

health data, we selected 1927 cases who meet criteria DSM 5 for delusional disorder collecting different toxic consumption habits.

**Results** It was found that 1070 (93.4%) of patients diagnosed as delusional disorder according DSM 5 did not consume cannabis, compared to 75 (6.6%) who do so. Among patients diagnosed as “other psychoses”, 243 (85%) did not use drugs and 43 (15%) consume other drugs of different types of cannabis.

**Conclusion** In our sample, we found that the use of drugs such as cannabis and cocaine is less common among patients diagnosed with delusional disorder compared with other individuals diagnosed as “other psychosis”.

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### EV364

#### Psychosis, cause or consequence of substance use disorder

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**Introduction** The use of psychostimulants, such as amphetamines and cocaine in psychotic patients is 4 times more frequent than non-psychotic ones. It is believed that people with psychosis may use substances as a self-treatment for negative symptoms. However, early onset of substance use disorder can develop psychotic and/or negative symptoms, leading to confusion between primary or secondary psychosis.

**Method** Systematic review of the literature in English (PubMed) and patient’s clinical record. Keywords: “Substance use disorder”; “psychosis”.

**Objectives** to highlight the importance of an adequate characterization of psychotic symptoms in patients with substance use disorder.

**Case** A 29-year-old man, with psychostimulants and cannabis abuse since adolescence and very short abstinence episodes. Later on, he developed paranoia symptoms that slightly improved once he decreased drugs dosage, but they were still present even on complete abstinence. Over the last year he has showed negative and psychotic symptoms that have been worsening with aggressive behavior during the last months, so he had to be hospitalized. During this period, he has been treated successfully with aripiprazole depot once monthly. His evolution has been positive, it has disappeared psychotic symptoms and paranoia, and after discharge he has managed to remain abstinent to psychostimulants.

**Conclusions** Adequate characterization of patients with psychotic symptoms and substance abuse is essential to determine whether the psychotic disorder is associated with primary or induced TUS. Therefore, it is essential a thorough clinical evaluation to make an accurate diagnosis and to draw an individualized treatment plan.

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

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### EV365

#### Psychiatric disorders among asthmatic patients: Literature review

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**Introduction** Asthma is a major public health problem and its prevalence has increased in both developed and developing countries during the last few years. Once it is a chronic illness, it has also revealed psychological consequences. Moreover, recent stud-

ies have suggested an association between asthma (especially of severe grade) and mental disorders.

**Objectives** The authors pretend to make a brief review concerning psychiatric disorders among asthmatic patients.

**Aims** To understand and to be able to deal with the psychiatric disorders among chronic asthmatic patients.

**Methods** The review was based on scientific documentation published in PubMed database, using the following terms as keywords: “asthma”, “depression”, “anxiety” and “panic disorder”.

**Results** Compared to the general population, both anxiety and mood disorders rates are at least two times those observed in asthmatic patients. Moreover, certain psychiatric disorders rates, including panic disorder (PD) and major depressive disorder, are as much as six times more prevalent among asthmatics when compared to the general population. The association between psychiatric disorders and poor asthma control and asthma-related quality of life could occur through several pathways, such as behavioural pathways; cognitive or perceptual pathways; or through the direct physiological effects of depression and anxiety on the autonomic nervous system (ANS) and immune systems which increase asthma symptomatology.

**Discussions/Conclusions** There is a close correlation between anxiety, PD and depression, and a poor controlled asthma. A better understanding of this association may have major clinical implications, mainly in patients with poor controlled asthma in whom the presence of anxiety and depression should be investigated.

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

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### EV366

#### Opioids consumption and delusional symptomatology

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**Introduction** Opioids are the most powerful drugs commercialised for acute and chronic pain relief. The main emerging problem in our midst is the abuse and addiction to synthetic opioids iatrogenically established in general population.

**Objectives** We report the case of a female patient aged 48 admitted to the Acute Psychiatric Unit after a suicide attempt. She refers she finds herself more irritable and depressed since she began a treatment with oxycodone after she was diagnosed with fibromyalgia. She has lost a lot of weight, is not able to get to sleep and has become socially isolated.

**Methodology** During the first few days, the patient is uncooperative and shows a marked self-referentiality and verbalises delusional ideation related to her immediate surroundings. Once the treatment with opioids was withdrawn and we had prescribed paliperidone ER, she seemed more cooperative and calmed. She was discharged from the Psychiatric Day Hospital showing a good evolution.

**Results** Paranoid personality disorder (F60); mental and behavioural disorders due to use of opioids (F11); recurrent depressive disorder, current episode moderate (F33.1); fibromyalgia (M79.7).

**Conclusions** The use of synthetic opioids (tramadol, fentanyl, oxycodone) in easy-to-use formats (patches, pills, dispersible tablets, lollipops) and their dissemination in pain treatment, is lead-