

the patient and the environment. There are two main approaches in the treatment - aimed at complete abstinence from the use of a psychoactive substance and substitution maintenance therapy using methadone and buprenorphine [2]. This is due to the pharmacological effects of narcotic substances, the dynamics of physiological processes and the general state of health with the systematic use of psychoactive substances.

Objectives: The problem of the use of narcotic substances must be considered not only as a physiological problem, but also as a problem of a person resorting to drugs in a specific social situation. In this case, curative and rehabilitation work acquires new content and new opportunities. The emergence of addiction depends on two main reasons: on the one hand, these are certain specific personality traits of a person, formed primarily by the family, and on the other hand, external factors such as the influence of friends, curiosity, life difficulties experienced and other personal problems. The greatest danger of the formation of drug addiction occurs in the case of simultaneous exposure to both groups of causes.

Methods: The study interviewed 123 patients aged 23 to 45 years (109 men and 14 women) diagnosed with opioid addiction. Of these, 17 patients with a period of abuse of up to three years and 105 - longer than three years, respectively. Personality disorders were assessed using the 16-factor Cattell Personality Questionnaire for the study of personality traits [3], the multi-aspect MMPI methodology (mini-mult) [4], and the Luscher color choice method [5].

Results: 14 drug addicts (82%) with a period of abuse of less than 3 years were characterized by impulsivity, reduced stress resistance, risk appetite; in 83 drug addicts (79%) with a period of abuse longer than 3 years, persistent psychosocial maladjustment, communication difficulties, conflicts were detected, social norms were disregarded, increased readiness for open manifestation of aggression; 14 women (100%) had features of mental rigidity, disregard for social norms, conflict, impulsiveness; 88 men (81%) had emotional instability, excitability, hostility.

Conclusions: The formation of opioid dependence is influenced by both the psychophysiological characteristics and the pathopsychological changes that occurred during the use of a psychoactive substance.

Addiction therapy should include a psychological analysis of risk factors.

Selection of psychological options for social adaptation that contribute to the maximum possible realization of the individual's potential, will increase the effectiveness of substitution therapy and accelerate the resocialization of drug addicts.

Disclosure of Interest: None Declared

EPP0909

Specific treatment for alcohol use disorder reduces relapse after psychiatric hospitalization

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Introduction: Patients with an alcohol use disorder frequently relapse after various efforts to quit. Admission to hospital units is

a possible start to stop drinking alcohol and reach abstinence. Among the pharmacological strategies to quit this addiction are specific drugs, such as disulfiram or nalmefen, which are widely studied. Hospitalized patients frequently initiate these medications to control addiction, but little is known about their efficacy after discharge in this group.

Objectives: The aim is to determine whether the initiation of treatment with specific drugs for alcohol use disorder could help to maintain alcohol abstinence after admission to a General Hospital Psychiatric Ward. In addition, we want to check those factors associated with a higher rate of relapse in consumption.

Methods: We conducted a retrospective cross-sectional study of a group of patients admitted in 2018 to a psychiatric hospitalization ward due to alcohol use disorder and who expressed their desire to stop drinking. At the time of admission, we recorded sociodemographic data, consumption of other substances and alcohol family history. Patients initialized specific treatments to reduce and control alcohol consumption if they wanted. Twenty-four months after discharge, we acquired the number of relapses through new admissions, emergency room visits or outpatient follow-up data.

Results: A sample of 36 patients (28 men) admitted to a psychiatric hospitalization ward was analyzed. At discharge, 17 accepted specific pharmacological treatments to reduce alcohol consumption. After a follow-up period of 24 months, 70.8% relapsed compared to 94.7% who did not accept treatment ($\chi^2=4.001$, $DF=1$, $p=0.045$, $OR=0.13$). There were no differences between the two groups in age, gender, amount of alcohol consumed, follow-up modality at discharge or if it was their first detoxification attempt. However, those who did not accept the specific pharmacological treatment consumed other drugs (41.1% vs 5.8%, $\chi^2=5.888$, $DF=1$, $p=0.015$), had other history of mental disorder (64.7% vs 23.5%, $\chi^2=5.845$, $DF=1$, $p=0.015$) and a higher proportion of relatives with alcohol consumption (81.8% vs 42.8%, $\chi^2=3.896$, $DF=1$, $p=0.048$) more frequently. The time (in days) to relapse was faster in this group of patients (200.8 vs 402.7, $Z=-2.5413$, $p=0.005$).

Conclusions: Accepting drug-specific treatment for alcohol use can be helpful for many patients who want to achieve alcohol abstinence. Among the factors that prevent the acceptance of this treatment is the consumption of other substances, comorbidity with another mental pathology and family history, which may involve genetic factors that favour addiction. This group of patients could benefit from a specific pharmacological treatment, although other psychosocial factors may also help.

