

## EV1428

**New designer benzodiazepines use in Barcelona**

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**Introduction** New designer benzodiazepines such as phenazepam, etizolam, diclazepam, clonazolam and flubromazolam have appeared in the recreational drug market due to that they provide an attractive alternative to prescription-only benzodiazepines as they are readily available over the Internet.

**Objective** To describe the presence of new designer benzodiazepines in samples delivered to energy control since 2010 to 2016 in Barcelona.

**Methods** From 2010 to 2016, 24,551 samples were delivered to energy control. Among this samples 43 (0.175%) were analysed as benzodiazepines. They were analyzed by energy control, a Spanish harm reduction NGO that offers the possibility of analyzing the substances that users report. Analysis was done by gas chromatography-mass spectrometry.

**Results** From the 43 samples analyzed as benzodiazepines, 1 (2.32%) was delivered in 2010, none in 2011, 2 (4.65%) in 2012, 2 (4.65%) in 2013, 1 (2.32%) in 2014, 15 (34.88%) in 2015 and 21 (48.83%) in 2016.

**Discussion** The data shows that new designer benzodiazepines use is increasing in Barcelona, especially in the last two years. Abuse an addiction to these drugs may be a new public health problem in Barcelona. Unknown side effects may appear due to lack of information about pharmacokinetic profile of these drugs.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.1758>

## EV1429

**Cognitive status and addiction denial in the early stages of alcohol addiction**

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**Introduction** Denial is a common feature of alcohol addiction that is apparent in the early and late stages of the disease. Defensive psychological mechanisms and cognitive failure have been reported as reasons for addiction denial. Effective therapeutic approaches should consider the reasons for anosognosic denial.

**Aims and objectives** The study investigates the correlations between the degree of denial of alcohol addiction and cognitive status of people in the early stages of alcohol dependence.

**Method** Subjects were identified using clinical interview the AUDIT questionnaire investigating compulsive drinking, impaired control of drinking, alcohol tolerance, and symptoms of withdrawal.

**Results** Forty-nine alcoholic patients at early stage of alcohol dependence were identified. At assessment, all had been abstinent for at least 7 days. They reported compulsive drinking, impaired control over it, increased alcohol tolerance, but no withdrawal symptoms followed by relief drinking. The level of denial was defined by summing up the quantitative ratings of awareness of alcohol addiction and its harmful effects. Three groups emerged of non/mild, moderate, and severe levels of addiction denial. Neuropsychological evaluation of verbal memory, logical memory, visual-motor coordination, and motor and mental speed was conducted.

**Conclusion** The identified cognitive deficiencies in the 3 groups were mild. Correlation between the poorer test performance and higher levels of denial was not significant. In the early stages of alcohol addiction, the anosognosic denial appears to be an unconscious ego defense mechanism leading to rejection of all the addiction-related problems.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.1759>

## EV1430

**Seasonal variation and alcohol consumption: A retrospective observational study**

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**Introduction** Seasonal and geographic variations in light exposure influence human mood and behavior, including alcohol consumption. In literature alcohol consumption have a clear seasonal rhythm, with specific differences during the year [1]. Seasonal changes in mood and behavior (seasonality) may be closely related to alcoholism [2]. The aim of our study is to evaluate the relationship between alcohol consumption and seasonal variation.

**Method** One hundred and nine inpatient are assessed with: the SCID-P for axis I diagnosis. Inclusion criteria are: (1) acute alcohol intoxication at the admission. All the socio-demographic characteristics are explained.

**Results** The peak period of alcohol admission is in the autumn, the lowest period is in spring in April and May. There is any significant difference related to gender. The 76% of the admission are coerced admission. The rates of co-morbidity are: personality disorders (30.3%), affective disorders (22.9%) and psychotic disorders (12.8%).

**Discussion and conclusion** Some patients with alcoholism have a seasonal pattern to their alcohol misuse. Several lines of evidence suggest that changes in the circadian system are also involved in the development of non-seasonal mood disorders, such as major depression and bipolar disorder. Thus, developmental alcohol exposure produces subtle abnormalities in circadian rhythms that may contribute to the development of seasonal and non-seasonal mood disorders [3]. 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**

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<http://dx.doi.org/10.1016/j.eurpsy.2017.01.1760>

## EV1431

**25c-nbome: Case report and literature review**

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**Introduction** Novel psychoactive drugs (NPS) have rapidly increase in the last years in the drug market as a recreational use. A new group of toxic phenethylamine derivates named NBOMe of 2 C

class present have emerged recently, are frequently bought using the internet and have similar effects to other hallucinogenic drugs; however, they may pose larger risks, due to the limited knowledge about them, their relatively low price and availability via the internet [1–3]. The purpose of this report is to review the clinical evidence for the potential of abuse of NBOMe compounds. We propose a case report and literature review.

