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**Introduction:** The intentional use of drugs before or during sexual intercourse (chemsex) is a phenomenon of special importance in the MSM (men who have sex with men) population due to its impact on mental, physical and sexual health. Group therapy has been included in several programs for chemsex users.

**Objectives:** To describe and to compare the different group therapy treatments for problematic chemsex users in NGOs community treatment settings in Spain.

**Methods:** We conducted several interviews with key informants from 5 NGO in Spain. A qualitative analysis of the different group therapy treatments for problematic chemsex was performed.

**Results:** Different models of groups were described including: psychoeducational, support, interpersonal process, harm reduction and mindfulness-based cognitive groups. Most of the group interventions developed were support and psychoeducational based. There were fewer interpersonal group and relapse prevention group therapy. The different models of group intervention were considered useful and necessary for deliver information in a culturally sensitive context and for reducing drug use, social isolation and loneliness.

**Conclusions:** Chemsex is a phenomenon that needs a multidisciplinary approach, including individual and group therapy. Group therapy for problematic chemsex has several advantages over individual model treatments, including the reduction of sense of isolation, loneliness, information and feedback from peers. More research is needed to analyze the implementation and efficacy of group therapy for chemsex users in different contexts.

**Disclosure of Interest:** None Declared

## EPV0058

### Pathophysiology and Management of Amphetamine-Related Psychiatric Disorders

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**Introduction:** Amphetamines may induce symptoms of psychosis very similar to those of acute schizophrenia spectrum psychosis. This has been an argument for using amphetamine-induced psychosis as a model for primary psychotic disorders. To distinguish the two types of psychosis on the basis of acute symptoms is difficult. However, acute psychosis induced by amphetamines seems to have a faster recovery and appears to resolve more completely compared to schizophrenic psychosis.

**Objectives:** The objectives of this e-poster is to identify the pathophysiology of amphetamine-related psychiatric disorders and

outline the available treatment and management options for amphetamine-related psychiatric disorders.

**Methods:** A bibliographical review was performed using PubMed platform. All relevant articles were found using the keywords: psychotic episode, amphetamines, pathophysiology and management.

**Results:** Amphetamines inhibit monoamine (dopamine, norepinephrine, epinephrine, serotonin) reuptake, leading to increased monoamine concentrations in the neuronal synapse. Amphetamines can also lead to increased monoamines in the cytosol by interactions with vesicular monoamine transporter 2. Dopamine and norepinephrine release in the nucleus accumbens results in a feeling of euphoria and a reward feedback loop, which may result in addiction. Studies also suggest increased dopaminergic pathways lead to glutamate excesses in the cerebral cortex, altering the function of cortical GABAergic neurons. This damage leads to dysregulation of glutamate in the cerebral cortex, a precursor to psychosis. Prior psychiatric studies have found that GABAergic cortical dysfunction seems to relate to schizophrenia. Generally, acutely agitated psychotic patients are treated with intravenous benzodiazepines (lorazepam, diazepam, or midazolam) as first-line agents. However, if a second-line agent is needed, antipsychotic medicines like risperidone, haloperidol, ziprasidone, and olanzapine have been successful in managing amphetamine-associated psychosis. Lipophilic beta-blockers, such as metoprolol and labetalol, have also been used successfully to resolve agitation and hyperadrenergic vital signs.

**Conclusions:** Compared to schizophrenic psychosis, amphetamine-induced acute psychosis induced appears to demonstrate a more rapid recovery. It also seems to resolve with substance abstinence; however, this recovery may be incomplete.

**Disclosure of Interest:** None Declared

## EPV0059

### Wellbeing after Brief Alcohol Interventions in Male Inpatients in a General Hospital in Singapore

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**Introduction:** Harmful alcohol consumption has significant cost on health and is associated with lower quality of life (e.g., Lu *et al.* BMC Public Health 2022; 22:789). In Singapore, a significant proportion of the adult population exhibit alcohol misuse behaviours (e.g., Lim *et al.* BMC Public Health 2013; 13:992). Many patients admitted into general hospitals have excessive alcohol consumption and related problems. These admissions can be an opportunity for intervention due to accessibility to the individuals and their time (Saitz *et al.* Ann Intern Med 2007; 146 167-176). Some studies have suggested that brief alcohol interventions (BAI) delivered in general hospitals can be effective in reducing alcohol use. However, there has been less support for the benefits of BAI on wellbeing.