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EPP0910

Prevalence of comorbid pathological gambling in substance use disorders

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Introduction: Since gambling opportunities expanded over the last four decades, gambling, including pathological and problem gambling, has received increased attention from clinicians and researchers worldwide.

Objectives: Prevalence of gambling disorders varies according to the screening instruments, measurement used as well as accessibility of gambling opportunities but it is believed that gambling disorders affect 0.2–5.3% of adults worldwide. In addition, considering that the gambling disorders are highly comorbid with other substance use and mental health disorders, for both the causes and treatment implications of this disorder a further understanding is needed.

Methods: This research has been conducted at the Addiction and Psychotrauma Department of the Insula County Hospital over a period of two months on a sample of 150 people using a questionnaire that was distributed to patients whose primary diagnosis was substance use disorder but did not have a diagnosed gambling addiction with the aim of early detection of it.

Results: Substance abuse may include minimizing one's use, hiding other comorbid addictions including gambling, and an underestimation of the effect one's use has on life areas as well as family members.

Conclusions: This article highlights the prevalence of comorbid unrecognised pathological gambling in substance use disorders, but also reviews definition, clinical similarities and differences and treatment approaches.

Disclosure of Interest: None Declared

EPP0911

Gambling Disorder and suicide risk – a clinical case

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Introduction: Pathological gambling is an addictive disorder and a current important issue with substantial social and personal costs. It is associated with impaired functioning, criminal record, bankruptcy and mental health problems. There is a significant comorbidity between gambling disorder, mood disorders and other addictive behaviors like alcohol use. Suicidality is common, impulsivity being a major risk factor for suicidal acts.

Objectives: Case presentation of gambling disorder associated with a suicide attempt

Methods: Review of the clinical file of a patient diagnosed with gambling disorder and non-systematic review on the topic on PubMed

Results: A 35 old male patient is brought to our psychiatric emergency unit by means of ambulance as he attempted to commit suicide by inflicting multiple deep cuts on his forearms. He has a positive history of gambling disorder, no prior suicide attempt, or criminal record. He has a precarious economic status, the trigger for his acts being the loss of a substantial financial amount. The risk factors in his case were a positive familial history of addictive disorders (his father was diagnosed with alcohol use disorder), aversive childhood events, comorbid depression, alcohol misuse and low income. The patient resumed his gambling behavior 7 months prior to admission, after a 5 year abstinence, motivated

by the desire to rapidly pay a loan he recently took. The addictive behavior worsened after his wife experienced a miscarriage. He started borrowing money, engaging in antisocial acts like stealing money from his wife's bank account, neglecting his job and ending up in financial debt. He experienced feelings of alienation and isolation from his social network and family, unable to verbalize his burden. He also feared a divorce. Psychological coping strategies such as thought and emotional suppression were present and also an important tendency to minimize the severity of the events. Cluster B traits were present but not clinically significant. The suicide attempt is described by the patient as being impulsive, with no prior planning, as a mean of problem solving for his desperate situation of high financial and social burden.

In the hospital setting, pharmacological treatment with SSRI Escitalopram and opiate antagonist Naltrexone was initiated. The patient was referred to psychological counseling during hospitalisation and to CBT after he left the hospital. He had excellent social support.

Conclusions: Although suicide is initially seen as an impulsive act, in fact it includes a constellation of thoughts, emotions and behaviors which lead to the hopelessness and desperation preceding the suicidal attempt. Gambling disorder tends to have a chronic evolution, impacting many important life domains, complex management such as pharmacotherapy, psychological interventions and social support being necessary for a favorable outcome.

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EPP0912

The effectiveness of electroconvulsive therapy in substance use disorder at pharmacological treatment failure major depression

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Introduction: Treatment resistant depression (TRD) is common with substance use disorder (SUD) and few studies demonstrated the effectiveness of medication-psychotherapy treatments in this population

Objectives: To compare the effectiveness of ECT in the treatment resistant depression patients vs TRD with SUD patients.

Methods: 14 TRD patients with 14 TRD-SUD patients compared in terms of ECT treatment response rates at baseline, three months and six months of the follow up period. Patients completed Hamilton anxiety, Hamilton depression-21 items, Barrat 11 impulsivity and visual analog scales each follow up visit.

Results: Both groups completed ECT treatment between 2011-2018 with follow up of 12.3+4.1 months following the ECT procedure. Patients received average 11.7+2.6 bilateral ECT treatments per series. Both groups responded well to ECT treatment in terms of response rates and side effects however there were higher rates of relapse at intermediate to long term follow up period at TRD-SUD group.