Hospital Los Montalvos. Unidad Regional de Patología Dual,
Hospital Universitario de Salamanca, Psiquiatría, Salamanca, Spain
* Corresponding author.

Introduction Aripiprazole is the firstborn of the new dynasty of antipsychotic called third generation or neuromodulator of dopamine-serotonin system. It has proven to be an effective and well-tolerated antipsychotic. Dual Pathology represents the presence of comorbidity between mental illness and substance use disorders. It is an under-diagnosed problem and it is increasing frequency.

Objectives The aim of this study was to determine and describe the clinical profile of the patients admitted to the Dual Pathology Unit (UPD) at The Montalvos Hospital (Part of Salamanca University Teaching Hospital, Spain) treated with oral Aripiprazole.

Methods Descriptive, observational, retrospective study of a sample of patients admitted to the UPD to which oral aripiprazole was prescribed during hospitalization. A number of sociodemographic, clinical, and treatment-related variables are described.

Results From a sample of 25 patients and according to DSM-5 criteria (APA, 2013) main diagnoses were: 14 cases of substance-induced psychotic disorder, 3 cases of schizophrenia; 3 cases of schizoaffective disorder; 2 cases of bipolar disorder; 1 case of schizophreniform disorder; 1 case of borderline personality disorder; 1 case of personality syndrome. The most used drugs before the admittance were cocaine, cannabis and opioids. The average dose of aripiprazole was 9 mg and no side effects or drug interactions were reported.

Conclusions Apart from its well known efficacy in treament of psychosis, oral aripiprazole may be a first line treatment for Dual diagnosis patients, specially those with problems of non-compliance, due to high level prolactine side effects.

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

http://dx.doi.org/10.1016/j.eurpsy.2016.01.1045

EV61

Personality disorders: Which personality features lead to a comorbid substance use disorder?

A. Lombardi*, A. Rossi, C. Gramaglia, L. Girardi, P. Zeppegno Università del Piemonte Orientale, Traslational Medicine, Novara, Italy

* Corresponding author.

Introduction Dual Diagnosis (DD) refers to coexistence of a psychiatric disorder, which is often a Personality Disorder (PD), and a Substance Use Disorder (SUD). Despite DD is a topic of interest in recent years, few studies have focused on the temperament and character traits of PD patients with or without a comorbid SUD. Anyhow, the assessment of personality traits may be helpful to understand the relation among psychiatric disorder, drug use and environment in patients with addictive behaviors.

Aims The aim of this study is to compare two subgroups of PD patients, with and without a comorbid SUD. Sociodemographic, clinical and personality profile, as assessed with the Temperament and Character Inventory, will be compared.

Methods We are recruiting patients with a PD diagnosis referring either the psychiatry ward or outpatient service of the AOU "Maggiore della Carità", Novara, Italy; secondly, we will group them according to the presence/absence of SUD. Cloninger's TCI-R will be administered together with a structured interview to gather sociodemographic and clinical information.

Results Data collection is ongoing; we expect to find a different personality profile in PD and DD Patients.

Conclusions Temperament, which is the biological part of the personality, seems to have an important role in addictive behavior; therefore assessing the personality traits of DD patients can help to improve the differential diagnosis and to establish strategies

for treatment and prevention. In particular, sensation seeking and impulsivity are temperamental characteristics that may favor SUD in patients with psychiatric disorders.

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

http://dx.doi.org/10.1016/j.eurpsy.2016.01.1046

EV62

Video game addiction: Providing evidence for Internet gaming disorder through a systematic review of clinical studies

O. Lopez-Fernandez 1,*, D. Kuss 2, H. Pontes 2, M. Griffiths 2

¹ IPSŶ, PSP, Louvain-la-neuve, Belgium

² IGRU, Division of Psychology, Nottingham, United Kingdom

* Corresponding author.

Introduction The American Psychiatric Association introduced in Internet Gaming Disorder (IGD) in the appendix as a tentative disorder in the last edition of the Diagnostic and Statistical Manual of Mental Disorders. However, currently no systematic review exists about excessive gaming viewed from a clinical perspective.

Objectives and aims To review clinical studies on gaming addiction in order to ascertain characteristics of both clinical and research studies to provide retrospective evidence in relation with the proposed IGD classification (including criteria, measures and therapies).

Methods A systematic literature review of studies published from 1980 to 2015 has been conducted using three major psychology databases: Academic Search Complete, PsycInfo, and PsycArticles. A total of 5033 results from peer-reviewed journals were obtained, where 32 were identified as empirical clinical papers focused on gaming addiction.

Results The clinical research studies on gaming identified were published between 1998 and 2015, most of which included patient samples. Categorizations identified in the research papers included: (i) patients' characteristics (e.g., socio-demographics), (ii) criteria and measures used (e.g., scales to diagnose), (iii) types of gaming problems (e.g., game genre), (iv) and treatments (e.g., type of therapy).

Conclusions Findings will be discussed against the background of the controversial IGD diagnostic criteria proposed in the DSM-5 in order to assess the extent to which previously published clinical knowledge matched the current proposal for including gaming addiction as behavioral addiction in the next diagnostic manual. Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2016.01.1047

EV63

Cannabinoid hyperemesis syndrome

S. López-Romeo*, G. Ledesma-Iparraguirre Parc Sanitari Sant Joan de Déu, Psychiatry, Barcelona, Spain * Corresponding author.

Case report A 25-year-old man was attended in multiple times at Emergency Department by referring abdominal pain and vomiting. No organic disease was found and he was referred to Psychiatric Emergency to assess him. He had history of cannabis use (4–5 times/day) during last 5 years. He referred recurrent episodes of abdominal pain and vomiting since 4 years ago, he had found that having hot showers alleviate his symptoms. Urine screening was positive for THC and negative for other drugs. In results of blood tests, abdominal X-ray, abdominal ultrasonography, abdominal tomography and fibrogastroscopy didn't find any abnormality. He was diagnosed from suffering a somatoform disorder. Treatment with Setraline 50 mg/day was prescribed and cannabis abstinence