

Identify if there is existing support
Hinghlighting the training need for the staff

Methods: Crosssectionnal enquiry was sent in 42 Home of the Fribourg area, with 3 relances

Results: The preliminary result will be completed at the end of 2023:

- Every home identify at least 4-5 residents with a problematic alcohol consumption
- Most of them, the staff have no specific addictive training and no needs for it
- The staff authorise alcohol consumption in the home, to avoid alcohol withdrawal
- The psychiatric consultant in the home can help the staff to manage the counter-attitudes

Home residents are not eligible for specialized addictive care, while the generally respond well to motivationnal interviewing or to controlled consumption. The lack of staff training could be an hypothesis. The lack of interest in the neagtives conséquences oh alcool on th health of people at the enf of their lives is anothers hypothesis

Conclusions: Nursing home residents are not eligible for specialized addictive care. The enquiry results are astonishing: no need of specialized training, authorization of continous drinking in the different homes, while the literature points the effectivnesse of motivationnal interviewing or controlled approaches by old people with addictive disorders.

Further studies are needed, ethical consideration on the management of alcohol addiction in the elderly should be proposed.

Disclosure of Interest: None Declared

EPV0004

Cannabinoid syndrome in cannabis dependence: a case report

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doi: 10.1192/j.eurpsy.2024.816

Introduction: A 36-year-old man with a history of cannabis use disorder since age 16, consuming 8-10 units/day, experienced irritability and tremors upon reducing consumption. His psychiatric issues emerged in 2020, marked by anxiety, abdominal pain, and severe vomiting, leading to a dyspepsia diagnosis. Subsequently, he received psychiatric care at CAS Hospitalet, diagnosed with severe cannabis use disorder. No prior inpatient admissions occurred.

Objectives: Our project aims to show a case report and summarize the available evidence on cannabinoid hyperemesis syndrome (CHS).

Methods: In May 2023, he voluntarily sought admission to Barcelona's "Hospital Sant Pau," aiming for cannabis detox and treatment of cannabinoid hyperemesis. He'd endured years of intense abdominal pain, nausea, and vomiting, worsening over the last two years, with uncontrollable vomiting hindering daily life. Admission saw reduced cannabis use to 3-4 units/day. Inpatient care revealed anticipatory anxiety, rumination, and somatic anxiety, accompanied by distal tremors and internal restlessness due to abdominal discomfort, partially alleviated by 5-10 mg of diazepam.

Results: Treatment included domperidone 10mg/8h, haloperidol drops (5-10 drops/8h), capsaicin ointment, hot showers, and cryotherapy, resulting in gradual relief from abdominal pain. Moderate cravings for tobacco and cannabis led to acetylcysteine 600mg/12h and gabapentin up to 1200mg/8h. Gastric discomfort with SSRIs led to vortioxetine 10 mg/day, well-tolerated with a positive response. Consultation with the GI department confirmed the treatment's efficacy, emphasizing cannabis abstinence. Upon discharge, cannabinoid hyperemesis symptoms markedly improved, and the patient was referred to "Hospital de Dia."

Conclusions: CHS is a cyclic vomiting syndrome, preceded by daily to weekly chronic longstanding use of cannabis that can be difficult to diagnose and treat(1,3,4). It is unique in presentation, because of the cannabis's biphasic effect as anti-emetic at low doses and pro-emetic at higher doses, and the association with pathological hot water bathing (2). The major characteristics are as follows: history of regular cannabis for any duration of time (100%), cyclic nausea and vomiting (100%), resolution of symptoms after stopping cannabis (96.8%), compulsive hot baths with symptom relief (92.3%), male predominance (72.9%), abdominal pain (85.1%), and at least weekly cannabis use (97.4%)(1). Treatments such as topical capsaicin, haloperidol, benzodiazepines, and propranolol have shown symptom relief (3) whereas opioids should be avoided (4). Cannabis cessation appears to be the best treatment (1,3).

References:

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Disclosure of Interest: None Declared

EPV0005

The role of the occupational therapist in treatment of patients with prescription medicine dependence

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doi: 10.1192/j.eurpsy.2024.817

Introduction: The abuse of prescription drugs (especially sedatives, hypnotics and opioid analgesics) is a serious and increasingly common phenomenon occurring across addiction clinics. Medications are prescribed for the treatment of chronic pain, sleep difficulties or as mood stabilisers in response to the rush of time and demands of performance. The onset of addiction is often protracted and subtle, but has a major impact on the quality of life and the health, economic or social status of the user. Patients may experience, among other things, cognitive impairment, fatigue, sleep disturbances, irritability, loss of motivation, headaches or impaired coordination of movements. This study is focused on cognitive impairment due to prescription drug dependence and how this impairment affects patients in everyday life.

Objectives: This poster aims to introduce the audience to the possibilities of occupational therapy intervention in the context of addiction medicine.

