

Conclusions Preliminary evidence supports potential for the MACA program in treating cocaine addiction. The research design of a wait-list controlled trial with pre- and post-treatment assessment is discussed.

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

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EW0280

Evaluation of the use of psychoactive substances among patients admitted to a cardiology intensive care unit: Prevalence and prevention

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Introduction Addiction to psychoactive substances (PAS) can lead to cardiovascular complications. Cardiotoxicity of drugs is known but it is rarely documented by toxicology.

Objectives We conducted a prevalence study on PAS use among patients with cardiac symptoms, with an analysis of diagnosis and a description of PAS user's characteristics.

Aims To improve the therapeutic management in addictology for cardiac patients.

Methods Prospective observational study performed during 3 months. Patients admitted in cardiology had to complete a hetero-questionnaire about his PAS consumption and a qualitative toxicological research in urine and/or blood (immunochemical/GC–MS detection).

Results One hundred and sixty-one patients were included: 86% men, aged 24–68 years (Table 1). Results show a high level of PAS use in our population: 8.7%. A significant PAS use is observed among patients aged 40–70 years, with a prevalence of 22% for the 40–49, 15% for the 50–59 and 7% for the 60–69. PAS detected were mainly cannabis and cocaine. Clinical diagnoses of patients positive to PAS were acute coronary syndromes and severe cardiac arrhythmias.

Conclusions In patients admitted in cardiology, toxicological screening is rarely done. Our study shows a significant PAS use among patients aged 40–70 years. According to data of the French Health Barometer, there is regular use of cannabis and cocaine at respectively 3% and 1.1% among people aged 18–64. These results invite us to achieve a more systematic identification of PAS use among patients with cardiovascular disorders and to optimize the therapeutic management by a systematic orientation in addictology.

Table 1 Patients characteristics.

Data about patients	Total sample (N / %)	PAS positive (N / %)	PAS negative (N / %)	p-value
PATIENTS	161 (100%)	14 (8.7%)	147 (91.3%)	
Male	111 (69%)	12 (86%)	99 (87%)	p=0.17
Median age	64	50	65.4	p=0.0004
Current smoker	54 (34%)	11 (79%)	43 (29%)	p=0.0005
Cardiovascular risk factors (at least 1)	121 (75%)	9 (64%)	112 (76%)	P=0.50
Past cardiovascular history	70 (43%)	5 (36%)	65 (44%)	p=0.77
Neither past cardiovascular history, nor risk factors	33 (20%)	5 (36%)	28 (19%)	p=0.25
Previous substance use disorders	21 (13%)	5 (36%)	16 (11%)	p=0.03
Admission for acute coronary syndrome	71 (44%)	8 (57%)	63 (43%)	p=0.47

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

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EW0281

Role of co-occurring alcohol and substances abuse on QTc interval prolongation among psychiatric patients: A cross-sectional national survey

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Introduction QTc interval prolongation is considered a risk factor for fatal polymorphic ventricular tachycardia, which can result in sudden cardiac death. Most psychotropic drugs have a dose-dependent potential to prolong the QTc interval. However, other factors require appropriate consideration, including: age; gender; other medications; electrolyte abnormalities; severe comorbid conditions, such as co-occurring alcohol or substances abuse/dependence.

Objectives The objective was to study the potential mediating roles of alcohol/substances abuse on QTc prolongation.

Aims The Italian research group STAR Network, in collaboration with the Young Italian Psychiatrists Association, aimed to evaluate the frequency of QTc interval prolongation in a sample of patients under treatment with psychotropic drugs through a cross-sectional national survey.

Methods A sample of 2411 unselected patients were enrolled after performing an ECG during the recruitment period. Sociodemographic and clinical characteristics were collected from medical records. Collected data underwent statistical analysis.

Results A total of 11.2% of patients reported alcohol abuse, and only 8.9% psychotropic substances. According to the threshold, less than 20% of patients had a borderline value of QTc, and 1% a pathological value. Patients with co-occurring alcohol misuse and drug abuse were more likely to have longer QTc interval.