

quantitative measures. Feedback gained from service users suggests that overall patient satisfaction with the CRHTT service was high.

**Disclosure of Interest:** None Declared

## EPP0709

### Synthetic Cannabinoids (SCs) K2 clinical manifestation-A literature review

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**Introduction:** There has been an increase in the use of new psychoactive substances containing synthetic cannabinoids in recent years. It is also known as K2, spice, or fake weed, and these are popular as recreational drugs [Kourouni I et al. JAMA NetW Open 2020 Jul; 1;3(7): e208516]. CB1 agonists in SCs mimic the effects of cannabis, making users feel happy and relaxed. However, recreational SCs may result in unwanted severe consequences such as acute anxiety and psychosis [Gunderson EW et al. AM J Addict 2012 Jul-Aug; 21(4): 320-6]. Relative to tetra-hydro cannabinol (THC), synthetic cannabinoids (SCs) are more potent and efficacious agonists and may exert deleterious effects on health [Gunderson EW et al. AM J Addict 2012 Jul-Aug; 21(4): 320-6].

**Objectives:** Our aim of this review is to focus on the typical presentation of SCs use and help clinicians to better understand and be more vigilant about K2 manifestations

**Methods:** In conducting the literature review, only English language articles were selected from PubMed and PubMed Central (PMC) databases through August 14, 2022, using the search term "Synthetic cannabinoids k2 clinical manifestation". Three reviewers conducted the initial review of the titles and abstracts of the electronic search, followed by detailed assessments of the relevant studies. Peer-reviewed Case series, case reports, and systematic review studies were included that met the inclusion criteria (articles in the English language, studies on humans, studies on synthetic cannabinoids (SC) or K2 use and its clinical manifestations).

**Results:** Electronic search results showed a total of 60 articles. Fifty articles were excluded based on title review (36 articles), abstract review (4 articles), and full article review (10 articles). Case series on 30 ICU patients (SC intoxication) showed agitation 33%, bizarre behavior, coma 33%, seizure 20%, Acute respiratory failure 60%, Tracheal intubation 70%, Rhabdomyolysis 26%, Invasive mechanical ventilation 40%, Acute kidney injury 26% and cardiotoxic effect [Kourouni I et al. JAMA NetW Open 2020 Jul; 1; 3(7): e208516]. Cross-sectional study on 50 male cases showed altered perception 68%, including auditory and visual hallucination, dizziness and loss of consciousness, palpitation 76%, chest pain 12%, panic attack, and convulsion [Abdelmoneim WM et al. Middle East Current Psychiatry 2022; 29 (1): 24]. Literature reviews has shown the common psychiatric presentations of SC are acute anxiety, agitation, psychosis, paranoia, disorientation, alteration of mood and perception, hallucination, and delusion [Debruyne D et al. Subst Abuse Rehabil. 2015 Oct 20; 6:113-29, Radhakrishnan R et al. Front Psychiatry 2014 May 22;5:54].

**Conclusions:** There are limited research related to synthetic cannabinoids in human. Based on our review, SC intoxication can be life-threatening besides psychiatric manifestation. Therefore, clinicians must understand the vast clinical manifestations of SCs.

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## EPP0710

### 'Main the gap!' The view of healthcare professionals on gains and pitfalls of traditional and innovative models for providing mental health care to imprisoned persons with a severe mental illness in Spain

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**Introduction:** Different mental health care provision models coexist in prisons in Spain. The Ministry of Interior applies a traditional model to secure mental health care to 83% of the country imprisoned population. Three autonomous regions with acquired competencies for health care provision (17% of the imprisoned population) are implementing innovative care models.

**Objectives:** To explore the views of healthcare professionals on models of mental health care provision for imprisoned persons with a serious mental illness (SMI) in Spain.

**Methods:** 21 healthcare professionals (13 physicians, 5 nurses, 3 pharmacists) working in prisons, penitentiary psychiatric hospitals and a psychiatric in-prison unit took part in 5 online, 2 hours focus groups and one in-deep interview between 31<sup>st</sup> May and 20<sup>th</sup> July 2022. The moderator used open-ended questions to research into the characteristics of mental health care models and on the challenges for implementation. Focus groups were audiotape recorded and transcribed. Transcripts were analysed applying thematic analysis.

