prevalence of misuse of these drugs in Europe is expected to increase. Therefore, physicians should be aware of their potential for abuse and carefully evaluate patients' previous history before prescribing these medications.

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EPV0010

Obsessive-compulsive disorder after long-term cannabis use – case report

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Introduction: Obsessive-compulsive disorder (OCD) is characterised by intrusive thoughts and repetitive behaviours that considerably impact general functioning. Recent evidence links the endocannabinoid system to OCD neurobiology, and several case reports describe significant improvement after using dronabinol (synthetic tetrahydrocannabinol) in patients with severe OCD. Nevertheless, to what extent this new information can change our perspective on pharmacological treatment in OCD is unclear.
Objectives: We present the case of a patient with obsessive-compulsive symptoms triggered after increased long-term cannabis use. Our purpose is to emphasise the necessity of continuous research and a better understanding of the correlation between OCD and cannabis derivates before formulating treatment recommendations.
Methods: We used psychiatric assessments to evaluate the patient's symptoms and evolution over time and exclude other possible causes that could have triggered the disorder.
Results: Our patient is a 37-year-old man who has been frequently brought to the hospital by the police in the last 11 years for psychomotor agitation after cannabis use. This year, he came to the hospital by himself, complaining about intrusive thoughts that required motor and mental repetitions to reduce anxiety. His obsessions were mainly about the need for symmetry and exactness and his checking compulsions about his mother's health. The symptoms required more than half a day and caused functional impairment. A detailed history did not outline any obsessive-compulsive symptoms before the previous year. The patient denies using new drugs, and we did not identify other medical conditions that could better explain the symptoms. However, he admits to increasing the doses and frequency of cannabis use during the last year. After two weeks of cannabis abstinence and Sertraline treatment, his symptomatology improved significantly, with a reduction of more than 50% in the time spent daily on mental and motor compulsions, reduced anxiety, and a noticeable increase in overall functionality. In addition, the Yale-Brown Obsessive Compulsive Scale result decreased from 35 on the first day to 17 on discharge.
Conclusions: Recent studies support the use of cannabis derivates for treating OCD symptoms. However, this case report outlines that prolonged cannabis use could also trigger OCD. Therefore, further studies are necessary to identify not only the potential benefits but also the potential risks of using cannabinoids as a pharmacological intervention.
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EPV0011

Alcoholism – can total abstinence be achieved or should we tread more lightly?

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Introduction: What defines any addiction, including alcohol dependence? Other than the accepted definitions from WHO, ICD or DSM, addiction is characterized by constant returns to alcohol consumption. Whether called relapse or lapse (slip), the truth is that patients - once abstinence is initiated - return to drinking in a matter of months (50% within 3 months, 65% within 6 months and 80% within 1 year). So why are we looking for total abstinence when treating patients with alcohol dependence, when the results are so poor? Should we look at this complex and intricated problem with monochrome lenses? Black or white? Couldn't a more moderate approach present with better results? I think that a more reasonable response to this problem could be controlled drinking. Not just as an intermediate goal when seeking life long abstinence, but as a stand-alone indication, as an ultimate treatment goal. Are we looking to get healthy patients, with good social lives and satisfying quality of lives patients or are we just looking to obtain abstinence? Sure, alcohol should be forbidden to those with severe co-morbidities related to alcohol consumption (who could only worsen) should the consumption persist, but should all patients fall under the same category? Should total lifetime abstinence and relapse prevention remain the gold standard when treating this burden, even with emerging pharmacotherapy? Although additional pharmacotherapy for alcohol dependence exists, physicians may be reluctant to prescribe them, therefore they are severely underutilized. We should break barriers and rethink the way we treat this pathology, from medication to end-goals.
Objectives: Raise awareness in the way we currently treat alcohol dependence among physicians, showing that a more considerate and moderate approach could be more beneficial, rather than a lifetime abstinence goal.
Methods: Relevant papers were selected for review from literature, from both sides of the treatment approach spectrum
Results: Although controlled drinking is accepted by a wide selection of physicians specializing in alcohol dependency treatment and studies have shown that pharmacotherapy for alcohol dependence works, current treatment guidelines (including EMA) still recommend total abstinence as an ultimate goal.
Conclusions: The presentation is not intended to draw definitive conclusions, just raise awareness regarding the way we view and treat alcohol dependence.

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