**Objectives:** This study investigated the effectiveness of BAI in improving perceived sense of wellbeing among male alcohol users admitted to a general hospital in Singapore.

**Methods:** 108 male inpatients in various medical wards received BAI by the hospital's addiction counsellors and completed the Personal Wellbeing Index (PWI) questionnaire. At a one-year follow-up via telephone, the PWI was again administered.

**Results:** Average PWI scores were higher at follow-up ( $M = 7.83$ ,  $SD = 1.16$ ) than during baseline admission ( $M = 7.60$ ,  $SD = 1.12$ ),  $p < 0.01$ . Further analyses found that scores improved significantly on PWI items related to standard of living ( $M = 7.36$ ,  $SD = 1.41$  vs  $M = 7.09$ ,  $SD = 1.65$ ;  $p < 0.05$ ), health ( $M = 7.42$ ,  $SD = 1.74$  vs  $M = 6.62$ ,  $SD = 1.87$ ;  $p < 0.01$ ) and achievement ( $M = 7.43$ ,  $SD = 1.44$  vs  $M = 6.98$ ,  $SD = 1.64$ ;  $p < 0.01$ ). There were no significant differences in scores on the other PWI items between baseline and follow-up.

**Conclusions:** The results suggest that BAI can be beneficial in improving patients' sense of wellbeing.

**Disclosure of Interest:** None Declared

## EPV0061

### Transition from methadone to subcutaneous buprenorphine depot in patients with opioid use disorder - a case report

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**Introduction:** Opioid dependence is a complex condition that often requires long-term treatment and care. Methadone, a synthetic full opioid agonist, and buprenorphine, a partial agonist at the opioid receptor, are most commonly used for substitution therapy of opioid dependence and typically administered orally as a liquid and sublingual tablets. Transition from methadone to sublingual buprenorphine may precipitate withdrawal and is usually performed only in patients on low dose of methadone (<30-40 mg). Microdose induction is proposed as a possible solution to ease the transition to buprenorphine.

**Objectives:** To present a rapid transition from methadone to sublingual buprenorphine and after that to buprenorphine depot.

**Methods:** A case report of a patient who was switched from methadone 60 mg to sublingual buprenorphine 8 mg using microdosing and after that switched to buprenorphine depo 16 mg weekly.

**Results:** Patient was successfully switched to sublingual buprenorphine and after that to buprenorphine depot. The transition was completed without withdrawal symptoms.

**Conclusions:** This report supports the use of a microdose induction to initiate buprenorphine. Additionally, this approach may be significant for patients stabilized on high doses of methadone who may not be able to tolerate a traditional buprenorphine induction.

**Disclosure of Interest:** None Declared

## EPV0062

### An exploration of the most frequent comorbidities in patients with mobile phone addiction

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**Introduction:** Mobile phone addiction (MPA) has been associated in the literature with various psychiatric comorbidities and psychological risk factors, which indicates the need to screen these patients for multiple disorders. However, a clear protocol for the evaluation of individuals with an MPA does not yet exist, therefore, investigating the most prominent risks for comorbidities is considered necessary from the perspective of developing structured methods of assessment.

**Objectives:** The main objective of this review was to determine the available existence able to describe the most common comorbidities in individuals presenting with MPA.

**Methods:** Data regarding MPA were collected from the main medical electronic databases (PubMed, Cochrane, Clarivate/Web of Science), but also from other sources (main engines research and grey literature). All published papers between January 2000 and July 2023 were included in the primary selection, if they corresponded to the paradigm „mobile phone addiction”/”cell phone addiction”/”mobile phone dependence” and „comorbidity”/”dual diagnosis”.

**Results:** Based on the review of six papers, the most frequently reported comorbidity in MPA patients were substance use disorders (mainly nicotine and cannabis) and other behavioral addictions (especially problematic Internet use). Other symptoms or syndromes reported in the literature as co-occurring with MPA were anxiety, depression, high levels of stress-related pathology, sleep disturbances, emotional instability, and somatization. Overall lower levels of mental health were reported in patients with MPA. A heterogeneity in the results of these epidemiological studies was observed because of the different instruments administered and the populations explored.

**Conclusions:** The screening for detection of comorbid disorders or psychological problems in patients with MPA is important because the case manager should integrate all this information into a therapeutic strategy.

**Disclosure of Interest:** None Declared

## EPV0063

### The awareness of behavioral addictions in general practitioners- An epidemiological report

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**Introduction:** Although the research on behavioral addictions (BAs) is continuously developing, the awareness about this category