Methods: Data will be taken using standardized tests and questionnaires dealing with cognitive function. It will be conducted upon the patient's admission to addiction treatment and again after six months of cognitive rehabilitation following the initial survey. Data are collected at the General University Hospital in Prague, Department of Addictology, Prague, Czech Republic.

Results: Data are being collected.

Conclusions: The case study manifests multidisciplinary approach in care of patients addicted of prescription medicine. The aim is a comprehensive view of all aspects of the patient's life affected by prescription drug abuse with cognitive impairment.

Grant affiliation: This paper was made possible by the institutional support programme Cooperatio, research area Health Sciences and Grant No. 260632 within the Specific Academic Research.

Disclosure of Interest: None Declared

EPV0007

Psychoactive substance disorder: first experience In a comprehensive model of harm reduction model in Bogotá Colombia, 2017-2021

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doi: 10.1192/j.eurpsy.2024.818

Introduction: In Colombia the traditional treatment model implies the needing of a total cessation of consume to be able to access an impatient and long stance rehabilitation program. However, literature in other countries experiences had suggested and used a harm reduction program with an outpatient rehabilitation program.

As this programs are more cost-effective and enables the patient to continue his daily life, perpetuate his life style, keep and enhance the psychosocial network, an outpatient comprehensive multimodular program was designed to adapt to a health promotion company (EPS for its Spanish acronym) and has been used since 2017.

Objectives:

- share the experience acquired in an undeveloped country of Latin America
- The typification in the main substance consumption in the development group as well as its differentiation in gender and age group

Methods: Experience and results

Results:

- The majority of patients are men over women
- the predominant age group is between 29-59 years old
- there is a difference between the age group depending on the substance of impact

Conclusions: The experience has shown that up to 30% of the population treated have gotten to a controlled consumption or the total suspension without the needing of an impatient program. In general the patient has shown motivation and adherence to an outpatient program

Disclosure of Interest: None Declared

EPV0010

Spironolactone in Alcohol Use Disorder (SAUD): Introduction to an ongoing double-blind, placebo-controlled, ascending dose, Phase 1b study

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doi: 10.1192/j.eurpsy.2024.819

Introduction: Efforts are critically needed to increase the armamentarium of options that clinicians can use to treat patients with alcohol use disorder (AUD). Numerous preclinical studies support the hypothesis that mineralocorticoid receptor (MR) pharmacological antagonism may represent a novel and promising treatment for AUD. Namely, the non-selective MR antagonist spironolactone dose-dependently decreased 1) the intake of alcohol in mice in a model of alcohol binge drinking procedure and 2) alcohol self-administration in dependent and non-dependent rats (Farokhnia, Rentsch, Choung *et al.*, *Mol Psychiatry* 2022; 27(11):4642-4652). Furthermore, two U.S.-based independent human pharmacoepidemiologic studies utilizing electronic health records data showed that patients treated with spironolactone for any indication reduced their weekly alcohol use in a primary care-type medical setting (Palzes *et al.*, *Neuropsychopharmacology* 2021; 46(12):2140-2147) and Alcohol Use Disorders Identification Test-Consumption (AUDIT-C) score in a Veterans Affairs medical setting (Farokhnia, Rentsch, Choung *et al.*, 2022; 27(11):4642-4652). In both studies, spironolactone-treated patients were compared to matched ones without spironolactone prescription using propensity score matching.

Objectives: We are conducting a Phase 1b human study to assess the pharmacokinetics and pharmacodynamics of spironolactone-alcohol co-administration and testing the safety and tolerability of spironolactone, alone and combined with alcohol in individuals with AUD.

Methods: Spironolactone in Alcohol Use Disorder (SAUD) is a double-blind, placebo-controlled, randomized, within-subject, ascending dose study with spironolactone (0, 100, 200, 400 mg/day) PO for 5 days to reach steady-state, followed by oral fixed-dose alcohol administration aimed at reaching a blood alcohol level of approximately 0.08%. Our sample consists of 12 adults diagnosed with AUD.

Results: The primary endpoint is to measure spironolactone and alcohol PK during concomitant administration. Our secondary endpoints are 1) assessment of subjective and cognitive effects of acute alcohol administration during concomitant spironolactone treatment; 2) number and severity of adverse events (AEs) experienced, compared between placebo (0 mg/day) and all three spironolactone doses; 3) PK characteristic of spironolactone active metabolites, canrenone, 7- α -thiomethylspironolactone (TMS) and 6 β -hydroxy-7 α -thiomethylspironolactone (HTMS), before and after administration of alcohol. Recruitment is underway.

Conclusions: The above-mentioned preclinical and clinical evidence suggest that spironolactone may be repurposed for the treatment of AUD. Our Phase 1b study is a key step before moving to larger efficacy trials.

Disclosure of Interest: None Declared