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Background The Norwegian Municipal Health Care Act opens for mandated treatment for persons with severe and life-threatening substance use disorder. This study aims to examine substance use related outcomes at six-month following in-patient treatment and to analyse factors associated with improved outcomes and abstinence.

Method This prospective study followed 202 hospitalised patients with SUD that were admitted voluntarily ($n=137$) or compulsorily ($n=65$). The European Addiction Severity Index was used at baseline and at follow-up to assess socio-demographics and substance use variables. Regression analysis was conducted to investigate factors associated with abstinence at six-month follow-up.

Results The frequency of use of preferred substance showed markedly improvement for both voluntary admitted (VA) and compulsory admitted (CA) patients (61% and 37% respectively) at follow-up. Seventy-five percent of VA patients using amphetamine reported improvement compared to 53% of CA patients. At follow-up, the CA group continued to have a higher rate of injection use. The CA group had experienced higher rates of overdose the past six months and lower abstinence rates (24% versus 50%) at follow-up. Lower severity of drug use at intake (non-injection drug use), voluntary treatment modality and higher treatment involvement during follow-up all were significant factors associated with abstinence at follow-up.

Conclusion Voluntary treatment for SUD generally yielded better outcomes; nevertheless we found improved outcomes also for CA patients. It is important to keep in mind that the alternative to CA treatment in reality is no treatment at all and instead a continuation of life-threatening drug use behaviours.

Disclosure of interest The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.1062>

EV78

Cerebellar atrophy supporting diagnosis of alcohol dependence: A case report

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Chronic use of alcohol is a known cause of cerebellar atrophy. This finding could be a valuable diagnosis support when there are not other information sources. In this case report, we describe a 65-year-old male patient who was referred from primary care to specialized consultation because a depressive syndrome it was unresponsive to treatment with desvenlafaxine and lorazepam. In psychopathological exploration we found overvalued ideas of suffering some kind of injury and damage by the family, which oriented the diagnostic hypothesis of delusional disorder with secondary mood symptoms, although the clinical suspicion of abuse of alcohol was proposed as a differential diagnosis. The continuing minimization and denial of consumption by the patient as well as their reluctance to incorporate an external informant made that the workup was a key element to elucidate the diagnosis. We found a discrete increase in transaminases, gamma glutamyl transferase and alkaline phosphatase. Magnetic resonance imaging showed cerebellar atrophy (vermian and, in a lesser extent, in both hemispheres). Once the patient was confronted with these results, he agreed to disclose his problem, which fulfilled alcohol

dependence criteria. After that, he accepted to initiate treatment and detoxification in a specialized unity.

Conclusions Although psychiatric diagnosis is based on the clinical features and the exclusion of associated medical conditions, in this case the workup provided support to our clinical suspicion, favouring recognition of the problem and willingness to treatment by the patient.

Disclosure of interest The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.1063>

EV79

Addictive behaviour and bariatric surgery: Case report and literature review

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Even though the scientific evidence supports the benefits of bariatric surgery, its indications and contraindications must be continually revised in order to avoid psychiatric complications. Substance use is more common in patients subjected to bariatric surgery than in the general population. There are reports of increased incidence of alcohol abuse in patients after bariatric surgery.

Objective To review the available evidence, after treat the case of a 50-year-old man with addiction history whose addictive behaviour worsened after undergoing bariatric surgery, with decreased tolerance to alcohol effect and increase of the intake, as well as changes in the graduation of alcohol used (including antiseptic). As a result, a dangerous revolving door that led him to repeated admissions, including Intensive Care Unit.

Results The case is consistent with the literature that suggests that there is an increased risk of later alcohol-related problems after bariatric surgery. This risk is higher several years post surgery, in patients with previous history of problems related to alcohol, young, men, and Roux-en-Y Gastric Bypass procedure.

Conclusions The indications for bariatric surgery should thoroughly consider the history of addiction, an adequate assessment of the patient's mental status and psychoeducation about the possible psychiatric side effects, in order to develop preventive strategies.

Disclosure of interest The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.1064>

EV80

Characteristics and outcome of methadone maintenance treatment (MMT) patients with depression

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Introduction Comorbidity of depression and opioid addiction is highly prevalent, but their outcome in MMT is not consistent.

Objectives To compare between depressed and non-depressed MMT patients.

Methods Hamilton depression scale scores (taken during a psychiatric assessment) were studied among MMT patients on admission or during treatment (cutoff for depression > 18).

