

gradually according to the intensity of the pain with monitoring of possible tolerance. Stopping should be done gradually to avoid a withdrawal syndrome. The prescription must systematically be accompanied by information to the patient about the treatment and its discontinuation, and monitoring of these risks even when it is prescribed in compliance with the conditions of the marketing authorization.

Disclosure of Interest: None Declared

EPV0025

Prevalence of HIV infection in patients of a substance use treatment facility

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Introduction: According to domestic and foreign studies, in the last decade there has been an increase in the number of HIV-infected patients suffering from alcoholic disease. Under the influence of alcohol, the risk of infection and transmission of HIV infection increases, the course of the disease worsens. There is a syndemia between alcohol abuse and HIV infection. This requires new approaches to the tactics of managing patients of a narcological hospital with HIV infection.

Objectives: To identify the prevalence of HIV infection in patients of the substance use treatment facility suffering from alcohol disease of the second stage.

Methods: The authors analyzed 446 medical histories of patients suffering from alcoholic disease who underwent inpatient treatment in 2009-2021. For data processing, a statistical method for calculating relative indicators used.

Results: The study showed that a significant proportion of patients with HIV infection were patients of working age 40-59 years. At the same time, since 2009, there has been an increase in HIV-infected patients from the total number of hospital patients. So, if in 2009 they were 1.2%, then in 2021 they were already 7.2%. Most HIV-infected patients of the narcological hospital are single or divorced. The study notes that abuse is common among patients with HIV infection as a means of combating depression. According to 2019 data, 39.0% of hospital patients suffer from depression. The authors show that alcohol affects the increase in risky forms of sexual relations, or risky situations with unprotected sex. In addition, with alcohol abuse, the viral load increases, and therefore the likelihood of transmitting HIV infection to a partner with unprotected sex increases.

Conclusions: Alcohol abuse is a causative factor in HIV infection. Early detection of people with harmful alcohol consumption and referral to a psychiatrist will increase adherence to antiretroviral therapy, as well as reduce the rate of HIV infection

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EPV0026

N-Hexane neuropathy: from addiction to disability!

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Introduction: Voluntary poisoning with neurotoxic products in order to achieve euphoria is common especially among young people. Neurological complications are quite likely and can be serious and irreversible.

Objectives: We aim to describe the peripheral neuropathies secondary to N-Hexane intoxication in a Tunisian population.

Methods: A retrospective descriptive study was carried out in our department of neurology in the National Institute of Neurology of Tunis including patients diagnosed with N-Hexane neuropathy. All patients had a history of a N-Hexane exposure. The diagnosis was confirmed after excluding other etiologies through appropriate investigations. Clinical and para-clinical data as well as follow-up were assessed. **Results:** We selected 38 patients with a mean age of 22.7 years [14-36]. Among them, 37 were glue-sniffer and 1 had a voluntary toxic exposure to paint. An associated cannabis consumption was found in 6 patients. All of them had a low socio-economic background and 17 were unemployed. Time to onset of neurological signs ranged from 5 months to 11 years. The clinical exam showed a quadriparesis (15,7%), a paraparesis (58%), sensory involvement (55,2%) amyotrophy (40%) and abolished tendon reflexes in lower limbs (81,5%). Swallowing disorder and optic neuritis were found in one case. The electroneuromyogram revealed an axono-demyelinating sensory-motor polyneuropathy (PN) in 16 cases and a demyelinating motor PN in 9 cases. Vitamin therapy, motor rehabilitation and psychotherapy sessions have been indicated. Only 6 patients showed slight clinical improvement after withdrawal. The rest of our patients did not quit; 84% of them became bedridden.

Conclusions: Glue-sniffer related neuropathy is very common in our country especially in adolescents and young adults with low socio-economic background. The neurological outcome is serious and usually irreversible if exposure is persistent.

Disclosure of Interest: None Declared

EPV0027

The impact of cocaine on diagnosis stability in psychosis, based on a case report

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Introduction: Substance-induced psychosis (SIP) is the name given to a psychosis that starts in the context of substance abuse, but persists for days and weeks with no substance use. There is growing recognition that individuals with substance-induced

psychosis are more likely to develop a schizophrenia spectrum disorder. Early onset of substance-induced psychosis and cannabis use are predictors of conversion. Nevertheless, more evidence is needed to identify other factors.

Objectives: The objective of this study was to analyze the progression of substance-induced psychosis to several mental disorders, by reporting a case of a cocaine user, and identifying the factors that promote the progression.

