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Introduction Alcoholic hallucinosis is a rare complication of chronic alcohol abuse and a prevalence of 0.6–0.7% in alcoholics has been reported.

Case report A 54-year-old Indian immigrant in Barcelona was referred for psychiatric evaluation in April 2016 by due of his behavioral alterations. Evaluation revealed that he was apparently asymptomatic when he came to Spain, 18 years ago. He had been consuming alcohol since 1974 and gradually the frequency and quantity increased to 600 mL of rum daily by 1996. He complained of hearing voices of family members, being irritable even when he was alone and in catatonic phases. He was found to be gloomy, reclusive, not sleeping and talking to oneself. He used to have sleep disturbances; irritability and tremors when temporarily stopped alcohol consumption. He presented a clinical abstinence syndrome, with pharmacological resistance to benzodiazepine perfusion: it was necessary to use dexmedetomidine an Alpha2-agonist with sedative and analgesic properties. After 12 days of medical treatment on UCI, he recovered from abstinence syndrome and was transferred to psychiatry ward. Blood analysis showed raised aspartate amino transferase and alanine amino transferase. Computed tomography and magnetic resonance imaging brain revealed bilateral lateral ventricle enlargement with narrowing of lower end of Aqueduct of Sylvius. He was treated with oral paliperidone. The dose was gradually increased to 18 mg/day and he responded quickly. In the follow-up, he was abstinent from alcohol, compliant with treatment and free from all kinds of hallucinations after medication adherence and psychotherapy.

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Alexithymia and alcohol use disorders: A critical review

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Introduction Alexithymia is a multifaceted construct that was first described by Sifneos as difficulty identifying and communicating feelings, differentiating feelings and somatic sensations of emotional arousal, a diminution of fantasy and imagination and an externally oriented cognitive style. Between 45–67% of alcohol dependent individuals have been identified as alexithymic.

Aims and methodology The aim of this study is to review the published research on alexithymia and alcohol use, to present a critical update on the relationship between alexithymia and alcohol use disorders.

Results Research studies have shown high prevalence rates of alexithymia in alcohol dependent populations, yet there is only preliminary evidence to indicate relationships between alexithymia, alcohol consumption and severity of alcohol problems, and limited evidence examining the different dimensions of alexithymia in relation to alcohol dependence. Hence, the notion that alexithymia is a vulnerability factor in the development and maintenance of alcohol use disorders is premature. Despite limited support for a relationship between alexithymia and alcohol dependence, several studies have examined alexithymia in association with other risk factors for alcohol use including attachment, depression, personality disorder traits, emotional and perceptual dependency and suicidal ideation.

Conclusion A number of key issues need to be addressed in examining the veracity of the link between alexithymia and alcohol dependence. Although, alexithymia is often considered a risk factor for the development of alcohol use disorders, there is little evidence to support this notion. Given that alexithymia may have the potential to interfere with treatment outcomes, a better understanding of the role of alexithymia in alcohol use is needed.

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Addictive behaviors among psychiatric outpatients

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Introduction Little is known about the epidemiology of smoking and substance use disorders (SUD) among psychiatric outpatients in south of Tunisia.

Objective Examine the prevalence of smoking and SUD among adult psychiatric outpatients at the regional hospital of Gabes.

Method A survey was conducted to assess the extent of alcohol abuse, drug abuse and smoking among adult psychiatric outpatients ($n=115$), with different psychiatric diagnoses (DSM-5), aged over 18 years, following the psychiatric department of the regional hospital of Gabes. Data collection was done through a semi-structured interview with the patient and a family member + review of medical records. SUD was defined as an abuse or dependence to alcohol or drug.

Results Smokers account for 29.6% of the patients. Smoking was significantly higher in male patients (97.1% vs. 43.2%, $P<10^{-3}$). Compared to nonsmokers, smokers patients had significantly more the diagnosis of schizophrenia (64.7% vs. 35.3%, $P=0.004$), a higher level of education (52.9% vs. 32.1%, $P=0.03$), a higher rate of alcohol (14.7% vs. 1.2%, $P=0.008$) and drug use disorders (8.8% vs. 0%, $P=0.02$), and a higher rate of relapses (3.5 vs. 2, $P=0.004$). Alcohol use was noted in 6% of patients and cannabis in 4%. Patients with a SUD had significantly more the diagnosis of schizophrenia (100% vs. 36.2%, $P=0.05$), a higher rate of smoking (100% vs. 27.7%, $P=0.02$). Financial situation, education, marital status and age of onset of the disease were not associated with SUD.

Conclusion Addictive behaviors are prevalent among psychiatric outpatients. This has implications in treatment and management of these patients.

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Impact of hepatitis B (HBV)/C (HCV) virus co-infection on the survival of schizophrenic patients with co-occurring substance use disorders followed for 12 years

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Introduction There is no evidence on influence of HBV/HCV co-infection on survival characteristics in population with dual disorders.