

negative, somehow short-coming, impact on the treatment, course and recovery.

Results: The challenges brought by comorbid transdiagnostic cases, similar to the subject of this presentation, have become a common practice for addiction professionals. While big data or empirical large datasets can have their own limitations to help the practitioner for overcoming such challenges, as stated in Stein's article "it is important to recognize the value of a wide range of complementary research designs including the age-old single-case study, which may sometimes provide clinical insights that outweigh those from big data analyses." (Stein et al. *World Psychiatry*, 2022; 21(3): 393-414).

Conclusions: The case study indicates the necessity for transdiagnostic and holistic approach in the management and long term treatment of such difficult-to-diagnose and difficult-to-treat patients.

Disclosure of Interest: None Declared

EPV0068

Cortisol Levels Correlated with Exposure to Alcohol Related Visual Stimuli in Patients with Alcohol Use Disorder

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Introduction: The mechanism of craving is not yet fully understood. It implies numerous factors contributing to the decisions an individual has to ponder when faced with a stimulus that has resemblance with the previous experiences related to it. Neural pathways implying the reward mechanism play a significant role in the interpretation of visual, auditory, olfactory stimuli, polarizing the perception towards positive or negative experiences with that substance of abuse.

Objectives: In this study we focus on the cravings related to alcohol use, in a sample of patients admitted in hospital due to alcohol use disorder pathologies, providing the fact that Romania has the 2nd highest prevalence of heavy episodic drinking at least once a month (35% of adults, in a statistic published by Eurostat in 2019).

Methods: We included 30 patients with alcohol use disorder. The PACS (Penn Alcohol Craving Scale) was used to assess the severity of craving in the week prior to the hospital admission. Before visualising any alcohol related cues using VRET, patients will have a half hour of group therapy to lower levels of anxiety. Cortisol and blood sugar will be measured after this half hour to set a baseline. Afterwards, using VRET, subjects will be asked to watch a number of visual stimuli that will include cues to alcohol consumption and different types of beverages. Half hour after visualising cues of alcohol, the craving will be assessed by measuring blood sugar and salivary cortisol levels once again. Completing these measurement, patients will be asked to complete the PACS scale one more time to correlate the patients craving with the biological findings. Blood sugar levels will be measured with a blood glucose meter with test strips. Cortisol levels will be measured using salivary levels of cortisol. We choose measuring the salivary

levels of cortisol, due to the fact that using this method, the biological active, free cortisol. Measurements of the serum cortisol indicate the total quantity, but not the biologically effective cortisol.

Results: Visual stimuli of alcohol, with the help of VRET modifies the autonomous glucocorticoid secretion, and provide objective information complimentary to the each individual's craving assessment

Conclusions: There are a great number of strong ties between alcoholic craving in patients and endogenous shifts in cortisol secretion. We aimed towards a better understanding on craving in patients hospitalised for AUD. Other directions for future research are to find out if it possible to consider craving a form of stress or if we could limit craving, by limiting stress.

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EPV0069

Motives for MDMA Use: A Comparative Study with Alcohol and Cannabis

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Introduction: While research on drug use motives has primarily focused on widely used substances like alcohol, tobacco, and cannabis, understanding the motivations behind MDMA use is crucial for developing targeted therapeutic, preventive, and harm reduction strategies.

Objectives: The objective of this study is to present the findings of an online survey that evaluates the motives behind the use of 3,4-methylenedioxymethamphetamine (MDMA) and draws comparisons between these motives and those for alcohol and cannabis consumption.

Methods: Data were collected through an online survey, available in both English and French, with 99 participants. The survey included five sections, including a substance abuse screening test (ASSIST) and the Pahnke-Richards Mystical Experience Questionnaire. The primary focus was on motives for MDMA use, assessed using an adapted version of the Marijuana Motives Measure (MMM), comparing them with alcohol and cannabis motives.

Results: The most reported motive for MDMA use was enhancement, followed by expansion motives. Social motives were the third most common, while coping motives ranked fourth, and conformity was the least common motive. Comparisons with alcohol and cannabis use motives revealed differences in motives for each substance. MDMA showed a unique pattern of motives.

Conclusions: Enhancement emerged as the most prevalent motive for MDMA use, consistent with previous research on MDMA motive use. Expansion motives, which involve altering perceptions and increasing self-awareness, ranked second, reflecting the growing interest in MDMA-assisted therapy for conditions like PTSD. Surprisingly, social motives were less common for MDMA

compared to alcohol and cannabis, suggesting unique social dynamics associated with MDMA use. Conformity motives were also less significant for MDMA users, possibly due to the age of initiation and user maturity.

