

EPP0497

Cannabis use in first episode psychosis in Tunisia

E. Bergaoui*, R. Lansari, O. Chehaider, W. Ben Flah, A. Larnaout and W. Melki

Psychiatry D, Razi hospital, Manouba, Tunisia

*Corresponding author.

doi: 10.1192/j.eurpsy.2024.630

Introduction: The use of cannabis is associated with developing psychotic disorders, especially for those with a pre-existing vulnerability and elevated familial risk for psychosis.

Objectives: To assess cannabis use during first episode psychosis and its relationship with patients' clinical symptoms and functioning.

Methods: We assessed 50 patients hospitalized for first episode psychosis using three scales: CAST test (Cannabis Abuse Screening Test), Positive and Negative Syndrome Scale (PANSS) and Global Assessment of Functioning (GAF).

Results: The sex ratio of our population was 4 men to 1 woman. The average age was 25.6±6.16 years. About 60% of the patients used cannabis. The average duration of untreated psychosis was 10 months, with extremes ranging from one week to 24 months. Forty-four patients were antipsychotic-naïve (88%). For patients who used cannabis, the mean score of CAST test was 11.3±4.16, with extremes between 4 and 18. The risk of dependence was high in 81% of cannabis users. The PANSS total scale showed a mean score of 58.29±12.90 with extremes between 35 and 91. The average score at GAF scale was 30 with extremes between 20 and 70. Duration of untreated psychosis was significantly correlated to negative scale of PANSS ($p=0,012$; $r=0,420$), PANSS total score ($p=0,011$; $r=0,424$) and GAF levels ($p=0,012$; $r=-0,420$).

There was no association between age of onset of psychosis and cannabis use ($p=0,181$) nor CAST scores ($p=0,747$). There was no correlation between CAST and GAF scores ($p=0,641$).

However, there was a significant and positive correlation between CAST scores and positive scale of PANSS ($p=0,04$; $r=0,432$).

Conclusions: Cannabis use is neither necessary nor sufficient to cause psychosis on its own. However, it has an influence on the prognosis. Early intervention programs should address cannabis and substance use problems early in the course of illness.

Disclosure of Interest: None Declared

EPP0498

Relevance of sociodemographic characteristics on patients with bipolar disorder and substance use disorder

I. A. Silva^{1*}, C. Silva², I. Faria² and V. S. Melo³

¹Unidade Local de Saúde do Norte Alentejano, Portalegre; ²Centro Hospitalar e Universitário de Coimbra, Coimbra and ³Centro Hospitalar do Médio Tejo, Tomar, Portugal

*Corresponding author.

doi: 10.1192/j.eurpsy.2024.631

Introduction: Substance use disorder is a common comorbidity with bipolar disorder, having implications on its diagnosis, treatment

adherence, and number of hospitalizations. Understanding the particular characteristics of this population is of the utmost importance to improve clinical outcomes.

Objectives: Our aim is to analyze the sociodemographic characteristics of the patients in the inpatient unit of a tertiary hospital and to reflect on its impact on treatment. Our study looks over a 3-year period, and all patients analyzed have a dual diagnosis of both bipolar disorder and substance use disorder.

Methods: We collected, retrospectively, data from the hospital platform and analyzed it on SPSS Statistics 26, along with a literature review.

Results: In the analyzed period of 3 years, there were 2384 hospitalizations in the Coimbra's University Hospital psychiatric ward, and 88 hospitalizations were coded with a dual diagnosis of bipolar disorder and substance use disorder.

Regarding gender distribution, 41% of the patients were female and 49% of the patients were male, with a mean age of 47 years.

There were 12 patients who were re-hospitalized once (7 of them were men) and 6 who were re-hospitalized twice (4 of them were men) during the analyzed period.

At the time of hospitalization, 60.5% of male patients were single, 21.1% were divorced, and only 15.8% were married, while female patients were mainly married (35.7%) and only 28.6% were single. Female patients had more frequent support from social and community institutions (17.9% vs 5.3% in men) while 2.6% of men had no support from family or institutions.

Regarding education, more men accomplished high school education (21.1% vs 17.9% in women) and university education (18.4% vs 14.3%). In our sample, there were 3.6% of women who were illiterate.

During their lifetime, female patients were hospitalized around 5 times and men around 3.7 times, despite the fact that the mean age of female patients on their first hospitalization was 36 years, and in male patients, it was 34 years.

Treatment adherence is more significant in female patients (70.3% vs 69.2% in men), even though women maintain active substance abuse more frequently (42.9 vs 39.5%).

Conclusions: Male and female patients have different backgrounds and different support either in spouses, family, or social institutions. These nuances may play an important role in the number of re-hospitalizations, treatment adherence, and maintenance of abstinence.

Taking these aspects into consideration may help improve clinical outcomes.

Disclosure of Interest: None Declared

EPP0499

Cerebrovascular insult as a consequence of poor health behaviour in patients with schizophrenia and bipolar disorder

M. Arnautovic Tahirovic^{1*}, M. Zuko¹, I. Lokmic Pekic¹, N. Sirucic¹ and A. Tahirovic²

¹Psychiatric hospital of Canton Sarajevo and ²Psychiatric clinic, Clinical centre university of Sarajevo, Sarajevo, Bosnia and Herzegovina

*Corresponding author.

doi: 10.1192/j.eurpsy.2024.632