**Method** We conducted a systematic review of the literature with the principal database (PubMed, Enbase, PsychInfo) and we present a case report.

**Results** The effects of 25C-NBOMe is characterized by hallucination, violent agitation, rhabdomyolysis and kidney injury.

**Discussion and conclusion** Effects from 25C-NBOMe in our case report were similar to previous individual case reports in literature [2,3]. The clinical features were also similar to effects from other analogues in the class (25I-NBOMe, 25B-NBOMe). In our case, violent agitation (signs of serotonergic stimulation), rhabdomyolysis and kidney injury were observed [2,3]. 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.

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<http://dx.doi.org/10.1016/j.eurpsy.2017.01.1761>

#### EV1432

### Paramethoxymethamphetamine (Mitsubishi turbo) abuse: Case report and literature review

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**Introduction** Paramethoxymethamphetamine and paramethoxyamphetamine (PMMA and PMA) are two so-called designer amphetamines, which appear from time to time on the illegal narcotics market in many countries. They are frequently sold as ecstasy or amphetamine, often mixed with amphetamine or methamphetamine [1,2]. Paramethoxyamphetamine (PMA) is a hallucinogenic synthetic substituted amphetamine with capable of development of dependence [3]. The purpose of this report is to review the clinical evidence for the potential of abuse of paramethoxyamphetamine. We propose a case report and literature review.

**Method** We conducted a systematic review of the literature with the principal database (PubMed, Enbase, PsychInfo) and we present a case report.

**Results** The effects of paramethoxyamphetamine is characterized at the beginning with symptoms like euphoria, derealization, psychomotor activation, feeling in tune with surroundings and in love for friends, who come to visual and auditory illusions and hallucinations, paranoid delusion, and violent agitation.

**Discussion and conclusion** The use of these recreational drugs is especially common among young people participating in rave parties. Occasionally paramethoxymethamphetamine (PMMA) or paramethoxyamphetamine (PMA) are found in street drugs offered as ecstasy. 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.

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<http://dx.doi.org/10.1016/j.eurpsy.2017.01.1762>

#### EV1433

### Screening for alcohol use disorder, in mentally healthy military personnel

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**Introduction** AUD, with a prevalence of 7.5% in Europe, is a common disorder among general population. Reports show higher incidence in military personnel.

**Purpose** To detect possible AUD in mentally healthy military personnel, and estimate the need for a more regular screening.

**Methods** Using the AUDIT questionnaire, we assessed personnel ( $n = 248$ ) visiting our outpatient department, from January to June 2016, diagnosed as having “no major psychopathology”, by gender, age, marital status, rank and education. The results were processed using the SPSS Mann–Whitney-U and Kruskal Wallis tests.

**Results** We tested  $n = 215$  men and  $n = 33$  women, most aged over 35, married,  $n = 97$  officers and  $n = 151$  NCOs (non-commissioned officers), of medium or higher education; 59.7%, scored very low (0–2),  $n = 11$  had a borderline score of 6–7, 6 scored > 8, with one scoring 16, all men and NCOs. Women had very low scores (72.7%  $P = 0.009$ ). Older personnel concentrated on lower scores, while the younger (18–24) have higher odds of AUD (12.6% scored 6+). Married personnel scored lower ( $P < 0.001$ ). No significant correlation between AUDIT scores and education ( $P = 0.705$ ), however, lower education personnel seem to concentrate on very low scores (82.6%).

**Conclusions** Female gender, age, marriage, and rank may have a positive effect on alcohol use. Lower educated personnel possibly drink less due to their more physical duties. The fact that 17 diagnosed as mentally healthy personnel had a score implying borderline to problematic alcohol use, could underline the need for a more regular screening for alcohol use disorder in the armed forces.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.1763>

#### EV1434

### Alcoholism and alcoholic psychoses in Russia: An analysis of the trends

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**Introduction** Russia has one of the highest alcoholism (alcohol dependence) and alcoholic psychoses incidence/prevalence rates in Europe, which may be explained by high overall population drinking and prevalence of irregular heavy drinking of vodka. The role of binge drinking in modifying the effect of alcohol on the risk of alcoholic psychoses in Russia has been emphasized in clinical and aggregate-level studies.

**Aims** The present study aims to examine the phenomenon of dramatic fluctuations in alcoholism and alcoholic psychoses rates in Russia during the late Soviet (1970–1991) to post-Soviet period (1992–2015).