

EV57

Exercise addicts with injuries are in risk of depressionM. Lichtenstein^{1,*}, K. Andersen², U. Jørgensen³¹ Department of Psychology, University of Southern Denmark, Odense C, Denmark² Research Unit of Clinical Alcohol Research, University of Southern Denmark, Odense, Denmark³ Orthopaedic Department, Odense University Hospital, Odense, Denmark

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Introduction Exercise addiction is characterized by increasing exercise amounts, withdrawal symptoms and lack of control. Exercisers with addiction continue to exercise in spite of pain and injury because they use exercise to regulate emotions, identity and self-esteem. How do they react to injuries?

Objectives It is hypothesized that exercise addiction is a risk factor for emotional distress when an injury occur due to withdrawal symptoms and lack of identity.

Aims To estimate the prevalence of exercise addiction in exercisers with injuries at the musculoskeletal system and to test the relationship between addiction and emotional distress (depression and stress).

Methods The Exercise Addiction Inventory was used to identify exercise addiction. To measure depression and stress we used the Major Depression Inventory (MDI) and the Perceived Stress Scale (PSS). Participants ($n = 694$) were regular exercisers with injuries at foot, knee or shoulder at an orthopedic hospital department.

Results The prevalence of exercise addiction was 7.6%. We found that exercisers with addiction reported more emotional distress in terms of higher MDI-scores 18.0 (SD = 11.0) versus 11.7 (SD = 9.1); $P = 0.00$ and in total PSS-score 17.6 (SD = 7.2) versus 13.9 (SD = 6.8); $P = 0.00$. Chi² analyses showed that 25% of the addicted exercisers met the criteria for clinical depression, while only 11% of the non-addicted exercisers were depressed; $P = 0.00$.

Conclusions Exercisers with addiction appear at somatic departments treating musculoskeletal injuries. It is a vulnerable group characterized by elevated levels of depressive symptoms and clinical stress. We recommend to offer psychological interventions focusing on emotional distress and prevention of re-injury by reducing excessive and obsessive exercise patterns.

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

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EV58

Qualitative study of patients with dual pathology in treatment with aripiprazole extended-release injectable suspensionL. Fernández Mayo^{*}, D. Baño Rodrigo, E. Barbero García, M. Agujetas Rodríguez

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Introduction Studies describe patients with dual pathology as subjects with worse clinical evolution and worse therapeutic response. These subjects have high percentages of worse therapeutic compliance and low adherence to psychopharmacological treatment. The conventional antipsychotics can induce dysphoria and worse craving and drug use. The long duration-injectable antipsychotics could serve as a good therapeutic alternative because they combine efficacy and tolerability.

Objectives We analyzed subjects treated with aripiprazole injectable to demonstrate its effectiveness on symptomatology, the reduction of craving and consumption of substances.

Materials and methods We studied subjects with dual disorders at a Center for Attention to drug addicts treated with aripiprazole extended-release injectable. All of them met criteria for the diagnosis of disorders for cannabis and cocaine use. All of them had been previously treated with oral antipsychotics and/or injectable of long duration. Evolution of craving and consumption were evaluated through clinical interviews and urine analysis.

Results Cannabis was the main substance for all the patients. Three of them also often abused of cocaine. All of them were taking other treatments previously. The main causes of the change were: side effects and/or poor compliance. Only one patient discontinued follow-up. The rest of them showed good therapeutic adherence and better tolerability with aripiprazole injectable. The monthly dose was 400 mg.

Conclusions Aripiprazole extended-release injectable is a good choice for dual disorders. A good therapeutic adherence involves not only a psychopathological improvement but also respect to craving and consumption, which makes aripiprazole injectable a suitable therapeutic option.

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

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EV59

Nalmefene and alcohol use disorder. Evaluation of clinical cases at a treatment centre for drug addictsL. Fernández Mayo^{*}, D. Baño Rodrigo, E. Barbero García, M. Agujetas Rodríguez

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Introduction Alcohol abuse causes dopamine release in the mesolimbic system, which activates the reward circuit. This is linked to an interdependent opioid, serotonergic and endocannabinoid system. Nalmefene is a modulator of the endogenous opioid system, with antagonistic effect on mu and delta receptors, and a partial agonist activity kappa. This means that reduces the reinforcing effects of alcohol consumption through the cortical-mesolimbic system. Therefore, when a patient takes nalmefene, the satisfaction obtained when he drinks is lower, which increases the possibility to have more control over drinking.

The efficacy of nalmefene was evaluated in two profiles of patients: 1. No abstinence in alcohol dependence disorder and continuous relapses, 2. Cocaine dependence disorder associated to alcohol abuse.

Objectives Improving the quality of life and compliance rates due to the difficulties of following a strict treatment to achieve the abstinence. Furthermore, in cases of patients with cocaine dependence disorder and alcohol abuse, the objective is to avoid cocaine use by reducing previous alcohol consumption.

Conclusion nalmefene offers the possibility of treating the addiction from a new perspective. Our current clinical experience has been able to treat subjects with conventional treatments failures and those who need to achieve the necessary control to reduce cocaine use.

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

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EV60

Aripiprazole oral treatment in a sample of patients with dual diagnosisC. Llanes Álvarez^{1,*}, A. San Román Uría¹, A. Caldero Alonso¹, M.Á. Garzón de Paz², M.Á. Franco Martín¹¹ Complejo Asistencial de Zamora, Psiquiatría, Zamora, Spain