Methods Online survey was available on CEIP website (September 2014–March 2015). Questionnaire assessed smoking status, tobacco and e-cigarette use, including reasons for use, efficacy, adverse effects and dependence (Fagerström test of cigarette dependence [F] and an adapted version to e-cigarette use [Fm]).
Results One thousand one hundred and twenty-one EC users answered (1008 ex-smokers, 113 current smokers), with mean age of 39 ± 10 years and 72% female. Ninety-six percent e-cigarette users agreed that vaping is useful for tobacco cessation, 80% succeeded to quit/reduce their smoking. Reasons for EC use are partial/complete alternative to smoking, lower toxicity, less side effects and lower cost. Most of ex-smokers (66%) has no/low dependence to EC (Fm ≤ 4) since current smokers reduced dramatically their tobacco consumption by EC use. Among all EC users, 75% had a craving for EC. Use of EC is described as pleasant as tobacco for 59% ex-smokers and 39% smokers. Eighty-three percent of ex-smokers and 68% of smokers do not intend to stop vaping.
Conclusion E-cigarettes are used primarily for smoking cessation and show effectiveness for harm-reduction, but a secondary dependence to nicotine contains in EC can be observed (Figure 1).

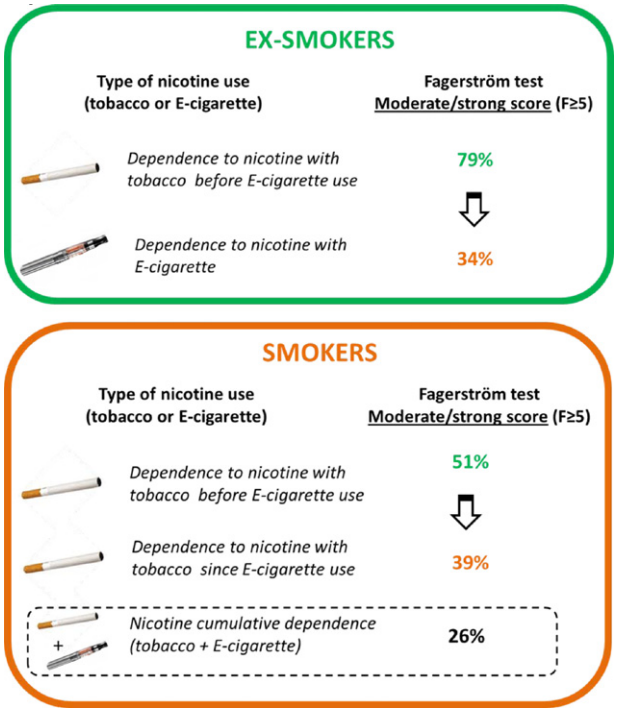

Fig. 1

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

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EV14

Compulsiveness dimension in a case of pathological gambling

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Introduction Pathological gambling (PG) is currently included among Addictive Disorders (DSM-5). However, its phenomenology resembles features of Obsessive Compulsive Disorder. Several models of addiction conceptualize a progression from impulsivity to compulsivity transitioning from initial positive reinforcement motivations to later negative reinforcement and less pleasurable and automaticity mechanisms.
Clinical presentation A 34-year-old male, since diagnosed with PG in 2013 and prescribed a group rehabilitation therapy, presented in 2015 complaining of intrusive thoughts and depression symptoms. During the psychiatric examination emerged: low mental concentration; dysphoria; hyporexia; irritability; insomnia; persistent ideas and excessive preoccupations to be betrayed by his girlfriend; and behaviours of hyper control on her life. He has been evaluated using MMPI-2 (obsessivity Tscore 70, depression Tscore 67) and BIS-11 (high score of non-planning impulsiveness).
Treatment It appeared there was a shift from ego-syntonic novelty driven/impulsive behaviours focused primarily on gambling to ego-dystonic habit driven/compulsive behaviours focused on her girlfriend. He started an individual psychodynamic psychotherapy centred on dysfunctional beliefs and behavioural strategies for treating the compulsive features. As thought content was the most relevant aspect, he was prescribed olanzapine, not a SSRI (normally indicated for OCD), up to 10 mg/die. After a month obsessions and compulsions reduced, and he seemed to reach a good level of personal functioning, despite a rigid anankastic personality trait.
Conclusions As the management of compulsive behaviours is complex, physician should better assess and recognize psychological personality aspect, collecting patients' complete history, also testing them psychometrically, and paying more attention to an eventual treatment (both psychological and pharmacological).
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV15

The impact of addictive disorders on the HIV and syphilis coinfection

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Introduction One of the main risk factors for both HIV-infection and syphilis is addictive behavior.
The objective of the study was to determine the impact of addictions on the HIV and syphilis coinfection.
Method Sixty-five HIV-infected patients with syphilis were examined by a clinical method.
Results The sample included 45 men (average age 32.09 ± 9.83) and 20 women (average age 31.7 ± 5.97). All patients were characterized by risky behavior. Seventy-one percent of men belonged to the category of men who have sex with men (MSM). Eighty-five percent of women had drug dependence (as compared to 61% for men who have sex with women (MSW) and 19% for MSM; $P < 0.05$). Women were more likely to have opiate dependence ($P < 0.001$; as compared to men). We revealed a high incidence of drug addiction and alcoholism with the prevalence of dependence on opioids (F11; 55.0%; 7.7%), polysubstance use (F19; 25.0%; 23.1%) and alcoholism (F10; 50.0%; 61.25%) among women and MSW respectively ($P < 0.05$ as compared to MSM). Only 50% of women and 23% of MSW were in remission. MSM regularly consumed stimulants and cannabinoids without developing dependence.
Conclusions Injecting drug use is typical of women and MSW and plays a leading role in the risk factors for HIV infection and syphilis. Addictive behavior among MSM increases risky sexual behavior and thus influences infection with HIV and syphilis.

