

in space, the characteristics of the intoxicated, the type and circumstances of the intoxication and its evolution.

Results: The CAPM recorded, during the study period, 16 cases of intoxication by methanol “Eau de vie” in Morocco. These cases were reported by telephone in 93.75% of the cases and collected by studies on hospital registers in 6.25% of the cases. Men were more affected than women. The most affected age group was adults, accounting for 50%. Adolescents accounted for 37% of cases and children for 13%. Drug addiction was the most frequent circumstance, followed by accidental intoxication and voluntary intoxication. The most frequently encountered signs were gastrointestinal signs followed by central and peripheral nervous system signs and heart rate and rhythm disorders. The outcome was favourable in 62% of cases, 6% with blindness after-effects and death occurred in 19% of cases.

Conclusions: Methanol poisoning can result from the consumption of illegal products containing methanol such as brandy, hence the importance of raising public awareness of this danger. It is also necessary to make health professionals aware of the clinical signs of methanol poisoning and what to do in the event of intoxication.

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EPV0040

Are antidepressants addictive? a literature review

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Introduction: Nowadays, the rates of antidepressant prescription are high and increasing. In this context, the issue of whether these medications are addictive has been increasingly discussed.

Objectives: The aim of this review was to explore the debate about the addictive property of antidepressants.

Methods: We conducted a literature review in the Pubmed database, using the search terms “antidepressants”, “SSRI”, “tricyclic”, “addiction”, “dependence” in various combinations, and narrowing the search to the last 10 years, to identify articles about the addiction to antidepressants.

Results: All the articles included in our study highlighted the fact that antidepressants were associated with withdrawal symptoms. These symptoms are heterogeneous, and long-lasting in some cases, and Paroxetine was shown to have particularly high rates of withdrawal symptoms.

Some articles reported a psychological and physical dependence on antidepressants. However, the most recent studies agreed that, using established classification systems and concepts and after integrating neurobiological and behavioral criteria, antidepressants are shown to have no addictive property.

Conclusions: Antidepressants are proven to be associated with withdrawal symptoms. Whether or not these symptoms are enough to constitute an “addiction” remains controversial, as recent studies agree that antidepressants should not be classified as addictive substances.

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EPV0041

Piracetam and Ginkgo biloba in the treatment of residual cognitive symptoms after the discontinuation of benzodiazepines in long-term users; case series and review of the literature

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Introduction: Long-term benzodiazepine use is common although not routinely recommended. While their dependence potential is notorious, cognitive problems due to their chronic use have only recently been intensively studied. Residual cognitive symptoms may linger months after successful benzodiazepine discontinuation and significantly limit optimal functional outcome in abstinent individuals.

Objectives: We present a series of cases, a 41-year-old man and a 33-year-old woman who successfully completed a ten-week benzodiazepine-dependence rehabilitation program at our hospital, including successful tapering and post-withdrawal integrative therapy. At subsequent monthly outpatient check-ups, abstinence was confirmed (including toxicology testing) and there was no residual anxiety or mood symptomatology. Still, patients complained of their suboptimal functioning due to residual cognitive problems, especially trouble concentrating and short-memory deficits, which were objectively confirmed via psychometric tests.

Methods: During continuous outpatient treatment (monthly controls), patients were clinically and neurocognitively evaluated. They were reluctant to try conventional psychopharmacology agents but were open to supplement therapy. After thorough literature review, a trial of piracetam and *Ginkgo biloba* extract was suggested. Piracetam, a positive allosteric modulator of AMPA-receptors, has been used in the treatment of vascular neurocognitive changes in the elderly. Bilobalides from *G. biloba*, act as atypical antagonists of GABA-A receptors and were found to exert neuroprotective effects in animal models, without epileptogenic or anxiogenic risks.

Results: Patients were recommended piracetam (2.4 g a day) in divided doses and a once-daily dose of *G. biloba* extract (240 mg a day), in a standardized form containing 3.2% of bilobalides. No side effects were noticed. At subsequent monthly checkups, patients reported fewer cognitive problems and better everyday functioning. Neurocognitive testing confirmed subjective findings, with positive changes in all areas, but especially so in verbal memory, which may be due to this specific pharmacological combination. At the end of the observation period of sixth months, piracetam was gradually discontinued while patients were given free choice whether to continue with *G. biloba* supplementation.

Conclusions: According to our findings, piracetam and *G. biloba* extract may prove beneficial in the treatment of residual cognitive symptoms after benzodiazepine discontinuation, in long-term benzodiazepine users. Other treatments, focusing not only on modulation of glutamate and GABA, but also on other pathways should be evaluated. Further clinical studies are warranted.

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