

**Objectives:** Our objective is to identify the different indicators mentioned in the existing literature and to compare these to the clinical and paraclinical data of our patients

**Methods:** We present through clinical vignettes, the cases of two patients hospitalized in our department of addictology for a cure of alcohol withdrawal and who presented an episode of delirium tremens.

**Results:** Several clinical and paraclinical parameters have been linked to statistically significant differences in the published reports related to this subject. Thrombocytopenia remains the common element between the different publications and was the case in our two patients.

Clinically, the presence of a previous episode of delirium or seizure during withdrawal, as well as tachycardia (>100 bpm) and low number of quit attempts were significantly related to the occurrence of delirium tremens. The majority of the predictors identified were paraclinical and included: hyponatremia, hypokalemia, elevated ALT and homocysteine levels, low pyridoxine levels, and the presence of structural brain damage.

**Conclusions:** The literature on predictors of delirium tremens remains poor. More studies are needed to confirm the data already mentioned

**Disclosure of Interest:** None Declared

## EPV0006

### Kratom use disorder as a gateway to an opioid use disorder

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**Introduction:** Kratom (*Mitragyna speciosa*) is a psychoactive substance native to Thailand and Southeast Asia with stimulant-like effects at lower doses and opioid-like effects at higher doses. Kratom's chemical composition, specifically mitragynine and 7-hydroxymitragynine, has partial agonist mu-opioid effect and antagonist effects at the kappa- and delta-opioid receptors. It is primarily sought out for stimulant and opioid-like properties and may be used either for its perceived therapeutic effects or as a recreational drug. It is used mainly for symptoms of pain, anxiety, depression, and opioid withdrawal. Regular use of kratom, especially at higher doses, is associated with dependence, tolerance, and withdrawal. Due to its addictive potential, accessibility, and legal status, there have been increasing cases of kratom use disorder. Concerns regarding its potential for abuse and severe adverse effects are rising. The perception that kratom is a milder and less dangerous opioid-like psychoactive substance is supported by the uptake of kratom use as an opiate substitute and is consistent with data on the unimpaired social functioning of regular kratom users.

**Objectives:** To alert for the importance of kratom consumption as a potential gateway to an opioid use disorder.

**Methods:** A non-systematic review of the literature was carried out on PubMed. We looked for reviews and case reports published in the last 10 years containing the terms "kratom", "*Mitragyna speciosa*", "drug abuse", "drug addiction", and "mitragynine". We also present a clinical case of opioid use disorder.

**Results:** We report the case of a 38-year-old man that was observed as an outpatient with opioid abuse disorder treated with buprenorphine. He began consuming Kratom about 20 years ago. He learned about Kratom herbal preparations from the plant *Mitragyna speciosa* from internet forums and started to consume oral preparations. Noticing the low side-effects profile, he started to consume Kratom on a daily basis. The main effect of Kratom was to calm down hyperarousal, stop rumination, reduce anxiety, and enhance sociability. The patient did not report major side effects from the consumption but over time tolerance was reached. Knowing that this substance has opioid effects, the patient started to consume opioids like oxycodone in order to obtain kratom-like effects. Kratom's use was thus quickly replaced by oxycodone consumption and dependence.

**Conclusions:** The increasing popularity of kratom has been accompanied by dependence, adverse effects, and withdrawal symptoms following abstinence. Although it could be used for opioid withdrawal, kratom consumption could be a gateway to opioid consumption and ultimately culminate in dependence.

**Disclosure of Interest:** None Declared

## EPV0007

### Laughing gas-induced psychotic disorder : Case report from Morocco.

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**Introduction:** In the current psychopharmacological panorama, the variety of substances capable of inducing an acute psychotic episode and which have entered the habits of drug addicts has rapidly increased. Here we will take the example of nitrous oxide, which in addition to its medical use as a volatile anesthetic, has many applications in the food and automotive industries. Nitrous oxide is today the 7th most popular drug in the world for its euphoric effects.

**Objectives:** The objective of our work is therefore to present through a case report, where the psychiatric symptoms are important, an overview of the psychiatric effects of the recreational use of nitrous oxide, to sensitize the clinicians, and to finally discuss the implications for psychiatric practice in terms of prevention and screening.

**Methods:** Case report: To better discuss this infrequent disorder, we will report here the case of a 25-year-old French tourist, with no particular psychiatric or medical history, who was brought back to our training emergency room by the authorities for treatment of psychomotor instability, verbalization of delusional remarks and insomnia evolving for approximately 02 days, following an excessive and isolated use of nitrogen peroxide bombs, in a festive setting in Marrakech.

The psychiatric interview objectified a dissociative syndrome, a delusional syndrome of persecution and mystical-religious, a hallucinatory syndrome, with impaired judgment and insight. A complete biological assessment, a cerebral TDM as well as a search for drugs in the urine were requested, returned without particularities.

The patient was put on antipsychotics and anxiolytics, with very good clinical evolution and complete resolution of symptoms after 02 days.