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

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EV16

The structure of mental disorders in HIV-infected patients with syphilis

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Introduction There are no data in literature on mental disorders in HIV-infected patients with syphilis.
The objective of the study was to determine the structure of mental disorders in HIV-infected patients with syphilis.
Method Sixty-five HIV-infected patients with syphilis were examined by a clinical method.
Results The sample included 45 men (average age 32.09 ± 9.83) and 20 women (average age 31.7 ± 5.97). We divided the sample into three comparison groups (according to the importance of risk factors): women, men who have sex with men (MSM), and men who have sex with women (MSW).
Mental disorders were identified in most patients (83%). Opiate dependence (F11, ICD-10) was established in 55% of women (7.7% for MSW, 0% in MSM; $P < 0.001$). The dependence on multiple drug use (F19) was revealed with nearly the same frequency in women (25.0%) and in MSW (23.1%); but far less frequently in MSM (3.2%; $P = 0.047$). The dependence on stimulants (F15) was found in women (5.0%) and MSM (6.3%). The dependence on alcohol (F10) was more common among MSW (61.5%) and women (50.0%) (9.4% in MSM; $P < 0.001$). 20% of women had Depressive episode (F32). Adjustment disorders (F43) were found much more often in men (43.8% for MSM; 38.5% for MSW; 10% for women; $P = 0.035$). Personality disorders (F60) were found in all the groups.
Conclusions We revealed a high incidence of addictions among women and MSW. Affective disorders were represented by depressive episode in women and adjustment disorders in men.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV18

Assessing Comorbidities and service use among patients with benzodiazepine abuse

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Prior studies have identified that individuals with comorbid substance use disorder and mental health disorder are at a greater risk of benzodiazepine abuse compared to individuals that present with mental health disorder without an accompanying substance use disorder. These studies were conducted in predominantly white populations, and little is known if the same associations are seen in safety net health care networks. Also, the literature is mixed as to whether or not psychiatrists' prescription of benzodiazepines places individuals at undue risk of benzodiazepine abuse.
We use 2013–2015 electronic health record data from a Boston healthcare system. Patients with benzodiazapene abuse were identified if they had received treatment under the ICD-9 code 304.1. Benzodiazepine abuse was compared between patients with only mental illness and patients with existing comorbid substance and mental health disorder, in unadjusted comparisons and adjusted regression models. Covariates in regression models were used to identify subgroups at higher risk of benzodiazepine abuse.
Individuals with benzodiazepine abuse had higher rates of emergency room and inpatient use than patients with other mental health and/or substance use disorders. Those with comorbid substance and mental disorder were significantly more likely than individuals with mental or substance use disorder alone to abuse benzodiazepines ($P < .01$). Among those with benzodiazepine abuse, 93.3% were diagnosed with a mental illness, 75.6% were diagnosed with a substance use disorder (other than benzodiazepine), and 64.4% had comorbid anxiety disorder and substance use disorder. These analyses suggest that patients with benzodiazepine abuse have complex presentations and intensive service use.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV20

The incidence of hepatitis C virus infection among opiate drug users in Mamoura hospital patient in Alexandria, Egypt

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0 0 1 276 1575 recovery 13 3 1848 14.0 96 800x600 Normal 0 false false false EN-US JA X-NONE.
Introduction Egypt is one of the most famous endemic areas for hepatitis C virus. Drug use in Egypt is rising exponentially. Drug use is always considered one of the main risk factors for HCV.
Objectives To assess the effect the route of drug use on the incidence of HCV in the Egyptian population.
Aim To study the effects of opiates (tramadol and heroin) use and the route of intake on the incidence of HCV infection among addicts treated in Mamoura mental state hospital, Alexandria, Egypt.
Methods This is a cross-sectional study on drug dependence patients visiting the out patient clinic for addiction in Elmamora Hospital.
Subjects were divided into two groups.
Group I: Control group.
Twenty non-addict volunteers.
Group II: Cases groups (comprising 60 subjects)
This group will be divided into three sub-groups each contains 20 cases.
Group IIa: consuming tramadol.
Group IIb: consuming tramadol and heroin by injection.
Group IIc: consuming tramadol and heroin by inhalation.
All studied groups were subjected to:.
1. detailed history taking, urine screening tests for drugs of abuse, liver functions tests and HCV screening.
Results The study showed deterioration in liver function tests in the heroin and tramadol use groups compared to the tramadol only use.