

## EPV1531

**Substance Related and Addictive Disorders in Sports with a Focus on the Football Sector: a Narrative Review**S. Toparlak<sup>1\*</sup> and D. Gurra Salas<sup>2</sup><sup>1</sup>Oxford Health NHS Foundation Trust, Psychiatry, Oxford, United Kingdom and <sup>2</sup>Psychiatric Services Aargau AG (PDAG), Psychiatry, Aarau, Switzerland

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**Introduction:** Football is the world's most-watched and played sport. Even though sports psychiatry is steadily gaining importance, the stigma on mental illness in sports, especially football, and the limited number of articles on this topic means there is a pressing need for more study in this area. This narrative review begins to fill this gap. This review summarises the work on addictive disorders in sports, with a close focus on football, as well as mentioning some initiatives that are advancing our understanding of how mental illnesses in sports can be addressed.

**Objectives:** This view also contributes to understanding the reasons behind mental illness and sports, and raises awareness.

**Methods:** This review was conducted by searching for the keywords 'addiction' and 'football' on three different database search engines, namely, PubMed, Cochrane Library, and Medline. We found 26 articles based on this literature search with these keywords from 2005 to 2020. After data extraction, we cited 10 of them considering the specificity of addiction disorders in the football industry. 16 additional articles found by backwards citation chaining are also included in this review.

**Results:** The articles reviewed here investigate addictive disorders within the football sector by looking at the incidence of particular addictive disorders, their underlying reasons and their consequences. This piece concludes by showing the need for more research and new initiatives regarding addictive disorders within the target group of footballers.

**Conclusions:** A holistic, multidisciplinary and biopsychosocial approach is essential to provide long term solutions considering different factors contributing to addictive disorders in the football sector.

**Disclosure:** No significant relationships.

**Keywords:** sports medicine; Addiction; addictive disorders; football

## EPV1532

**Quetiapine Addiction: A Case Report**A. Chaara<sup>1\*</sup>, M. Sabir<sup>2</sup> and F. El Omari<sup>3</sup><sup>1</sup>Arrazi Psychiatric Hospital, Addictology Department, Sale, Morocco;<sup>2</sup>University Mohammed V of Rabat Medicine school of Rabat Arrazi university psychiatric hospital of Salé CHU IBN SINA of Rabat, Addictology Department, RABAT, Morocco and <sup>3</sup>University Hospital Center Ibn Sina, Ar-razi Psychiatric Hospital, Salé, Morocco

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**Introduction:** Quetiapine has been the subject of case reports documenting its abuse. In Morocco, no study has been done showing the prevalence of this misuse. The methods of administration are diverse: oral or nasal, injection, inhalation, consumption

with cannabis (smoked) or alcohol, combination with other drugs. The abuse is associated in 75% of cases with another product.

**Objectives:** The objective of this work is to describe the management of quetiapine dependence, through a clinical vignette.

**Methods:** Through a clinical vignette, and by reviewing the literature, we will describe the management of quetiapine addiction.

**Results:** Treatment consists of reducing the consumption of this substance until stopping. When possible, it is recommended to change this antipsychotic to another with low abuse potential and low antihistamine properties such as haloperidol, risperidone or aripiprazole. If, however, this solution was inapplicable, then limit the quantity of tablets by prescribing smaller amounts of antipsychotics and increase the frequency of visits.

**Cope and relieve:**

Sometimes other medicines can be used to relieve potential withdrawal symptoms, including benzodiazepines or hypnotics to manage insomnia.

**Warnings :**

Ideally, the drug should be reduced gradually with a gradual and planned decrease in the dose taken over the months.

There should also be periodic evaluations.

**Long term treatment:**

Management must be biopsychosocial.

Treating comorbidities is a fundamental step in preventing relapse.

**Conclusions:** It is a "prescription" use disorder! Each prescription should be carefully weighed and time bound. It seems important to be vigilant with regard to the dosages administered and the treatment regimens offered to the patients.

**Disclosure:** No significant relationships.

**Keywords:** Addiction; quetiapine

## EPV1533

**Efficiency of the original flavonoids composition based on Curcumin in chronic alcohol intoxication**

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**Introduction:** Multiple tissue and organ damage induced by ethanol toxic effects requires prescription of a wide range of drugs that have a positive symptomatic effect, while simultaneously increasing the toxic load on the body, which necessitates the search for new approaches to the therapy of alcoholism, possibly with the use of parapharmaceuticals.

**Objectives:** The anti-inflammatory, antioxidant and neuroprotective properties of curcuminoids, as well as their ability to influence the epigenetic mechanisms of gene expression regulation, can provide a positive therapeutic effect in alcoholism by influencing the pathogenetic mechanisms of this pathology, which determines the relevance and prospects of studying their effects during chronic ethanol intoxication.

**Methods:** (CBAXC57Bl/6) F1 male mice with 6-month 10% ethanol exposure were undergoing administration of original composition of flavonoids based on Curcumin for 40 days. Animal's alcohol consumption, behavior and immune parameters were estimated.