

the patient and control groups. NLR and CRP were not significantly correlated with API scores.

**Conclusions** Our findings suggest that NLR is elevated in patients with substance use disorders in comparison to healthy controls.

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

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#### EV1425

### Retrospective analysis of a novel community opiate detoxification programme within Bristol specialist drug & alcohol service (BSDAS)

L. Paklet\*, I. Radu, B. Watson

Avon & Wiltshire Mental Health Partnership NHS Trust, BSDAS, Bristol, United Kingdom

\* Corresponding author.

**Introduction** Until recently community opiate detoxification strategies have largely been limited to gradual dose reductions in opiate substitute treatment (OST). These detoxes are often lengthy leading to “windows of opportunities” in patients’ motivation to detox being missed. Furthermore, many patients remain on sub-optimal OST doses for long periods of time, during which they are more vulnerable to relapse to illicit opiate use.

Within our community service, we adapted and implemented a novel two-week community opiate detoxification programme using buprenorphine front-loading and lofexidine. We worked in partnership with Bristol drugs project (BDP) to offer an 8-week psychosocial intervention alongside the medically assisted detoxification.

**Objectives** Assessing the completion rates and clinical safety of this intervention.

**Methods** Data collection was performed through retrospective review of patients’ case notes over a 9-month period.

**Results** Seventy-five percent of the patients starting an opiate detox successfully completed the intervention.

Lofexidine improved the mean opiate withdrawal scores by 28% at 45 min after the first dose and this was a sustained effect throughout the detox. Mean systolic blood pressure dropped by 6.2 mmHg at 45 min after the first dose of lofexidine and by 16.5 mmHg two days later however this was asymptomatic in all patients. There was no significant change in the heart rate and no adverse events.

**Conclusion** Our team innovatively adapted and tailored a cost-effective community opiate detoxification programme using a multi-agency strategy in a climate of limited funding and staff resources. Our data clearly indicates positive outcomes in terms of completion rates and clinical safety.

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

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#### EV1426

### Nalmefene effectiveness in reducing alcohol consumption and prevention of craving: A case report

G. Pardo de Santayana<sup>1,\*</sup>, R. Landera<sup>1</sup>, M. Juncal<sup>1</sup>, O. Porta<sup>1</sup>,

L. Sánchez<sup>1</sup>, M. Gómez<sup>2</sup>, N. Nuria<sup>2</sup>

<sup>1</sup> Hospital Universitario Marqués de Valdecilla, Psychiatry, Santander, Spain

<sup>2</sup> Hospital Universitario Alava-Sede Santiago, Psychiatry, Vitoria-Gasteiz, Spain

\* Corresponding author.

**Introduction** Alcohol use disorder is a pressing problem in our society. However, only a small percentage of patients with alcohol use disorder are ever treated. Nalmefene acts as an antagonist

of mu opioid receptors preventing the pleasurable sensation that often accompanies alcohol consumption, while its modulation of kappa opioid receptors can decrease the dysphoria associated with alcohol withdrawal.

**Aim** Studying the effect of nalmefene on patients with alcohol use disorder who are trying to reduce their daily alcohol consumption.

**Methods** This is a descriptive study that pretends to assess the effect of nalmefene 18 mg/day on alcohol intake in a sample of five patients (3 men and 2 women) that came to our psychiatric consultation from March to September 2016. They all had tried in the past to stop or reduce their alcohol consumption but were unable to do so. We initiate follow-up with the patients in psychiatric consultation for the next three months with a monthly frequency.

**Results** Out of the 5 patients, 4 reported to have reduced their alcohol consumption over the observation time, going from 32 drinks per week to 18 drinks per week on average. The fifth patient abandoned prematurely the treatment due to the appearance of side effects (nausea). No other relevant side effects were detected.

**Conclusions** Nalmefene appears to be effective and safe reducing abusive alcohol intake and avoiding alcohol withdrawal syndrome. Therefore, nalmefene can be considered a good therapeutic option helping reduce alcohol consumption in patients with alcohol use disorder.

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

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#### EV1427

### The effectiveness of case management interventions for patients suffering from substance use disorders

L. Penzenstadler<sup>1,\*</sup>, A. Machado<sup>1</sup>, Y. Khazaal<sup>1,2</sup>

<sup>1</sup> Geneva University Hospitals, Addictology, Geneva, Switzerland

<sup>2</sup> Geneva University, Medicine, Geneva, Switzerland

\* Corresponding author.

**Introduction** Substance use disorder (SUD) is a growing health problem which needs a very complex range of care due to the chronic and relapsing nature of the disorder and the multiple psychosocial problems involved. There are often difficulties in current outpatient programs to deliver and coordinate ongoing care and access to different health care providers. To improve treatment outcomes various case management (CM) models have been developed, at first in other psychiatric domains but also for patients with SUD.

**Aims** The aim was to assess the effectiveness of CM for patients with SUD using existing studies.

**Methods** Systematic review of CM interventions for patients with SUD by analyzing randomized controlled studies on this matter found on the electronic database PubMed published between 1996 and 2016.

**Results and conclusions** Most of the analyzed studies showed improvement on the chosen outcome measures, although, these varied in the different studies. Mainly the treatment adherence improved, but substance use only reduced in a third of the studies. Overall functioning improved in about half of the studies. Further, studies are necessary to determine inclusion criteria for CM treatment for patients suffering from SUD in order to orientate patients most likely to benefit from this approach to the specific CM programs. There are still only few studies on this intervention and SUD. Further, studies are needed to examine the effect of treatment intensity of the CM intervention. Also longitudinal studies are needed to ensure the effectiveness of these treatments.

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