drome, characterized by a time-dependent constellation of symptoms (Lafaye et al. Dialogues Clin Neurosci 2017;19(3), 309-316).
Objectives: This study aims to prospectively assess the course of cannabis withdrawal symptoms within a controlled inpatient detoxification setting and to correlate the severity of withdrawal symptoms with the serum levels of neurotransmitters (NT).
Methods: N=45 treatment-seeking chronic cannabis dependents (assessed by ICD-10) were enrolled, and their withdrawal symptoms were assessed prospectively from admission (Day-0) to 28 days using Marijuana withdrawal checklist (MWC). Sociodemographic characteristics and self-reported drug use histories were reported. Serum levels of dopamine, serotonin, norepinephrine, epinephrine, and cortisol were measured. Cannabis abstinence symptoms were assessed daily using MWC for 4 weeks, and serum neurotransmitter levels were analyzed at admission (Day 0), 7, 14, 21, and 28. Comparison between groups was done using Friedman's test. Correlation between NT level and MWC scores was performed using linear regression spearman correlation analysis
Results: The follow-up NT levels from Day 0 to 28 showed a significant ($p<0.05$) decrease in serotonin and dopamine, whereas epinephrine levels showed a significant increase (Fig 1) with the course of withdrawal. Withdrawal symptoms like decreased appetite, sweating, and craving were significantly and positively correlated with serotonin, dopamine, and epinephrine NT levels (Fig 2).
Image:

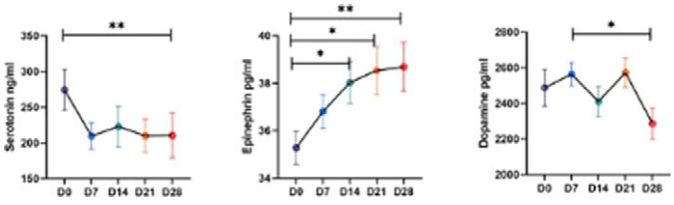
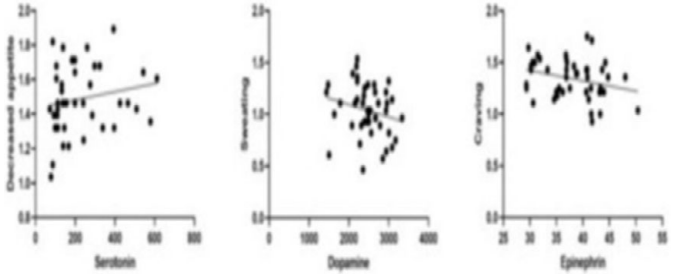


Image 2:



Conclusions: Findings support the presence of clinically significant cannabis withdrawal symptoms with NT levels in subjects with cannabis dependence seeking substance abuse treatment. The data of this study determine the relationship between observed withdrawal symptoms and changes in brain chemistry and evaluate its possible utility as a predictor of relapse.

Disclosure of Interest: None Declared

EPP0916

What is the benefit of inconsistent opioid agonist treatment in patients with prescription opioid use disorder?

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Introduction: Studies consistently show that patients with prescription opioid use disorder (OUD) respond to buprenorphine treatment. Few studies have followed these patients in the long-term. Our longitudinal research has shown opioid abstinence to be associated most strongly with opioid agonist/partial agonist treatment. We also found that many patients used agonist treatment inconsistently; questions remain about the benefits of intermittent opioid agonist treatment.
Objectives: We examined patients during the 3.5 years following their entry into a 3-month trial of treatment for prescription OUD. The current analysis compared opioid use outcomes among patients who reported receipt of agonist treatment consistently, inconsistently, or never.
Methods: This secondary analysis (N=309) of a U.S. multi-site randomized controlled trial of treatment for prescription OUD assessed variability in receiving opioid agonist treatment during the 3.5-year follow-up period, and the association between agonist treatment and opioid abstinence. Assessments were collected at months 18, 30, and 42 following treatment entry; patients were asked if they were currently taking agonist treatment and whether they had used other opioids in the previous month. Patients with only one follow-up assessment (n=29) were excluded from this analysis.
Results: Most patients reported current opioid abstinence on at least one follow-up visit: 38% were always abstinent, 41% sometimes, and 21% never. Twenty-three percent always reported currently using agonist treatment, 26% sometimes, and 51% never. Patients consistently reporting agonist use were most likely to always be opioid-abstinent in the past month (69%), with 25% sometimes and 6% never abstinent. Patients who never reported agonist use were equally likely to be abstinent never (32%), sometimes (35%), and always (32%). Patients who sometimes reported receiving agonists were most likely to report abstinence sometimes (65%); 14% never reported abstinence, and 21% always did.
Those consistently receiving agonist treatment were more likely to always be opioid-abstinent (69%) than those sometimes (21%) or never (32%) receiving agonists. Those never receiving agonist treatment were more likely to never report opioid abstinence (32%) than were those sometimes (14%) or always (6%) receiving agonists. Interestingly, those who sometimes received agonists were more likely to be abstinent than those who never received agonists: those who sometimes received agonists were more likely to be abstinent sometimes than those who never received agonists (65% vs. 35%) and less likely to never be abstinent than were those who never received agonists (14% vs. 32%).
Conclusions: Receiving opioid agonist treatment has been shown to be associated with opioid abstinence during long-term follow-up.