Results A total of 498 MMT patients were studied. Depression proportion was 22.5%, and 23.2% among 263 who were studied on admission; the depressed vs. non-depressed on admission did not differ in female proportion (19.7% vs. 25.6%), age of admission (43.2 ± 10.4), opiate use onset (21.8 ± 6.3) and education years (9.5 ± 2.8), but had higher proportion of cocaine (55.7% vs. 35.1%, $P=0.005$), and benzodiazepine abuse (73.8% vs. 58.4%, $P=0.04$). Retention was high and similar (80.3 vs. 82.9% $P=0.7$) and of those who stayed one year, cocaine and benzodiazepine were still higher among the depressed patients (cocaine: 43.8% vs. 23.2%, $P=0.03$; BDZ: 61.2% vs. 40%, $P=0.01$). Compared to the non-depressed, among all study group ($n=498$) the depressed patients presented higher proportion of rape history (25% vs. 9.5%, $P=0.001$), of suicide attempts (43.8% vs. 25%, $P=0.001$) with only a trend of shorter cumulative retention in MMT of mean 9.4y (95% CI 7.8–10.7) vs. 11.5 (95% CI 10.5–12.5, $P=0.07$).

Conclusion Despite cocaine and benzodiazepine abuse on admission, depressed succeeded similarly to the non-depressed in the first year retention in treatment. Intervention is recommended since admission, as their long-term retention seems to be shorter, later on, and their ability to discontinue cocaine and benzodiazepine abuse is clearly hampered.

Disclosure of interest The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.1065>

EV81

What triggers help-seeking behaviour in “early stage” alcohol-dependent drinkers

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Abstract In early stages of alcohol addiction negative effects of alcohol often remain invisible to the patient or underestimated and considered “normal” by him. However, there is a cohort of alcohol drinkers who seek outpatient treatment in early stages of addiction. The study was conducted in order to investigate the triggers for seeking therapy in early stages of alcohol dependence when compulsive drinking, impaired control and increased alcohol tolerance are developed, but withdrawal symptoms followed by relief drinking are not yet observed. Forty-six out-patients (31 men and 15 women, mean age 38 ± 7 years) were studied by means of audit and clinical interview.

The average duration of alcohol abuse was 8.7 ± 5 years, the mean daily dose of alcohol was 10 ± 4 standard drinks. Most of the patients were drinking alcohol from several times a week to several times a month.

The decision to seek treatment in most cases was pushed by patients' family members because of the recurrent interpersonal problems caused or exacerbated by the effects of alcohol – 70% ($n=32$). Other triggers included: job instability – 35% ($n=16$); alcohol blackouts – 26% ($n=12$); exacerbations of symptoms of existing physical conditions – 24% ($n=11$); legal problems – 7% ($n=3$). Alcohol consumption in early stages of alcohol addiction can affect nearly every aspect of a patient's life. The triggers which promote treatment-seeking behaviour should be addressed in the course of the treatment in order to encourage recovery and prevent transition to more severe stages of the disease.

Disclosure of interest The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.1066>

EV82

Misuse of pregabalin: Case series and literature review

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Introduction Pregabalin is widely used in neurology, psychiatry and primary healthcare, and recently in literature different studies explain the possible misuse [1,2]. Pregabalin has shown greater potency in preclinical models of epilepsy, pain and anxiety, and may have potential in the treatment of cocaine addiction [3]. The purpose of this report is to review the clinical evidence for the potential of abuse and misuse of pregabalin. We propose ten different cases and literature review.

Method Ten inpatients with misuse of pregabalin were assessed with: the SCID-P, Anamnestic Folio, HAM-A and DAST. We conducted a systematic review of the literature (PubMed, Embase, PsychInfo), using the terms “pregabalin”, “misuse”.

Results All our patients present: cocaine, alcohol and/heroin positive in drugs urine screening at admission; a significant high level of total anxiety at the HAM-A Tot ($P<.001$), and especially at the item 7 ($P<.001$); the misuse of pregabalin is made for sniffing; the predominant symptoms assessed were euphoria, psychomotor activation and sedation.

Discussion and conclusion Schifano F et al., [1,2] suggest that pregabalin should carefully prescribe in patients with a possible previous history of drug abuse. Our result identifies a particular population the misuse pregabalin that are abuser of cocaine, alcohol and/or heroin. Further research is warranted to replicate our clinical and qualitative observations and, in general, quantitative studies in large samples followed up over time are needed. Methodological limitations, clinical implications and suggestions for future research directions are considered.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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<http://dx.doi.org/10.1016/j.eurpsy.2016.01.1067>

EV83

Quetiapine XR reduce impulsivity and dissociation in a sample of alcoholic patients

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Introduction Alcohol dependence (AD) is a major public health problem. Currently, three drugs for the treatment of AD have been approved: acamprostate, disulfiram and oral naltrexone. Quetiapine XR is an atypical antipsychotic has been shown to be a promising medication for the treatment of alcoholism [1,2]. The aim of our study is evaluate quetiapine efficacy on impulsivity in a sample of alcoholic patients.

Method A sample of alcoholic patients ($n=40$) was assessed at the entrance and 2 months with: SCID-P, Brief-Temps, BIS-11, GSR, BPRS, SCI-DER, and CGI. The medium dosage of quetiapine is 300 mg.

Results Using the last observation carried forward, the mean total BIS score decreased from 60.8 at baseline to 40.2 at the final visit ($P=.03$). More pronounced improvement was observed in motor