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**Introduction:** The intentional use of drugs before or during sexual intercourse (chemsex) is a phenomenon of special importance in the MSM (men who have sex with men) population due to its impact on mental, physical and sexual health. Group therapy has been included in several programs for chemsex users.

**Objectives:** To describe and to compare the different group therapy treatments for problematic chemsex users in NGOs community treatment settings in Spain.

**Methods:** We conducted several interviews with key informants from 5 NGO in Spain. A qualitative analysis of the different group therapy treatments for problematic chemsex was performed.

**Results:** Different models of groups were described including: psychoeducational, support, interpersonal process, harm reduction and mindfulness-based cognitive groups. Most of the group interventions developed were support and psychoeducational based. There were fewer interpersonal group and relapse prevention group therapy. The different models of group intervention were considered useful and necessary for deliver information in a culturally sensitive context and for reducing drug use, social isolation and loneliness.

**Conclusions:** Chemsex is a phenomenon that needs a multidisciplinary approach, including individual and group therapy. Group therapy for problematic chemsex has several advantages over individual model treatments, including the reduction of sense of isolation, loneliness, information and feedback from peers. More research is needed to analyze the implementation and efficacy of group therapy for chemsex users in different contexts.

**Disclosure of Interest:** None Declared

## EPV0058

### Pathophysiology and Management of Amphetamine-Related Psychiatric Disorders

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**Introduction:** Amphetamines may induce symptoms of psychosis very similar to those of acute schizophrenia spectrum psychosis. This has been an argument for using amphetamine-induced psychosis as a model for primary psychotic disorders. To distinguish the two types of psychosis on the basis of acute symptoms is difficult. However, acute psychosis induced by amphetamines seems to have a faster recovery and appears to resolve more completely compared to schizophrenic psychosis.

**Objectives:** The objectives of this e-poster is to identify the pathophysiology of amphetamine-related psychiatric disorders and

outline the available treatment and management options for amphetamine-related psychiatric disorders.

**Methods:** A bibliographical review was performed using PubMed platform. All relevant articles were found using the keywords: psychotic episode, amphetamines, pathophysiology and management.

**Results:** Amphetamines inhibit monoamine (dopamine, norepinephrine, epinephrine, serotonin) reuptake, leading to increased monoamine concentrations in the neuronal synapse. Amphetamines can also lead to increased monoamines in the cytosol by interactions with vesicular monoamine transporter 2. Dopamine and norepinephrine release in the nucleus accumbens results in a feeling of euphoria and a reward feedback loop, which may result in addiction. Studies also suggest increased dopaminergic pathways lead to glutamate excesses in the cerebral cortex, altering the function of cortical GABAergic neurons. This damage leads to dysregulation of glutamate in the cerebral cortex, a precursor to psychosis. Prior psychiatric studies have found that GABAergic cortical dysfunction seems to relate to schizophrenia. Generally, acutely agitated psychotic patients are treated with intravenous benzodiazepines (lorazepam, diazepam, or midazolam) as first-line agents. However, if a second-line agent is needed, antipsychotic medicines like risperidone, haloperidol, ziprasidone, and olanzapine have been successful in managing amphetamine-associated psychosis. Lipophilic beta-blockers, such as metoprolol and labetalol, have also been used successfully to resolve agitation and hyperadrenergic vital signs.

**Conclusions:** Compared to schizophrenic psychosis, amphetamine-induced acute psychosis induced appears to demonstrate a more rapid recovery. It also seems to resolve with substance abstinence; however, this recovery may be incomplete.

**Disclosure of Interest:** None Declared

## EPV0059

### Wellbeing after Brief Alcohol Interventions in Male Inpatients in a General Hospital in Singapore

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**Introduction:** Harmful alcohol consumption has significant cost on health and is associated with lower quality of life (e.g., Lu *et al.* BMC Public Health 2022; 22:789). In Singapore, a significant proportion of the adult population exhibit alcohol misuse behaviours (e.g., Lim *et al.* BMC Public Health 2013; 13:992). Many patients admitted into general hospitals have excessive alcohol consumption and related problems. These admissions can be an opportunity for intervention due to accessibility to the individuals and their time (Saitz *et al.* Ann Intern Med 2007; 146 167-176). Some studies have suggested that brief alcohol interventions (BAI) delivered in general hospitals can be effective in reducing alcohol use. However, there has been less support for the benefits of BAI on wellbeing.