

background factors and substance use were analysed using logistic regression analysis.

**Results** The prevalence rate of risky drinking is lower and the proportion of abstainers is higher in migrants than in the general population. Current smoking is more common in Russian (31%,  $P < 0,05$ ) and Kurdish (31%,  $P < 0,05$ ) migrant men than in the general population (21%). Younger age was associated with risky drinking, socioeconomic disadvantage increased the odd for the daily smoking among migrants, and migration-related factors were associated with substance use.

**Conclusions** Migrants report less substance use than the general population, but acculturation-related factors seem to be associated with higher levels of substance use among migrants. Substance use seems to be a gendered phenomenon in migrant populations in comparison to the general population, where lately the alcohol and tobacco consumption of women have been growing.

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

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#### EV94

### Before and after nalmefene, a case report

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**Introduction** Clinical and social improvement after treatment with nalmefene in an alcoholic 41-year-old male, with history of dependence during 20 years.

**Case report** Our patient had been abusing alcohol for almost 20 years with short breaks of abstinence (one month). Before treatment he made a consumption of 105 g of alcohol per day. Serological examination showed hepatic alterations (GGT 2115, ALT 229) and a low amount of platelets (61,000). He also had no other relevant medical history and other possible clinical diagnoses were excluded. After a week detoxification program and alcohol consumption cessation during one month, the analytical values drastically changed: ALT 35, GGT 275, platelets 222,000.

**Discussion** Nalmefene is an opioid system modulator with antagonist activity at the  $\mu$  and  $\delta$  receptors and partial agonist activity at the  $\kappa$  receptor. Nalmefene as-needed has been shown to reduce the total amount of alcohol consumption and number of heavy drinking days and to improve liver function. The aim of this treatment is centered in decreasing consumption rather than achieving a total abstinence.

**Conclusions** Against other pharmacologic approaches such as disulfiram or acamprosate, the options that allow acute consumption help patients in controlling drinking rampage and make them realize they will be able to afford alcohol cessation.

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

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#### EV95

### Alcohol use disorder following traumatic brain injury: Lessons learned from bench to bedside

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**Introduction and objectives** Traumatic brain injury (TBI) can result in a variety of neuropsychiatric disturbances ranging from subtle deficits to severe intellectual and emotional disturbances, including

cognitive impairments, mood and psychotic disorders and behavioral disturbances. Alcohol use disorder (AUD) and TBI are closely related. The reward-mediated behaviors central to alcohol addiction seem to interact with the cognitive dysfunction of TBI. First, a significant proportion of patients with TBI have a history of alcohol abuse. Second, AUD might jeopardize TBI recovery and trigger or lower seizures threshold. Third, both AUD and TBI share a negative impact on mental functioning (from memory and cognitive performance to mood impairment). Finally, there is some limited and recent evidence that TBI can increase AUD in patients with no history of substance use prior to the injury, by disrupting incentive-motivation neurocircuitry.

**Methods** We aim to present a 27-year-old Portuguese male patient without prior psychiatric history who developed AUD and epilepsy after TBI (from a work-related fall).

**Results** After 3 years of treatment, the patient's hasn't achieved abstinence. His treatment included pharmacological therapy with mood stabilizers, flufenazine injections and naltrexone, psychotherapy and rehabilitative interventions.

**Conclusions** Given the sparse knowledge about this dual diagnosis, the approach of AUD after TBI is still challenging and the best treatment remains to be determined. Monitoring alcohol consumption should be considered in all patients presenting with TBI.

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

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#### EV96

### Gender differences in the use of prohibited substances in prison

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**Objectives** The aim of this study is to evaluate the use of both legal and illegal substances, and see the difference in consumption patterns that occur in both men and women.

**Methods** Surveys have been conducted on consumer habits in the past year among 84 inmates (60 women and 24 men) at the prison Brians 1, interrogating both the consumption of illegal drugs and consumer recreational drugs and routes of administration. Data were analyzed using SPSS program.

**Results** A total of 57.1% had used illegal drugs. The most frequent was cannabis, with 54.8% (62.5% men and 51.7% women), followed by heroin, with 23.8% (29.2% in men and 21.7% in women) and cocaine, with 14.3% (20.8% in men and 11.7% women).

Use of legal drugs was 45.2% (50% in men and 43.3% women). In this case, the greatest differences were obtained in the use of bupropion (26.7% women versus 0% men), new generation anticonvulsants such as gabapentin and pregabalin (31.7% women and 12.5% men) and the use of intranasal route of administration (31.7% women versus 0% for men). At the other extreme we find more abuse benzodiazepines abuse in men (45.8 versus 20% in women) and sedative antipsychotics (37.5% vs. 8.3%)

**Conclusions** Although there is a serious problem with the misuse of legal psychotropic drugs by inmates in prisons, there is still greater consumption of illegal substances.

Men's consumption pattern is more "traditional" (predominance of illegal substances and "classical" legal substances orally).

Women's consumption pattern is more experimental at both the use of new psychoactive drugs and the use of alternative routes of administration.

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