Methods: We report the case of a 55 years old male, with long-term consumption of endovenous cocaine and heroin, who has experienced various episodes of substance-induced psychosis in the past. In 2017, he presented haptic and visual hallucinations oriented as parasite delusion during rehab hospitalization. The symptoms disappear after a few days of risperidone treatment and absence of consumption. Consuming cocaine and heroin ev in previous days. In October 2018 and July 2021 the patient was hospitalized in Dual Pathology for similar episodes oriented as substance-induced psychosis.

In the current episode, the patient was hospitalized in the Dual Pathology Unit due to a psychotic episode described as parasite infestation delusion and prejudice delusion against his family. The last consumption of heroin and cocaine was 3 months ago.

Results:

DATE OF HOSPITALIZATION	LAST CONSUME BEFORE HOSPITALIZATION	HABITUAL COMPSUPTION BEFORE HOSPITALIZATION	INICIAL SYMTOMS DURING HOSPITALIZATION	TREATMENT DURING HOSPITALIZATION
04/12/17 - 19/12/17 -	1 DAY	COCAINE AND HEROINE: 1/8g/24h ev	-PARASITE DELUSION -Haptic Hallucinations	Risperidone 2mg/day
25/09/18 08/10/18	1 DAY	-COCAINE AND HEROINE: 0,5g, 2-3 times a week, ev	-PARASITE DELUSION -Haptic and Visual Hallucinations	Risperidona hasta 4mg/day
15/06/21 - 28/06/21	?	-COCAINE AND HEROINE: 0,5g, 2-3 times a week, ev	-PARASITE DELUSION - Behavioral impact	Risperidone 3mg/day
15/09/2022- 17/10/2022	3 MONTHS	-	- PARASITE DELUSION -Behavioural impact - Prejudice delusion	Paliperidone 3mg/day

Conclusions: This case report exemplifies the temporal relationship between substance use and the development of psychotic illness. Suggesting substance-induced psychosis as an indicator for the future development of a severe mental disorder. For this reason, more evidence is needed to identify other factors that promote the progression to severe mental disorders and stablish a higher risk group

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EPV0028

Anabolic-androgenic steroid abuse: psychiatric manifestations and treatment

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Introduction: Anabolic-androgenic steroids (AAS) are synthetic derivatives of steroids which are frequently utilized in order to increase muscle mass and strength. Estimates of AAS abuse vary according to different studies. However, a global lifetime prevalence of 3.3% has been reported. The increasing illicit use of AAS over the years has raised serious public health concerns.

Objectives: To report a clinical case of AAS abuse and review the psychopathology associated with AAS abuse and its treatment.

Methods: The authors report a clinical case and conducted a non-systematic review on the Pubmed database with the terms “anabolic-androgenic steroids”, “abuse” and “psychiatric manifestations”.

Results: A 25-year-old male patient with history of body dysmorphic disorder was admitted to the emergency services following severe psychomotor agitation and verbal and physical aggression towards his family members. He explained he had begun using AAS years prior in order to improve his physical appearance. Recently he had been administering AAS injections on a more regular basis and restricting his food and water intake. His sleep-wake cycle was disrupted and he began experiencing increasing anxiety and persecutory ideation. Additionally, increased aggression was reported and numerous conflicts with his family members took place in the weeks previous to his psychiatric observation. AAS abuse has been associated with psychiatric symptoms such as aggression and violence, mania and less commonly psychosis and suicidal ideation. Moreover, its prolonged abuse can lead to symptoms of dependence and withdrawal following suspension. A biphasic model of steroid dependence has been described. First there is a brief hyperadrenergic state with opioid-like withdrawal symptoms which is then followed by a prolonged period of depression and craving. During this phase symptoms such as fatigue, muscle and joint pain, insomnia, anxiety and depression may occur. There are no established guidelines for treatment. Acute care of agitation should follow a similar course as the one utilized in other forms of substance induced-agitation: firstly, the least invasive interventions should be implemented. If medication is required, haloperidol has been reported to be effective, although evidence is scarce. Benzodiazepines may be considered, although its use with AAS has not been reported. In regards to long term care, AAS discontinuation is vital in conjunction with proper management of withdrawal symptoms. If a patient presents symptoms of opioid-like withdrawal, treatment with clonidine may be initiated. The use of medically prescribed steroids has been suggested in order to alleviate withdrawal symptoms. Other treatment options such as human chorionic gonadotrophin and clomiphene have also been proposed.

Conclusions: AAS abuse is a serious public health concern. Clinicians should be aware of its serious psychiatric effects and possible treatment courses.

Disclosure of Interest: None Declared