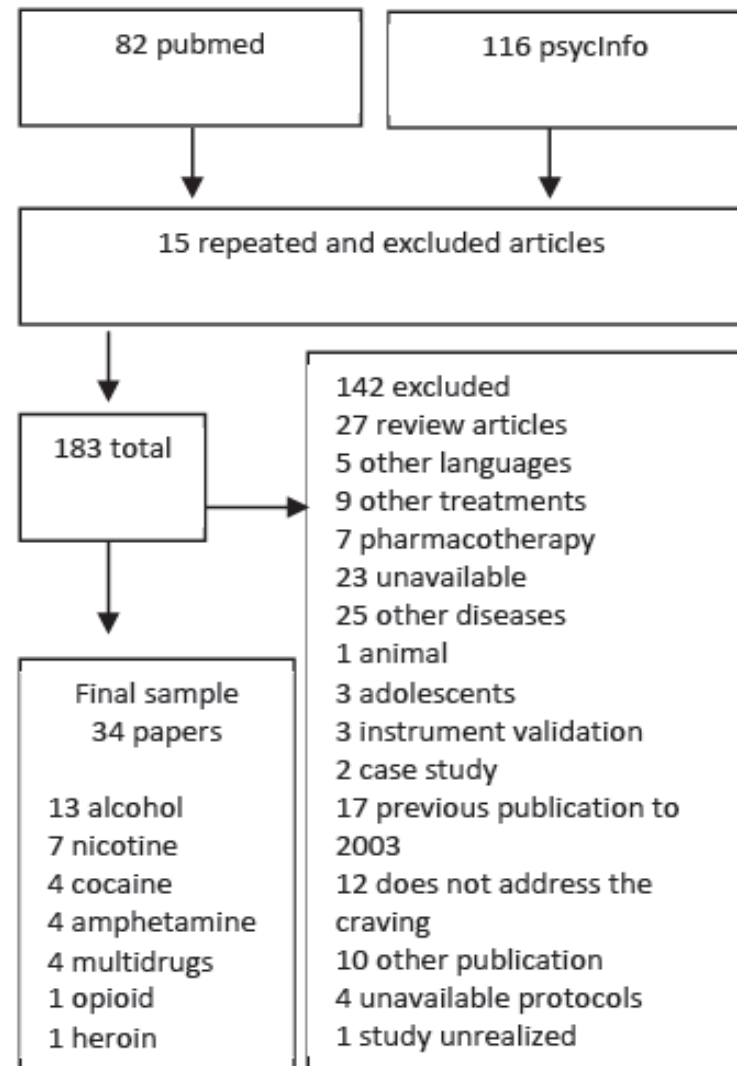


Table 1. Summarized results of the PsycInfo and PubMed databases selected papers

Articles		n	Male (%)	Techniques	Medication	Intervention control	Outcome on craving
Balldin et al. 2003	alcohol	118	73	Based CBT Match Protocol	Naltrexone or placebo	Supportive Therapy	The association CBT + naltrexone was better for reduced craving than CBT + placebo or supportive therapy and naltrexone or placebo.
Malcolm et al. 2005	cocaine	195	79	Craving management, problem solving, monitoring activities, relapse prevention.	Amlodipine or placebo	No	Amlodipine + CBT did not show any advantage over placebo + CBT for craving.
Kavanagh et al. 2006	alcohol	163	43	Motivational interviewing, psychoeducational, problem solving, humor management, monitoring activities, relapse prevention, exposure and response preventions.	no	cue exposure (CE) or emotional cue exposure (ECE)	CTB group showed little change in the craving over the blocks, CBT+ CE showed a rise in the extent that craving decreased by the end of sessions and CBT + ECE showed a benefit in the middle block which was not maintained.
Gardia et al. 2004	alcohol	60	76	based CBT Match Protocol	Olanzapine or placebo	No	There was no significant reduction of the craving in both treatment conditions associated with CBT.
Dackis et al. 2005	cocaine	62	70	Based CBT Match Protocol	Modafinil or placebo	No	No were observed significant differences at any point in the intensity or frequency of craving in the both groups.
Johnson et al. 2008	Metamphetamine	150	65	training for adherence to a treatment e relapse prevention.	Ondansetron or placebo	No	The craving methamphetamine not reduced for ondansetron and therapy.
McHugh et al. 2010	nicotine	51	65	attentional bias modification	no	Exposure untrained vies for attention	The attentional training bias did not result in a significant decrease in attentional bias or craving reactivity.
Field Duka Tyler Schoenmakers 2009	nicotine	72	54	attentional bias modification	no	reducing attentional bias (avoid smoking group) or control group in whom attentional bias was not manipulated.	The craving has increased over time, but the attention in training had a significant impact.
Schoenmakers et al. 2010	alcohol	43	77	attentional bias modification	no	Exposure untrained vies for attention	The ABM no significant effects in craving when compared with exposure untrained.
Back et al. 2007	multi-drugs drogas	20	35	psychoeducational, stress management, problem solving, relaxation techniques.	no	No	Cognitive behavioral stress management intervention lead to significant improvements in stress-induced craving.
Rogojanski Vettese Antony 2011	nicotine	61	59	mindfulness	no	Suppression	None of the interventions reduced the craving significantly after induction of conditioned cues.
Loeber et al. 2006	alcohol	63	57	psychoeducational, relapse prevention, craving management, motivational interviewing.	no	CET	The results indicated a general reduction in cue-induced craving, but not have a significant interaction group X time.
Marissen et al. 2007	heroin	127	–	Cue exposure therapy	no	placebo psychotherapy	Both groups, craving for heroin decreased after the cue exposure therapy compared to baseline.

