

replacement. He has been under irregular follow-up with a mental health team for anxiety-depressive symptoms in the context of grief. He goes to the emergency service brought by his family to begin the detoxification process in the hospital setting. He acknowledges ethanol consumption since he was widowed, which began when he awakes; quantities that ranged between one or up to three bottles of distilled liquor per day, generally consumption is in the home environment. A little less than a year ago, he began to isolate himself in his room and abandon his self-care, eating increasingly insufficient food intake, refusing to receive professional care to quit the habit, mainly because he did not recognize it as disruptive.

The patient was admitted to hospital with symptoms suggestive of withdrawal, making it extremely difficult to control blood pressure levels. On the third day of admission to the acute care unit, fever peaks, blood pressure levels well below normal parameters, and compromised level of consciousness began to be evident.

Results: Blood tests were performed that, together with the clinical picture, suggested imminent septic shock, so critical care was contacted for transfer and stabilization. A germ of probable urinary etiology sensitive to a broad spectrum of antibiotics was isolated in blood cultures, and the medication of the detoxification process was progressively optimized. Once clinical stability was achieved at all levels, an inpatient cessation resource was managed, which the patient accepted and considered suitable for his complete recovery.

Conclusions: A holistic approach to the alcoholic patient is important, since serious problems of an organic nature often arise. This is why a multidisciplinary intervention is necessary, as well as a holistic approach to care, involving both classic pharmacology and assiduous long-term psychotherapeutic intervention.

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EPV0041

Mental health impact of fentanyl abuse, a case report

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Introduction: In recent years, there has been an increase in the prevalence of illicit use of fentanyl and other opioids in the United States population. This has led to an increase in medical, psychopathological and abuse-associated comorbidity, an increase in deaths and a decrease in the age of consumption, and has become a serious emerging problem in young people.

We present the case of an 18-year-old woman from the United States who recently settled in Spain and started a follow-up in Mental Health due to opioid and other substance abuse problems.

Objectives: To address the growing problem surrounding the illicit use of fentanyl and opioids as drugs of abuse based on the presentation of the clinical case mentioned above.

Methods: Bibliographic search and description of a clinical case of a patient under follow-up by Mental Health at the "Hospital Clínico Universitario de Valladolid".

Results: An 18-year-old woman from the United States who has been living with her father in Spain since the summer of 2023, having moved to Spain due to problems related to substance abuse. With no previous medical or surgical history and with a history of follow-up in Mental Health in her country of origin for depressive symptomatology, dysfunctional personality traits and abuse of different toxic substances since adolescence.

After a brief and erratic follow-up in Psychiatry for anxious-depressive symptoms reactive to a complex and conflictive relationship with his mother and marked academic difficulties during the first years of adolescence, at the age of 15 he started using cannabis and alcohol, thus beginning a period marked by relationships with marginalized sectors of the population, substance abuse and school failure.

As his cannabis consumption intensified, he began to consume fentanyl prescribed to his mother, as well as other opioids to which he had access illegally, for which reason he had to be admitted twice to detoxification centers without results, which is why his family finally decided to move him to Spain.

Conclusions: In recent years, fentanyl abuse has become a serious public health problem that is mainly centered in the young population. High levels of impulsivity and lack of frustration tolerance predispose to the use of illicit substances for elusive purposes.

Substance abuse carries with it not only an important organic comorbidity, but also a marked socio-familial and economic repercussion.

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EPV0043

Cannabinoid hyperemesis syndrome: a case report and literature review

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Introduction: Cannabis is the most used recreational drug worldwide. Cannabinoids have long been known for their anti-emetic properties. Paradoxically, chronic cannabis consumption has been linked to inducing refractory nausea and vomiting, a condition called cannabinoid hyperemesis syndrome (CHS). CHS remains inadequately acknowledged by clinicians.

Objectives: Report a CHS case and discuss this syndrome's diagnosis, pathophysiology, and management.

Methods: Collection of clinical information and review of the literature.

Results: We share the case of a 38-year-old male who repeatedly recurred to the emergency department (ED) due to persistent vomiting, nausea, and abdominal pain. The patient had experienced similar intermittent episodes over the past 12 years. Interestingly, the use of hot showers provided symptomatic relief. Urine drug tests consistently showed positive results for cannabinoids. During acute phases, he required supportive treatment involving fluid therapy. Long-term treatment included cannabis abstinence. CHS is defined by episodic vomiting, following prolonged excessive cannabis consumption, which is alleviated by sustained cessation of cannabis. During the acute phase of the condition, patients often find relief using hot baths and showers, which is a common behavior observed. CHS-related complications encompass acute kidney injury and severe electrolyte disturbances. CHS can result in multiple ED visits, frequent hospitalizations, extensive