

ous public health problem and a major challenge to treatment providers.

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**0029**

### Clinical outcomes of the first 2 years of implementation of the integrated care pathway for concurrent major depressive disorder and alcohol use disorder

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**Background** Both major depressive disorder (MDD) and alcohol use disorder are highly prevalent, often comorbid and cause significant socioeconomic burden. At CAMH, we have developed and integrated care pathway (ICP) to treat these disorders and evaluated its effectiveness in comparison to treatment as usual (TAU).

**Methods** Chart review; descriptive statistics,  $\chi^2$  and  $t$ -tests, linear mixed effects models, Kaplan–Meier and log-rank analyses.

**Results** Overall, 81 patients were enrolled into ICP. Comparisons of treatment retention rates between ICP patients and matched historical controls ( $n=81$ ) showed significantly lower dropout rate in ICP cohort (18.5% vs. 69.1%,  $P<0.001$ , Fig. 1). The ICP patients demonstrated significant reduction in depressive symptoms severity (QIDS: 14.6 vs. 10.0,  $P<0.001$ ; BDI 26.3 vs. 16.2,  $P<0.001$ ), reduction in the amount of alcohol consumed weekly from 44.6 standard drinks at baseline to 12.6 ( $P<0.001$ ) by the end of treatment, which was significantly better compared to controls (56.9 vs. 25.2,  $P<0.001$ ),  $P=0.014$  (Fig. 2).

**Conclusions** The ICP is a feasible approach to treatment of concurrent AUD and MDD with significantly higher retention rates than TAU. Patients demonstrate improvements on several levels including depressive symptoms, and changes in alcohol drinking patterns.

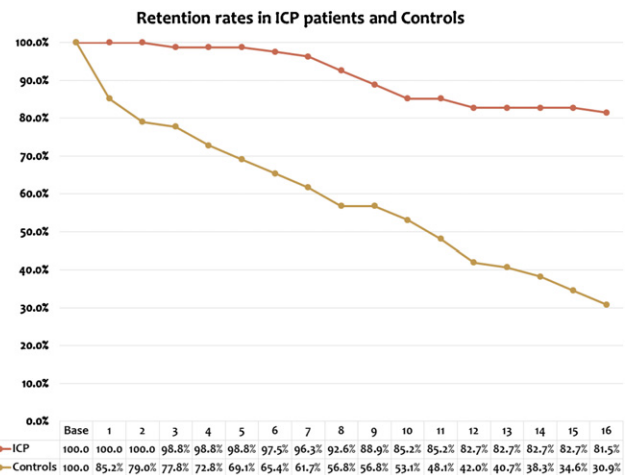


Fig. 1

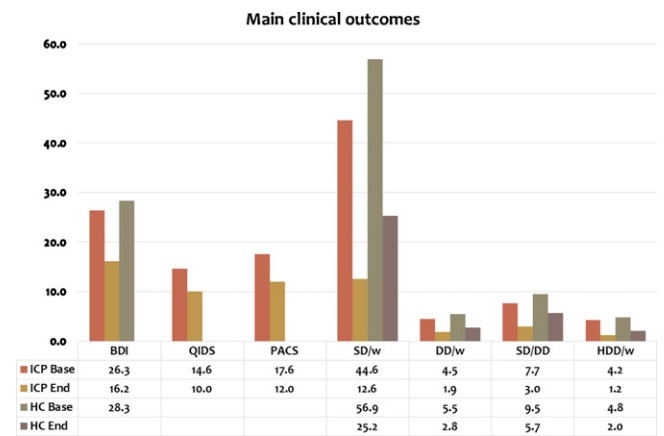


Fig. 2

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**0030**

### Party hard: Drug-related fatalities in Ibiza from 2010 to 2016

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**Introduction** Illicit drug use is well known as an important contributor to the global burden of diseases, but the physical and psychopathological risks of recreational drugs misuse are often underestimated and drug-related fatalities in specific settings are under-investigated.