

examinations are often complete, invasive, even going to an explorative laparotomy for one patient.

**Conclusion** The CHS remains not well known. A better understanding of this syndrome will enable better patient care while avoiding costly spending unnecessary investigations.

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.1745>

#### EV1416

### Drug safety related to agents used for opioid maintenance therapy

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**Introduction** There is only little data regarding drug safety related to agents used for opioid maintenance therapy (OMT).

**Objectives/aims** To study drug safety and the reporting behaviour of adverse drug reactions (ADR) related to OMT.

**Methods** A cross-sectional questionnaire-based telephone survey among physicians providing outpatient OMT in a federal state of Germany ( $n = 176$ ; response rate = 55.7%) was conducted.

**Results** Most of the respondents ( $n = 97/55.1\%$ ) reported that they observe ADR related to buprenorphine, [dihydro]codein and [levo]methadone rarely ( $n = 38/21.6\%$ ), very rarely ( $n = 39/22.2\%$ ) or never ( $n = 20/11.4\%$ ). Methadone was reported to be most frequently associated with the occurrence of ADR ( $n = 82/46.6\%$ ), followed by levomethadone ( $n = 33/18.8\%$ ), buprenorphine ( $n = 6/3.4\%$ ), and dihydrocodeine ( $n = 3/1.7\%$ ). Frequently observed ADR related to these agents were gastrointestinal, nervous system and psychiatric disorders, and hyperhidrosis. Methadone and levomethadone (not buprenorphine) were reported to be frequently associated with fatigue, weight gain, and sexual dysfunction. Only buprenorphine was reported to be frequently associated with withdrawal and rebound effects, and drug intolerance. Hundred twenty-nine participants (73.3%) stated that they never report ADR related to OMT, whereas  $n = 19$  (10.8%) did so when referring to ADR related to their complete medical practice ( $\text{Chi}^2 = 141.070$ ;  $\text{df} = 1$ ;  $P < 0.001$ ).

**Conclusions** Our data revealed similar patterns of ADR related to outpatient OMT as those reported in the product information or in pain therapy. Motivation to report ADR related to agents used for OMT may be reduced compared to ADR related to the general medical practice.

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.1746>

#### EV1417

### Absent substance use disorder and survival of extraordinarily high blood alcohol concentration

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**Introduction** Intoxications with alcohol are very frequent in clinical psychiatry and may lead to death depending on (maximum) blood alcohol concentration (BAC) and accompanying factors as

liver function, tolerance, comedication, etc. Death may occur due to ethanol-induced respiratory depression and/or aspiration of gastric content (due to an impaired gag reflex); thus, securing of the airway and ventilation are occasionally necessary.

**Objectives/aims** To illustrate the broad range of clinical outcomes of alcohol intoxications and their adequate therapy.

**Methods** We present the case of a 58-year female patient with depression who demonstrated a very high BAC of 8.68 g/L (representing the highest survived BAC in literature) due to ingestion of large amounts of alcohol with suicidal intent.

**Results** Intubation and ventilation were lifesaving and the patient did not develop any physical or mental consequential damage. As the patient had not regularly used alcohol or any other psychotropic agent tolerance could be ruled out.

**Conclusions** This case emphasizes the necessity of rapid securing of the airway in patients with alcohol intoxication and respiratory depression and, furthermore, illustrates the large inter-individual differences regarding ethanol susceptibility.

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.1747>

#### EV1418

### The neural basis of cognitive control in gambling disorder: A systematic review of fMRI studies

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**Introduction** Decreased cognitive control over the urge to be involved in gambling activities is a core feature of gambling disorder (GD). Cognitive control can be conceptualized as the sum of high-order cognitive faculties interacting in the achievement of goal-oriented behaviors. As such, cognitive control can be differentiated into several cognitive sub-processes, such as response inhibition, conflict monitoring, decision-making and cognitive flexibility, all of which prove to be pivotal in GD clinical phenomenology.

**Objectives** Over the past few years, several studies and reviews have indicated a lack of cognitive control in GD through self-report questionnaires and neurocognitive tasks. Conversely, there are only a limited number of neuroimaging studies, which investigate the neural mechanisms underlying diminished cognitive control in GD.

**Aims** This research aims to systematically review functional magnetic resonance imaging (fMRI) studies that target cognitive control in GD.

**Methods** A literature search was conducted in order to find appropriate published articles on fMRI studies in GD.

**Results** Fourteen fMRI studies were included. Depending on which neurocognitive task was employed, the studies were divided into five different sections: conflict monitoring, response inhibition, delay discounting, cognitive flexibility and decision-making.

**Conclusions** Impaired activity in prefrontal cortex may account for decreased cognitive control in GD, contributing to the progressive loss of control over gambling behaviors. However, the way in which cognitive control interacts with affective and motivational processes in GD is still matter of investigation. Among prefrontal areas, orbitofrontal cortex has been indicated as a possible nexus for sensory integration, value-based decision-making and emotional processing, thus contributing to both motivational and affective aspects of cognitive control.

