

## EPV0039

## THERAPEUTIC ALLIANCE AND RELAPSES OF SUBSTANCE USE

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**Introduction:** Therapeutic alliance is the key to ensure adequate and sustainable care in psychiatry.

The therapeutic alliance has been the subject of a great deal of psychotherapy research, and evidence from numerous empirical studies suggests that a strong patient-therapist relationship predicts favorable treatment outcomes and continues to be regarded as an important aspect of the therapeutic process

**Objectives:** The purpose of this study is to evaluate how the development of therapeutic alliance dimensions was associated with relapses prevention.

**Methods:** This is a prospective, observational, cross-sectional study, carried out in the department of addictology at Arrazi hospital in Salé using a therapeutic alliance measurement scale, and evaluating relapses' frequency and duration of abstinence. The therapeutic alliance (TA) score was measured using Working Alliance Inventory.

**Results:** The results call upon the concepts of anomie and attachment, which seem to play an important role in the follow-up and prevention of relapses, indicating the need for a global approach to care and the involvement of health and social professionals, where empathy must find its place.

**Conclusions:** Decades of psychotherapy research suggest that the strength of the relationship between patient and therapist is a common factor that is associated with treatment response. In the context of relapses specifically, most of the studies reviewed found evidence for a significant alliance-outcome relationship.

**Disclosure of Interest:** None Declared

## EPV0038

## Incorporating Culture into The Treatment of Substance Use Disorder: A Narrative Review

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**Introduction:** Culture is defined by the shared beliefs, attitudes, values, and practices of a particular group of people which can influence their behaviour and social interactions, including the use of substances.

**Objectives:** The aim of this review is to identify the evidence of cultural competence in the treatment of people with substance use disorder (SUD) and encourage the professionals and organizations to take cultural context into account.

**Methods:** Narrative review about the topic, using PubMed/Medline database. MeSH terms: "culture", "cultural competence", "addictions", "substance use disorder".

**Results:** Studies show that culture can either be a catalyst for SUD or play a protective role. However, other factors may also play a large role in client's response substance use and the development of SUD. Acculturation and generational differences can also impact SUD treatment, especially when intergenerational conflict causes stress that leads individuals to engage in risky behaviours. Thus, treatment for SUD has to be sensitive to cultural differences and professionals should provide culturally based approaches. Culturally targeted practices have been linked to greater outcomes, better therapeutic alliance, less dropouts and consequent increased retention in the treatment. These practices include matching clinicians and clients on linguistic and cultural backgrounds as well as being mindful of the impact of culture on client's experience of SUD. Providing therapy and materials in the client's language, knowledge, understanding and appreciation for cultural perspectives, involving the family and community and training therapists, are some of culturally competent practices used. These strategies involve knowledge, creativity, and experience.

**Conclusions:** Cultural competence seems to be a valuable tool for healthcare professionals working in a multicultural context, particularly with people with SUD. Unfortunately, the lack of supporting evidence limits the validity of any particular model of cultural competence. Future methodologically research is necessary in order to provide quality cultural competence models for people with SUD.

**Disclosure of Interest:** None Declared

## EPV0039

## Methanol intoxication "Eau de vie" in Morocco from 2013 to 2020

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**Introduction:** Methanol intoxication is a public health problem in developing countries and can be ingested accidentally or with suicidal intent, leading to intoxication in isolated or collective forms. Methanol is used as a substitute for ethyl alcohol in several adulterated alcoholic beverages such as "eau de vie", which is a drink distilled from dried fruits, such as dates, grapes and figs. Inside the body, it is metabolised into formic acid which, if left untreated, affects brain tissue, leads to blindness and can also cause death.

**Objectives:** The objective of this retrospective study of a series of cases was to describe the epidemiological characteristics of methanol "eau de vie" poisoning cases collected by the Anti-Poison and Pharmacovigilance Centre of Morocco between 2013 and 2020 and to explain these results.

**Methods:** This is a descriptive and retrospective cross-sectional study over a period of 7 years from 1 January 2013 to 31 December 2020, which concerned 16 cases of intoxication by methanol "eau de vie" reported to the Anti-Poison and Pharmacovigilance Centre of Morocco, the study population concerned the entire Moroccan population throughout the territory of Morocco. The analysis concerned the frequency, the distribution in time, the distribution

in space, the characteristics of the intoxicated, the type and circumstances of the intoxication and its evolution.

