

vascular and myofascial symptoms have the most pronounced sensitivity to the drug. In patients with complicated forms of alcoholism application of m-ch-BHU is effective also in phase of remission in spontaneously arising symptom complex of neurovegetative manifestations of primary pathological craving for ethanol called “dry abstinence”.

Conclusions Our data allows recommending the use of m-ch-BHU under outpatient conditions as an anti-recurrent and preventive agent.

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

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EV100

Chronic psychiatric changes in a severe post-traumatic brain injury patient

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Introduction Severe traumatic brain injury (TBI) causes neuropsychiatric disturbances. Emotional and personality disturbances seem to cause much more seriously handicap than residual cognitive or physical disabilities. The prognosis may be poor associated with marked social impairment, so a multidisciplinary approach team is required in order to improve patient's quality of life and reintegration in family and society.

Objectives To summarize the latest literature about this field and to present a case report.

Aim To explore and learn more about chronic psychiatric changes in severe post-traumatic brain injury and share with the scientific community how challenging the approach of this entity can be.

Methods A brief review of the latest literature was performed, using PubMed and the keywords “traumatic brain injury” and “psychiatric changes”. A case report is presented.

Results Although SSRI, benzodiazepines, mood stabilizers and antipsychotics are commonly used, new options are reported such as methylphenidate and cholinesterase inhibitors. The presented patient, a 27-year-old male, began with neuropsychiatric disturbances after a work-related fall from 9 meters high: convulsions and alcohol compulsive drinking. Three years have passed and his changes are still difficult to approach. Besides other medication, such as benzodiazepines and mood stabilizers, flufenazine injections and naltrexone seemed to be determinant in his behaviour and mood stabilization. He is also on a long-term alcoholism programme.

Conclusions Although the understanding of TBI-associated neuropsychiatric disorders has improved in the last decade, further research is needed, such as randomized-controlled studies to study new pharmacological and non-pharmacological approach.

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

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EV101

Clinical and demographic characteristics of treatment seeking online video game players

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Background and aim Within Switzerland, video game players seeking specialised treatment are usually referred to gambling addiction services. The Centre for Excessive Gambling (CJE) is a specialised gambling addiction unit in Lausanne University Hospital. Between 2003 and 2015 the service offered also support to 64 adults seeking treatment for videogaming-related disorders.

According to international literature, Internet disorder treatment programmes have been developed. However, little is known about clinical profile of users seeking treatment. Studies into Internet or gaming disorders typically employ Internet survey methods or use student samples. The current presentation will outline demographic and clinical features of video gamers receiving treatment at the CJE.

Method Data were collected from the medical records of 57 video gamers seeking treatment at the CJE between 2003 and 2015.

Results The sample includes 93% men, mostly single (91%), with an average age of 25 years \pm 7. On average the sample spent 9 hours \pm 5 per day playing video games. A disorder had emerged an average of 3 years ago \pm 3. The crisis preceding the first consultation was familial (50%), emotional (29%) or professional (16%). Sixty-five percent of the sample had a mood disorder and 20% reported suicidal ideations.

Discussion Treatments should address comorbidities and family problems associated with video game disorders. Offering consultations for parents could be useful, even in absence of the young player.

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

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EV102

Causes of psychoactive substance use by cannabis users with schizophrenia

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Introduction Psychoactive substance use (PSU) in patients with schizophrenia can affect the course of the disease and causes many side effects. There is no clear evidence whether cannabis use can trigger the first episode of schizophrenia. The main causes of cannabis use in patients with schizophrenia are also still not defined.

Objectives Determine causes of PSU in cannabis users with schizophrenia.

Aims The aim of this study was to find out the causes of PSU in patients with schizophrenia.

Methods Thirty-five cannabis users with schizophrenia (28 males, 7 females) were asked to complete 15-item questionnaire about the reasons of psychoactive substance intake. Eighteen of them used also stimulants. Additional information if PSU or schizophrenia occurred first was also taken.

Results The results indicated that regardless of stimulants use PSU occurred before schizophrenia in 83% of patients. Main reasons of substance intake were: need for relaxation (86%) which was more often in marijuana group (100%) than in marijuana and stimulants group (73.7%) and this difference was statistically significant ($P=0.049$), curiosity (80%), self-regulation of well-being (74%), shyness, need for altered states of consciousness, expectation that psychoactive substances could help them in problem solving, relationships and sleep disorders (49–54%).

Conclusions PSU usually occur before the first episode of schizophrenia. Anxiety, curiosity and looking for unprofessional help are the most common reasons. The results may indicate an