**Results:** Nitrous oxide (N<sub>2</sub>O; laughing gas) is used clinically as a safe anesthetic (dentistry, ambulance, childbirth) and is appreciated for its anti-anxiety effect. Over the past five years, its recreational use has rapidly increased, particularly in the world of dance and festivals.

Side effects of N<sub>2</sub>O include transient dizziness, dissociation, disorientation, loss of balance, impaired memory and cognition, and weakness in the legs. In cases of poisoning, accidents such as tripping and falling can occur.

Some fatalities have been reported due to asphyxia (hypoxia). Heavy or sustained use of N<sub>2</sub>O inactivates vitamin B12, resulting in functional vitamin B12 deficiency and initially causes finger numbness, which can later progress to peripheral neuropathy and megaloblastic anemia. The use of N<sub>2</sub>O does not appear to be addictive.

**Conclusions:** Given the generally modest use of N<sub>2</sub>O and its relative safety, there is no need for legal action. However, (potential) users should be informed of the risk of neurological and hematological effects related to vitamin B12 deficiency in case of intensive use.

**Disclosure of Interest:** None Declared

## EPV0008

### Impulsivity and cannabis use disorder among tunisian sample

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**Introduction:** In the past few years, there has been a considerable amount of evidence that cannabis use can cause structural and functional brain abnormalities. Structural imaging studies of cannabis users have revealed reduced prefrontal cortex volumes and white matter damage that may be involved with impulsivity.

**Objectives:** To Determine the level of dependence on cannabis among cannabis users consulting the detoxification center of Sfax, Tunisia To assess in addition the impact of cannabis on impulsivity and motor control.

**Methods:** This is a cross-sectional, descriptive and analytical study that was conducted over a period of 13 months between September 15, 2020 and October 1, 2021 among cannabis users consulting the detoxification center of Sfax, Tunisia. A short form of the Barratt Impulsiveness Scale (the BIS-15) and a Cannabis Abuse Screening Test (CAST) were used to assess impulsivity and to determine cannabis abuse.

**Results:** Thirty Eight cannabis users agreed to participate in this study. The distribution of CAST scores showed that 36 users (94.7%) had problematic cannabis use at the time of the study. The mean BIS 15 score was 38.2. In our sample, The level of impulsivity was highest in people with a high level of cannabis dependence. A higher level of impulsivity was found in younger subjects. However, a greater level of impulsivity was found in

subjects with a lower socio-economic level. Concerning employment status, unemployment was significantly correlated with a higher level of impulsivity.

**Conclusions:** Impulsivity is often associated with a variety of problematic behaviors such as aggressive behavior, smoking, drug abuse, pathological gambling or compulsive buying.

A higher frequency of cannabis use and earlier age of onset use have been shown to be associated with the highest rates of impulsivity. Therefore, cannabis addiction represents a real public health problem, both because of the serious complications and heavy repercussions that it causes.

**Disclosure of Interest:** None Declared

## EPV0009

### Prescription drug abuse in migrants from Middle Eastern and North African countries: a review

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**Introduction:** In recent years, there has been a rise in misuse of low-cost prescription pills across Middle Eastern and North African (MENA) countries. In Algeria, Tunisia and Morocco, for example, the consumption of prescription medications has dramatically increased, particularly amongst young and marginalized groups. Drugs such as clonazepam and pregabalin are extremely popular in these regions, as they are relatively inexpensive and perceived as safe. With the migration of MENA citizens to Europe, it is likely that mental health services will come across substance use disorders related to these medications.

**Objectives:** The authors aim to analyse prescription medication misuse reports from MENA countries, specifically pregabalin and clonazepam, and review the pharmacological, neurobiological and social factors that contribute to their potential for abuse.

**Methods:** Narrative review of articles referenced on PubMed and Google Scholar.

**Results:** Pregabalin and clonazepam are widely used in psychiatry and neurology. Pregabalin is an alpha 2 omega ligand with supposed GABA-mimetic properties. Anecdotal reports suggest that pregabalin, used recreationally in amounts up to 3-20 times the therapeutic doses, possesses both sedative and psychedelic effects. Experimenters are mainly individuals with a history of recreational polydrug use, who are aware that pregabalin is not included in standard drug monitoring tests, with this molecule being used in some instances as a legal substitute of common illegal drugs. Clonazepam is a benzodiazepine that combines high potency and a long duration of action and is said to cause euphoria at doses over 8mg. It is very popular and affordable, placing consistently in the top three of benzodiazepines sales across the globe. Clonazepam has potential for tolerance build up and severe withdrawal symptoms. These medications are frequently used together and in combination with other substances such as alcohol and opiates, increasing the risk for respiratory failure and death.

**Conclusions:** Prescription medications such as pregabalin and clonazepam are extremely accessible, inexpensive and highly addictive substances, whose abuse is well disseminated across MENA countries. With migratory flows from this region, the