Table 1. Continued

Lee et al. 2007	alcohol	8	–	Cue exposure therapy	no	no	The cue exposure treatment reduced the craving.
Witkiewitz et Bowen 2010	multi-drugs drugs	168	64	mindfulness-based relapse prevention	no	treatment as usual (TAU)	The MBRP group had lower craving score, but this result was not statistically significant.
Tidey et al. 2011	nicotine and schizophrenia	57	71	contingency management (CM)	Bupropion or placebo	non-contingent reinforcement	The craving reduced over the weeks in the contingency management group.
Yoon et al. 2013	nicotine cocaine	29	83	Cue exposure therapy and Cognitive Behavior Therapy	D-cycloserine or placebo	Virtual cue-exposure therapy	Craving decreased across study days and cue-induced craving was extinguished following repeated sessions of CET using virtual smoking cues. But these changes no effect of D-cycloserine on the primary dependent measures.
Roozen et al. 2006	Nicotine	25	72	Community Reinforcement Approach	Naltrexone or NTR	Relapse prevention	The craving decreased significantly in the CRA group, but the role of medications is unclear and a methodological limitations.
De Quirós Labrador and De Arce 2005	opiod	24	75	Cue exposure therapy	no	routine treatment	The experimental group had a significant reduction of the craving during scenes related to drug after 6 months of follow-up. There was no reduction in the control group submitted a routine treatment.
Price et al. 2010	Metamphetamine	28	20	Cue exposure therapy	no	no	The craving reduced significantly.
Greenfield et al. 2010	alcohol		69	Based CBT Match Protocol	Naltrexone or placebo and acamprosate or placebo	medical management	The craving naltrexone group reduced more than in the placebo group.
Lee et al. 2010	Metamphetamine	214	–	cognitive-behavior therapy and motivational interviewing	no	self-help booklet	There was no significant reduction in the craving.
Shadel et al. 2011	tobacco	63	47	cognitive-behavioral intervention and self-help materials	no	no	Group no-lapse condition (a no smoking, 30-min waiting period after 48h abstinent) not experienced changes in their craving, participants in the lapse condition (smoking two cigarettes of their favored brand during a 30-min period) experienced a significant decrease in craving pre- to post manipulation.
Schmitz 2008	Cocaine	161	63	Relapse prevention, craving management, monitoring activities, anger management, social skills training, problem solving (CBT)	Levodopa or placebo	Voucher-based reinforcement therapy + CBT (VRBT)	The group treated with Levodopa + VRBT + CBT had less craving compared to patients assigned to placebo or levodopa in another conditions (CBT + ClinMan or CBT + ClinMan + VRBT).
Bowen et al. 2009	Alcohol	168	64	guided meditations (mindfulness-based relapse prevention)	no	treatment as usual (TAU)	The craving was greater reduction in relapse prevention group undergoing based on Mindfulness.
Witkiewitz Bowen and Donovan 2011	alcohol	776	69	Motivational interviewing, craving management, Psychoeducational.	no	no	The negative mood associated with craving reduced significantly.
Anton et al. 2005	alcohol	160	75	Based CBT Match Protocol	Naltrexone or placebo	motivational enhancement therapy (MET)	All factors associated with craving were reduced in both groups, but those treated with CBT and naltrexone were more reduction of craving.

Table 1. Continued

McElhiney 2009	amphet- amina	16	–	Coping with crav- ing, social skills training, problem solving, monitoring activities, practice safe decision mak- ing, relapse preven- tion	Modafinil followed of placebo	no	The craving declined substantially for responders.
Lee et al. 2008	alcohol	20	100	Virtual reality therapy	no	Cognitive be- havioral therapy (nVRTP)	The group VRTP exhibited a greater decrease in craving after the 10th VRTP session, when compared to the nVRTP.
Grassi et al. 2007	cocaine alcohol	12	–	Trans-theoretical Model of Change, as described by Prochaska and Di Clemente	Disulfiram or Naltrex- one	no	Both DIS/CBT and NTX/CBT groups scored significantly lower than CBT group for cocaine craving, whereas alcohol craving was lower in the NTX/CBT group.
Weiss Griffin Mazurick et al. 2003	cocaine	449	77	cognitive therapy individual format that emphasized the importance of mal-adaptive beliefs and cognitions in addiction.	no	individual drug counseling (12 step philosophy)/ supportive ex- pressive psycho- dynamic/group drug counseling (12 step)	The condition of individual drug counseling + group drug counseling was the most effective treatment when compared with supportive-expressive psycho- dynamic therapy + group drug counseling condition and CBT + group drug counseling condition and group drug counseling alone. Craving not assessed from pre- to- post treatment, but the study observed that the condition of individual drug counseling plus group drug counseling might have weakened the link between cocaine craving and subsequent use.
Loeber et al. 2007	alcohol	43	51	motivational inter- viewing, relapse prevention, craving management	no	no	The results indicated a general reduction in cue-induced craving from pre- to- post treatment assessment.
Coffey Stasiewicz Hughes and Brimo 2006	alco- hol+ PTSD	43	33	trauma-focused imaginal exposure	no	imagery-based relaxation	Mean craving ratings elicited by the trauma image/alcohol cue decreased significantly in the exposure condition, but did not change appreciably in the relaxation condition.
García Rodríguez et al. 2012	Nico- tine	90	52	Cue exposure therapy (CET)	no	no	Exposure to smoking-related cues throughout the virtual environments had medium-to- large effects on craving increases.

GRAZIE PER L'ATTENZIONE

AUGURANDOMI
DI NON AVERVI
RIDOTTO COSI'