Understanding the motives behind MDMA use is essential for designing effective interventions and harm reduction strategies. The distinct motives for MDMA, as compared to alcohol and cannabis, highlight the need for tailored approaches to address its use. Further research should explore the complex interplay of motives, age of initiation, social context, and cultural factors to inform comprehensive strategies related to MDMA use.

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EPP0354

Kambó as a drug that can induce psychotic or manic symptoms. A case report

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Introduction: Kambó, also known as the “frog medicine,” is a traditional Amazonian medicine derived from the secretions of the Phyllomedusa bicolor tree frog. It has gained global attention for its purported therapeutic properties, including its use in addressing mental health issues. However, the psychiatric effects of kambó remain poorly understood, particularly concerning manic symptoms or psychosis.

Objectives: The primary objective of this review is to comprehensively analyze and evaluate the available literature regarding the connection between kambó use and psychosis or manic symptoms. Specifically, this review seeks to determine the prevalence of psychosis among kambó users, identify potential risk factors for the development of psychosis or manic symptoms in this context, explore the mechanisms underlying any observed psychiatric effects, and provide insights into the clinical implications of kambó use.

Methods: A case report of a 34-year-old man with chronic delusional disorder who presented to the emergency department with manic symptoms coinciding in time with the use of Kambó.

Results: The findings of this bibliographical review suggest that there is limited empirical evidence to establish a direct link between kambó use and psychosis. Most available studies are anecdotal or based on qualitative reports, making it challenging to draw definitive conclusions. While some case reports and interviews suggest that kambó use may be associated with transient psychotic-like symptoms, including visual and auditory hallucinations, more rigorous research is needed to confirm and characterize these effects. Several case reports and qualitative studies suggest that individuals who have undergone kambó ceremonies may experience transient manic-like symptoms, such as elevated mood, increased energy, and impulsivity. However, these reports lack systematic assessment and standardized measurement of manic symptoms. Mechanisms underlying these effects remain speculative, with some researchers proposing altered neurotransmitter systems as a potential explanation.

Conclusions: In conclusion, this review underscores the scarcity of scientific literature on the potential association between kambó use and psychosis or maniac symptoms. Although anecdotal reports and qualitative studies suggest a link, there is a notable lack of robust empirical research to support or refute this claim. Future research should focus on conducting controlled studies to elucidate the psychiatric effects of kambó, including its potential to induce psychosis and maniac symptoms, while also considering cultural and individual factors that may influence outcomes. Such research would contribute to a more comprehensive understanding of kambó’s psychopharmacological profile and its implications for mental health.

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Anxiety Disorders and Somatoform Disorders

EPV0071

Nomophobia and psychological distress in a sample of young adults and adults

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Introduction: Nomophobia comes from the term “no-mobile-phone phobia” and describes the discomfort, stress, or anxiety caused by the absence of a cell phone or any other virtual communication device in individuals who use these devices frequently. Research, although scarce, points to a statistically significant relationship between nomophobia and psychological distress factors such as anxiety, depression, and stress.

Objectives: To explore the relationship between nomophobia and psychological distress in a sample of young adults and adults

Methods: The sample was composed of 194 Portuguese subjects, aged between 18 and 30 years old ($M = 22.08$, $DP = 2.89$), who fulfilled a sociodemographic questionnaire, and the Portuguese version of the Nomophobia Questionnaire, and of the Anxiety, Depression, and Stress Scale.

Results: The entire sample showed some type of nomophobic symptomatology, specifically 59.3% ($n = 106$) had moderate nomophobia and 24.2% ($n = 40$) had severe nomophobia. Positive and statistically significant correlations, with strong magnitude, were found between nomophobia and anxiety (.46**), depression (.58**), and stress (.50**) subscales. Females presented significantly higher nomophobia levels ($Md = 109.35$) compared to males ($Md = 71.66$), $U = 2480.50$, $p < .001$, with a high effect size ($d = .69$). A significant and negative correlation was found between nomophobia and age ($-.18^*$).

Conclusions: Nomophobia was present in all the sample, and it is related to psychological distress. Females and younger subjects presented higher nomophobia levels. Further studies are needed to clarify their etiology, but some preventive and remedial actions need to be developed in order to minimize its emergence and their negative psychological impact.

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