

diagnostic evaluations, and elevated healthcare expenditures. Although the exact pathophysiology of CHS remains unclear, some mechanisms have been proposed. These include reduced gastric motility by gastrointestinal cannabinoid receptors 1 (CB1) over-riding, cannabinoid lipid buildup, endocannabinoid system dysregulation, dysregulated stress response, changes in thermoregulation, modifications in the transient receptor potential vanilloid system and genetic polymorphisms in the P450 system. In the acute phase, the foremost concern is providing supportive care including intravenous hydration and electrolyte corrections. The most effective treatment for CHS is cannabis cessation. Nevertheless, there are alternative treatments that have shown promise in alleviating symptoms, such as hot water hydrotherapy, topical capsaicin, haloperidol, benzodiazepines, propranolol and aprepitant.

Conclusions: As cannabis usage becomes increasingly prevalent, it becomes imperative for healthcare providers to acknowledge the long-term effects of cannabinoids, specifically regarding CHS. This diagnosis should be contemplated when evaluating patients who experience recurrent and incoercible vomiting coupled with a history of cannabis consumption. The compulsion to take hot baths or showers can serve as a noteworthy indicator for diagnosing CHS.

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EPV0044

Technological Addictions: The New Frontier in Addiction Psychiatry

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Introduction: Addiction to video games, cybersex, internet gambling, social media, texting and emailing, and online auctions can be as addictive as substances. These technological addictions have real-world ramifications and lead to the loss of jobs, money, and loved ones. As technology becomes integrated into many facets of modern life, the appreciation of such addictions has become increasingly challenging. This session will explore the addictive potential of technology and discuss the legitimacy of technological addictions as psychiatric conditions worthy of medical assessment, diagnosis, and treatment.

Objectives:

1. List five forms of Technological Addictions as they appear in the scientific literature of 2023.
2. Describe the psychology and culture surrounding Internet Gaming addiction.
3. Distinguish between normal use and addiction.

Methods: Lecture and discussion

Results:

1. Research on the phenomenology and nosology of these illnesses helps us further elucidate the distinction between problematic and nonproblematic use of technology, especially in children and young adults.
2. Another area of new research involves emerging technologies. By the time clinicians get a firmer grasp of today's ailments, the

technology of tomorrow—such as virtual reality and smart devices powered by artificial intelligence—will be commonplace enough to bring about a host of new problems.

Conclusions: Though data on the prevalence of technological addictions are sparse, most people use computers, tablets, and smartphones regularly with great benefits and no serious adverse consequences. We will need to be ready to guide our patients, our colleagues, and the general public on how to best handle technology with an eye on maximizing its enormous potential for fulfillment, gratification, and happiness while minimizing its significant risks for dissatisfaction, misery, and despair.

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EPV0047

Correlations between Clinic Preferences and Alcohol Use Disorder: an Alcohol Cohort Study in Northern Taiwan in 2022

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Introduction: Chronic alcoholism can result in severe liver conditions such as fatty liver disease and cirrhosis, potentially leading to life-threatening complications and premature death.

Objectives: This study investigated the age-sex distribution of patients with alcohol addiction and aimed to identify differences in clinic department preferences based on their principal and additional diagnoses in Taiwan, in 2022.

Methods: We conducted a comprehensive analysis of the diagnostic patterns of 334 patients with alcohol addiction from the Taoyuan General Hospital, Ministry of Health and Welfare.

Results: **Figure 1** depicts patient demographics, highlighting 297 male and 37 female patients with alcohol-related disorders. Males aged 41–60 years were particularly dominant, as shown in **Figure 2**. Principal diagnoses, including alcoholic liver disease and acute pancreatitis, are detailed in **Table 1**. Additional diagnoses, such as chronic pancreatitis and esophageal varices, are presented in **Table 2**. For departmental preferences, **Table 3** reveals the Gastrointestinal (GI) department as the top choice, followed by Kidney, Neurological, and Cardiovascular/Chest.

Table 1. Top 5 Principal Diagnoses of Alcohol Addiction Patients.

ICD-10-CM	Principle diagnosis	Times	Rank
K70	Alcoholic liver disease	43	1
K85	Acute pancreatitis	27	2
F10	Alcohol related disorders	18	3
A41	Other sepsis	14	4
K86	Other chronic pancreatitis	11	5