**Results:** Healthcare professionals reported that within the traditional model of healthcare provision, the psychiatric care of SMI prisoners relies on correctional general practitioner physicians (GP). Psychiatrists act as external care providers. There are two psychiatric penitentiary hospitals with a strong correctional character for in-hospital care. Acute psychiatric care happens in prisons or at the local general hospital. Healthcare records remain within the penitentiary organization and outside the accessible healthcare information system. In consequence, there is fragmentation and delocalization of mental health care. An innovative approach consists of a dedicated mental healthcare unit within the prison with continuous psychiatric supervision of prisoners with SMI and good quality psychiatric care. Schizophrenia and hyperactive attention deficit disorder persons benefit the most. Continued mental health care in the community remains a challenge. Another model of care is centred in the SMI imprisoned person. Acute and rehabilitation psychiatric penitentiary units operate within a network of mental health and social care resources in the community, coordinated by a liaison nurse. Individualised care plans keep SMI persons in their social environment. Costs of implementation are

high. Clear definition of roles; investment in dedicated staff and shared information systems are challenges to overcome.

**Conclusions:** Innovative models of mental health care are needed to benefit imprisoned persons with a SMI in Spain. A decided national and regional will is paramount to overcome challenges.

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**EPP0712**

**“Asking for help, quite a challenge”. Time from onset of symptoms to consultation with a psychiatrist**

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**Introduction:** One of the biggest challenges for primary care professionals is to know when it is appropriate to request a consultation with a psychiatrist. A complete medical history should be performed to detect anxious-depressive symptoms, as well as to determine the intensity, the trigger, time of evolution, and the functional repercussion (1). It is also important that the patient is able to express his or her symptoms and ask for help. The concept of “Alexitimia” refers to the difficulty of expressing feelings verbally, and is a frequent symptom in depressive patients (2).

In mild cases and with little repercussion, the physician himself can initiate treatment and follow up (3). However, on other occasions, it will be advisable to request a consultation with psychiatry.

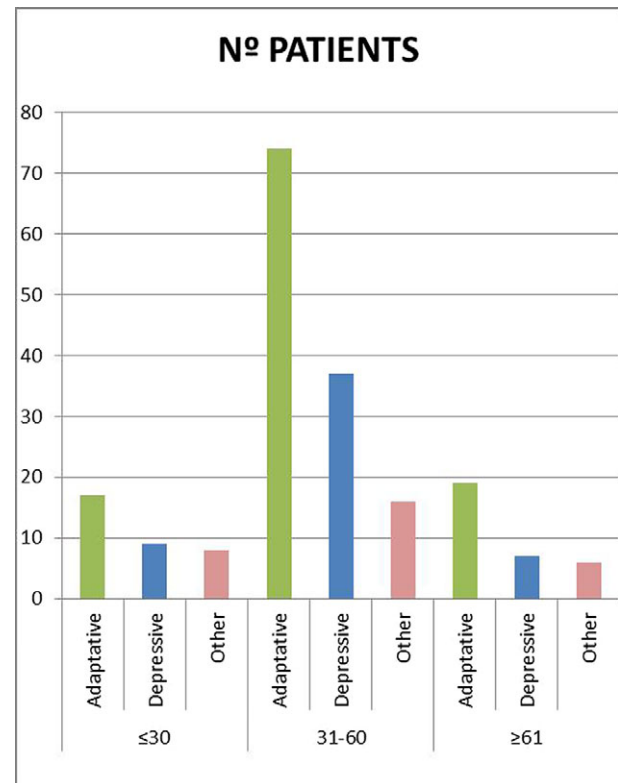
**Objectives:** The main objective is to observe the time that elapses from the onset of symptoms until consultation with the Mental Health team is finally requested. Some preliminary results can already be obtained from this data collection.

**Methods:** We have decided to carry out a descriptive study, collecting different variables from patients attending a first Psychiatry consultation.

**Results:** In a total sample of 208 patients, the majority (67%) were between 31 and 60 years old. Following the DSM-V criteria (4), patients were classified into groups according to their disorder: Adaptive, depressive, or other. These data were cross-referenced (Figure 1). Subsequently, the time elapsed from the onset of symptoms (referred by the patients) was collected, until the referral to Psychiatry was processed. In order to make a comparison, average time (in days) was calculated for the different groups according to their age and diagnosis.

Those patients under 30 years were referred to psychiatry later. A downward trend was seen as the age range increased. In the “younger than 30” and “between 31 and 60” groups, patients who met criteria for Depressive Disorder took longer to be referred, which was striking considering that they are usually considered as more severe patients (Figure 2). This can be attributed to a greater difficulty in expressing their emotions (alexithymia), as another depressive symptom. Disaggregating these data by gender, the patients who clearly took the longest to be referred were men under 30 years old with a final diagnosis of Depressive Disorder (Figure 3). This gender difference is consistent with the social impact of alexithymia according to some articles (5).

**Image:**



**Image 2:**