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.1748>

#### EV1419

### Is methylone a new public health threat in Spain?

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**Introduction** Due to the continuous search for new, legal, less expensive, and more powerful highs by drug users, the synthesis of novel cathinone derivatives has become a fruitful industry, leading to a fast emergence of new alternative substances every year. Methylone (3,4-methylenedioxy-N-methylcathinone) is one of the substances that rapidly emerged as the main ingredient of “bath salts”, becoming readily accessible on the Internet. This fact has raised concerns about its potential harmfulness.

**Objectives** The aim of the present study is to analyze the presence of methylone in samples delivered to energy control from 2014 to 2015 in Spain.

**Methods** A total of 8324 samples were assessed from June 2014 to May 2015. Only those samples acquired as methylone were studied. They were analyzed by energy control, a Spanish harm reduction NGO that offers the possibility of analyzing the substances that users report. Analysis was done by gas chromatography-mass spectrometry.

**Results** Ten users reported to have acquired methylone (0.12%). The most used source for acquiring it was the Internet (60%). Other sources included a friend or relative (10%), home-delivered (10%) or undetermined (20%). There was no peak of consume as 50% were acquired in 2014 and 50% in 2015.

**Discussion** According to the results, the presence of methylone in our samples is extremely low. Therefore, despite the fact that methylone monitorization is ought to be carried out, this substance is not expected to be an emerging issue concerning Public Health and no further clinical research should be done.

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.1749>

#### EV1420

### Substance use among youth psychiatric outpatients

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**Introduction** Portuguese young adults (15–34 years old) were more frequent engaged in substance abuse (1.2%) than the general population, according to the Portuguese substance use annual report (2014). Alcohol was the most frequent substance use on youth adults. Cannabis was the most frequent illicit substance used (23.9% of users were considered dependent), with higher prevalence than previously reported. LSD (0.4%) use was also higher among young adults than in previous studies. Cocaine (0.4%), heroine/opiates (0.4%), ecstasy (0.3%), and hallucinogenic mushrooms (1.1%) had their consumption lowered among young adults.

**Objectives/aims** To characterize a population of young adult psychiatric outpatients, regarding substance use and associated risk.

**Methods** Socio-demographic characterization of our young adult unit outpatient users between 1st January 2015–31st July 2016. Substance use was assessed with the Portuguese version of Alcohol, Smoking and Substance Involvement Screening Test (ASSIST).

**Results** A total of 255 outpatients were observed during the timeframe; 58 outpatients were assessed with ASSIST: 44 females (75.9%) and 14 males (24.1%), aged between 16–33 years old (average: 20.95; median: 19.50). For tobacco, 3.5% had high risk, 37.9% moderate risk and 58.6% low risk; 22.4% had moderate risk of alcohol, 13.8% moderate risk of cannabis, and 20.7% moderate risk of tranquilizers. For others substances (cocaine, stimulants, inhalants, hallucinogens, and opiates) the risk was low.

**Conclusions** In our sample, alcohol and cannabis use had the highest risk, as reported in the National Annual Report; however, we observed a moderate risk for tranquilizers use. In future care planning, youth mental health should address tobacco and alcohol abstinence, and preventive measures regarding anxiolytics should be undertaken, such as banning sale without medical prescription.

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.1750>

#### EV1421

### Comparative examination of the differences between cannabis psychosis and methamphetamine psychosis in a psychological state

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**Background** With the rapid and intensive spread of marijuana abuse among youth, Japanese society is focusing on law enforcement against drug abusers. In 2016, a mass killing allegedly committed by a marijuana abuser was reported in Japan.

**Objectives** To consider that common recognition of the diverse process and potential risks of cannabis psychosis should be shared among psychiatrists.

**Aims** Elicit differences between cannabis psychosis and methamphetamine psychosis, and determine whether specific guidelines for treatment of cannabis psychosis are required.

**Method** Intensive retrospective review of distinctive methamphetamine and cannabis psychosis through case studies in our hospital.

**Result** Major symptoms of methamphetamine psychosis include auditory hallucination and paranoia, however recovery is achieved soon after undertaking treatment. In cannabis psychosis, distinctive features are megalomania and by a pseud-enlightenment experience of supernatural existence, abusers stick to an unrealistic self-estimate of omnipotent, which leads them to refuse the fading away of this feeling and repeat abuse.

**Conclusion** Psychological substances have strong suggestibility so abusers' symptoms are easily modified by their mental state. Involvement of syndicate or perception of illegality reflects abusers' drastic symptoms, but after dehospitalisation, recurrences are relatively fewer. Cannabis, however, grows wild and is admitted legally in some countries, so abusers lack awareness of guilt by mistaken perception of omnipotence and unrealistic optimism. Due to addiction and depersonalization, they rather enjoy gaining contact with supernatural power and fall into social withdrawal and are implicated to social problems. Considering the difficulty of rehabilitating and returning abusers to the community, we should not disregard the risks of cannabis abuse.