This study shows that even those who only inconsistently receive agonists are also likely to benefit.

Disclosure of Interest: R. Weiss Consultant of: Alkermes, M. Griffin: None Declared

EPP0917

Mindfulness: Implementation and evaluation of an intervention program for people with alcohol dependence

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Introduction: The treatment of the person with alcohol dependence allows the possibility of a self-determined alcoholic abstinence and reducing the consequences associated with alcohol-related problems at a personal, family, work and social level.
It is important to develop therapeutic strategies that complement the different approaches in the treatment of people with alcohol dependence, enabling them to use effective coping strategies that facilitate the maintenance of their self-determined alcohol abstinence.
In recent years, scientific evidence has emerged that justifies the adoption of mindfulness-based protocols as a complement to various treatments, both for the prevention of relapses and as a treatment enhancer.
Objectives: To train people with alcohol dependence to use Mindfulness;
To promote psychological well-being and positive emotions;
To reduce anxiety;
To evaluate the effectiveness of a Mindfulness-based intervention program.
Methods: The Mindfulness-based intervention program was developed with 2 groups of people hospitalized for the treatment of alcohol dependence (the institution's treatment protocol is comprehensive and based on self-determined alcohol abstinence). The 1st G (pilot) - 6 people; 2nd G - 5 people), total of 11 participants; 4 sessions (each group), duration 45-60 minutes.
The selection criteria of the participants were evaluated in an interview and defined as follows: being in the first week of the treatment program; self and allo psychic orientation; reduced to moderate anxiety (Zung Self-Assessment Anxiety Scale - EAAZ); existence of motivation for change.
Participants gave informed consent.
In the global assessment used instruments: Psychological General Well-being Scale for the Portuguese population (BEP); Short Version of the Portuguese Scale of Positive and Negative Affect (PANAS-VRP) in the first session (before intervention). In the last session (after the intervention), in addition to the BEP and the PANAS-VRP, the EAAZ was also used.
At the end of each session, an evaluation was carried out using a grid built for this purpose.
Results: As for the general psychological well-being, the BEP, only one participant (pilot group) had a final score lower than the initial one.
With regard to PANAS-VRP, in both groups, there was an increase in positive affection and a reduction in negative affection at the end of program implementation.
With regard to the EAAZ, 7 participants showed a decrease in anxiety after the intervention.
The evaluation grid of each session revealed good participation, good adhesion and positive evaluation.
Conclusions: It is concluded that after the implementation of the Mindfulness-based intervention program there was: an increase in well-being (the higher the score, the greater the state of well-being); increase in positive affection (which remained or increased); decrease in negative affection and decrease in the level of anxiety.

Disclosure of Interest: None Declared

Bipolar Disorders 05

EPP0918

Joint treatment of an acute manic episode and a multiple sclerosis debut: A case study

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Introduction: Multiple Sclerosis (MS) is an autoimmune inflammatory disease that affects 1 in 1000 people. Given the association of MS to many affective disorders and specifically with Bipolar Disorder (BD), it is possible that a manic episode and an acute episode of MS may appear together. In these cases, it is difficult to decide whether it is necessary to start a corticosteroid regimen as treatment for the acute episode of MS, since it may worsen manic symptoms.
Objectives: The aim is to carry out a review of the existing information in relation to the comorbidity prevalence of MS and TB as well as the joint treatment of both illnesses, and to expose the details of a clinical case, regarding the treatment that was used in the acute psychiatry unit.
Methods: First, a search was done in PubMed database reviewing recent cases of steroid induced psychosis using the words (Multiple Sclerosis) AND (Bipolar Disorder). Subsequently, we describe the case of a 41-year-old patient who was admitted to the acute care unit from the emergency department presenting manic symptoms (megalomania, sensation of increased capacities and ideas of mystical content) associated to episodes of muscle weakness and gait disturbances. A screening Magnetic Resonance was performed in which lesions with inflammatory-demyelinating characteristics were detected, and was therefore catalogued as MS debut.
Results: After carrying out a bibliographical review, we can conclude that studies recommend the inclusion of MS within the differential diagnosis of a first manic episode (1), performing neurological examinations, complete anamnesis and imaging tests, given that there is a high prevalence ratio of the comorbidity (2.95%) (2). It has been described that the use of lithium has a calming and neuroprotective agent that may be useful (3).
Conclusions: We consider it of interest to describe the therapeutic approach to the case. After the introduction of Aripiprazole and Lithium, a short regimen of methylprednisolone in high doses was administered to treat the MS episode. When the treatment started, the patient presented a progressive improvement of the manic