**Results:** The CAPM recorded, during the study period, 16 cases of intoxication by methanol “Eau de vie” in Morocco. These cases were reported by telephone in 93.75% of the cases and collected by studies on hospital registers in 6.25% of the cases. Men were more affected than women. The most affected age group was adults, accounting for 50%. Adolescents accounted for 37% of cases and children for 13%. Drug addiction was the most frequent circumstance, followed by accidental intoxication and voluntary intoxication. The most frequently encountered signs were gastrointestinal signs followed by central and peripheral nervous system signs and heart rate and rhythm disorders. The outcome was favourable in 62% of cases, 6% with blindness after-effects and death occurred in 19% of cases.

**Conclusions:** Methanol poisoning can result from the consumption of illegal products containing methanol such as brandy, hence the importance of raising public awareness of this danger. It is also necessary to make health professionals aware of the clinical signs of methanol poisoning and what to do in the event of intoxication.

**Disclosure of Interest:** None Declared

## EPV0040

### Are antidepressants addictive? a literature review

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**Introduction:** Nowadays, the rates of antidepressant prescription are high and increasing. In this context, the issue of whether these medications are addictive has been increasingly discussed.

**Objectives:** The aim of this review was to explore the debate about the addictive property of antidepressants.

**Methods:** We conducted a literature review in the Pubmed database, using the search terms “antidepressants”, “SSRI”, “tricyclic”, “addiction”, “dependence” in various combinations, and narrowing the search to the last 10 years, to identify articles about the addiction to antidepressants.

**Results:** All the articles included in our study highlighted the fact that antidepressants were associated with withdrawal symptoms. These symptoms are heterogeneous, and long-lasting in some cases, and Paroxetine was shown to have particularly high rates of withdrawal symptoms.

Some articles reported a psychological and physical dependence on antidepressants. However, the most recent studies agreed that, using established classification systems and concepts and after integrating neurobiological and behavioral criteria, antidepressants are shown to have no addictive property.

**Conclusions:** Antidepressants are proven to be associated with withdrawal symptoms. Whether or not these symptoms are enough to constitute an “addiction” remains controversial, as recent studies agree that antidepressants should not be classified as addictive substances.

**Disclosure of Interest:** None Declared

## EPV0041

### Piracetam and Ginkgo biloba in the treatment of residual cognitive symptoms after the discontinuation of benzodiazepines in long-term users; case series and review of the literature

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**Introduction:** Long-term benzodiazepine use is common although not routinely recommended. While their dependence potential is notorious, cognitive problems due to their chronic use have only recently been intensively studied. Residual cognitive symptoms may linger months after successful benzodiazepine discontinuation and significantly limit optimal functional outcome in abstinent individuals.

**Objectives:** We present a series of cases, a 41-year-old man and a 33-year-old woman who successfully completed a ten-week benzodiazepine-dependence rehabilitation program at our hospital, including successful tapering and post-withdrawal integrative therapy. At subsequent monthly outpatient check-ups, abstinence was confirmed (including toxicology testing) and there was no residual anxiety or mood symptomatology. Still, patients complained of their suboptimal functioning due to residual cognitive problems, especially trouble concentrating and short-memory deficits, which were objectively confirmed via psychometric tests.

**Methods:** During continuous outpatient treatment (monthly controls), patients were clinically and neurocognitively evaluated. They were reluctant to try conventional psychopharmacology agents but were open to supplement therapy. After thorough literature review, a trial of piracetam and *Ginkgo biloba* extract was suggested. Piracetam, a positive allosteric modulator of AMPA-receptors, has been used in the treatment of vascular neurocognitive changes in the elderly. Bilobalides from *G. biloba*, act as atypical antagonists of GABA-A receptors and were found to exert neuroprotective effects in animal models, without epileptogenic or anxiogenic risks.

**Results:** Patients were recommended piracetam (2.4 g a day) in divided doses and a once-daily dose of *G. biloba* extract (240 mg a day), in a standardized form containing 3.2% of bilobalides. No side effects were noticed. At subsequent monthly checkups, patients reported fewer cognitive problems and better everyday functioning. Neurocognitive testing confirmed subjective findings, with positive changes in all areas, but especially so in verbal memory, which may be due to this specific pharmacological combination. At the end of the observation period of sixth months, piracetam was gradually discontinued while patients were given free choice whether to continue with *G. biloba* supplementation.

**Conclusions:** According to our findings, piracetam and *G. biloba* extract may prove beneficial in the treatment of residual cognitive symptoms after benzodiazepine discontinuation, in long-term benzodiazepine users. Other treatments, focusing not only on modulation of glutamate and GABA, but also on other pathways should be evaluated. Further clinical studies are warranted.

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