



Fig. 1

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EV35

Alcohol consumption in 2049 patients with paranoia

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Introduction Epidemiological studies have reported associations between alcohol consumption or abuse and occurrence of delusional disorder (F.22) rather than in general population. Alcohol has not been described as the main cause of the delusional idea, but is an enhancer factor which would inhibit behavioral brake and executive function in prefrontal cortex facilitating the development of the existing delusional idea.

Hypothesis We want to confirm this association in our influence area so this study aims to report compared frequency of alcoholism in DD versus a control group published in andalusian population.

Aims To review the literature on the potential links between alcohol abuse and delusional disorder and this relationship in general population.

Results This poster presents a brief but updated systematic literature review on the associations between DD and alcohol abuse. We will also present data from a relatively large case-mix of 2049 patients with the diagnosis of delusional disorder resulting from a thorough retrospective, medical-record based, assessment of patients attended in our clinical catchment area.

In our sample, alcohol abuse and other drugs consumption was significantly less common in Delusional Disorder than in other psychoses.

This result suggests that alcohol and other drugs consumption can be a greater importance parameter in other psychoses correlates than in delusional disorder.

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EV39

Relation between substance of abuse and demographic characteristics, medical and psychiatric history in patients with substance related disorders

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Introduction Substance related disorders is a problem of global concern because of the high prevalence and costs for patients and society. In one of the latest surveys, 52% of the American population reported being current alcohol drinkers and 6.3% admitted being heavy drinkers. In addition, 9.4% are illicit drug users, being marijuana the most commonly used.

Objectives To determine whether there is a relation between the substance of abuse and the demographic characteristics, medical and psychiatric comorbidities of patients with substance use disorder.

Patients and methods This correlational study examined data of 218 patients with substance use disorder (DSM-5), that consulted at the Addiction Unit of "Red de Salud, Pontificia Universidad Católica de Chile", between April 2012 and September 2015. Data included: demographics, medical and psychiatric history, laboratory and imaging tests.

Results Out of all the patients, 57% suffered from alcohol use disorder, whereas 21% abused of marijuana, 20% of cocaine and 8% of benzodiazepines. There was a correlation between alcohol use disorder and being over 40 years of age, being separated and having higher educational studies. For marijuana, being under 40 years of age, being single and having no medical comorbidities. For cocaine, not being single. For benzodiazepines, being over 40 years of age, being separated and having medical comorbidities. All of these correlations were statistically significant.

Conclusion These results emphasize on the complexity of these patients and on the important contrast created between age, marital status, level of education and prevalence of comorbidity depending on the abused substance.

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EV40

Demographic characteristics, medical and psychiatric history of patients with prescription opioid use disorder

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Introduction Over the past two decades the prescription of opioid analgesics has increased with a subsequent escalating in prescription opioid misuse. It is estimated that 4.5 million (2.5%) of the United States of America population abuse of pain relievers; opioids are among the most commonly.

In Chile there are few reports about the prevalence of opioid use disorder.

Objectives The aim of this study is to describe the demographic characteristics, medical and psychiatric comorbidity of patients that suffer from opioid addiction.

Patients and methods This transversal study examined data of 7 patients with opioid use disorder (OUD; DSM-5) that consulted