

**Results** A total of 498 MMT patients were studied. Depression proportion was 22.5%, and 23.2% among 263 who were studied on admission; the depressed vs. non-depressed on admission did not differ in female proportion (19.7% vs. 25.6%), age of admission ( $43.2 \pm 10.4$ ), opiate use onset ( $21.8 \pm 6.3$ ) and education years ( $9.5 \pm 2.8$ ), but had higher proportion of cocaine (55.7% vs. 35.1%,  $P=0.005$ ), and benzodiazepine abuse (73.8% vs. 58.4%,  $P=0.04$ ). Retention was high and similar (80.3 vs. 82.9%  $P=0.7$ ) and of those who stayed one year, cocaine and benzodiazepine were still higher among the depressed patients (cocaine: 43.8% vs. 23.2%,  $P=0.03$ ; BDZ: 61.2% vs. 40%,  $P=0.01$ ). Compared to the non-depressed, among all study group ( $n=498$ ) the depressed patients presented higher proportion of rape history (25% vs. 9.5%,  $P=0.001$ ), of suicide attempts (43.8% vs. 25%,  $P=0.001$ ) with only a trend of shorter cumulative retention in MMT of mean 9.4y (95% CI 7.8–10.7) vs. 11.5 (95% CI 10.5–12.5,  $P=0.07$ ).

**Conclusion** Despite cocaine and benzodiazepine abuse on admission, depressed succeeded similarly to the non-depressed in the first year retention in treatment. Intervention is recommended since admission, as their long-term retention seems to be shorter, later on, and their ability to discontinue cocaine and benzodiazepine abuse is clearly hampered.

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#### EV81

### What triggers help-seeking behaviour in “early stage” alcohol-dependent drinkers

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**Abstract** In early stages of alcohol addiction negative effects of alcohol often remain invisible to the patient or underestimated and considered “normal” by him. However, there is a cohort of alcohol drinkers who seek outpatient treatment in early stages of addiction. The study was conducted in order to investigate the triggers for seeking therapy in early stages of alcohol dependence when compulsive drinking, impaired control and increased alcohol tolerance are developed, but withdrawal symptoms followed by relief drinking are not yet observed. Forty-six out-patients (31 men and 15 women, mean age  $38 \pm 7$  years) were studied by means of audit and clinical interview.

The average duration of alcohol abuse was  $8.7 \pm 5$  years, the mean daily dose of alcohol was  $10 \pm 4$  standard drinks. Most of the patients were drinking alcohol from several times a week to several times a month.

The decision to seek treatment in most cases was pushed by patients' family members because of the recurrent interpersonal problems caused or exacerbated by the effects of alcohol – 70% ( $n=32$ ). Other triggers included: job instability – 35% ( $n=16$ ); alcohol blackouts – 26% ( $n=12$ ); exacerbations of symptoms of existing physical conditions – 24% ( $n=11$ ); legal problems – 7% ( $n=3$ ). Alcohol consumption in early stages of alcohol addiction can affect nearly every aspect of a patient's life. The triggers which promote treatment-seeking behaviour should be addressed in the course of the treatment in order to encourage recovery and prevent transition to more severe stages of the disease.

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#### EV82

### Misuse of pregabalin: Case series and literature review

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**Introduction** Pregabalin is widely used in neurology, psychiatry and primary healthcare, and recently in literature different studies explain the possible misuse [1,2]. Pregabalin has shown greater potency in preclinical models of epilepsy, pain and anxiety, and may have potential in the treatment of cocaine addiction [3]. The purpose of this report is to review the clinical evidence for the potential of abuse and misuse of pregabalin. We propose ten different cases and literature review.

**Method** Ten inpatients with misuse of pregabalin were assessed with: the SCID-P, Anamnestic Folio, HAM-A and DAST. We conducted a systematic review of the literature (PubMed, Embase, PsychInfo), using the terms “pregabalin”, “misuse”.

**Results** All our patients present: cocaine, alcohol and/heroin positive in drugs urine screening at admission; a significant high level of total anxiety at the HAM-A Tot ( $P<.001$ ), and especially at the item 7 ( $P<.001$ ); the misuse of pregabalin is made for sniffing; the predominant symptoms assessed were euphoria, psychomotor activation and sedation.

**Discussion and conclusion** Schifano F et al., [1,2] suggest that pregabalin should carefully prescribe in patients with a possible previous history of drug abuse. Our result identifies a particular population the misuse pregabalin that are abuser of cocaine, alcohol and/or heroin. Further research is warranted to replicate our clinical and qualitative observations and, in general, quantitative studies in large samples followed up over time are needed. Methodological limitations, clinical implications and suggestions for future research directions are considered.

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

#### References

- [1] Schifano F. SSP 2014.
- [2] Schifano F, et al. SSP 2011.
- [3] de Guglielmo G, et al. SSP 2013.

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#### EV83

### Quetiapine XR reduce impulsivity and dissociation in a sample of alcoholic patients

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**Introduction** Alcohol dependence (AD) is a major public health problem. Currently, three drugs for the treatment of AD have been approved: acamprostate, disulfiram and oral naltrexone. Quetiapine XR is an atypical antipsychotic has been shown to be a promising medication for the treatment of alcoholism [1,2]. The aim of our study is evaluate quetiapine efficacy on impulsivity in a sample of alcoholic patients.

**Method** A sample of alcoholic patients ( $n=40$ ) was assessed at the entrance and 2 months with: SCID-P, Brief-Temps, BIS-11, GSR, BPRS, SCI-DER, and CGI. The medium dosage of quetiapine is 300 mg.

**Results** Using the last observation carried forward, the mean total BIS score decreased from 60.8 at baseline to 40.2 at the final visit ( $P=.03$ ). More pronounced improvement was observed in motor