weight loss for the past month. In the days preceding his presentation, he has experienced worsening irritability and rapid speech. and has been responding to internal stimuli and displaying odd repetitive movements of his extremities. On interview, the patient reported non-compliance to his prescribed Lithium and Paroxetine for the past three months. He also noted recently smoking methamphtamine on a daily basis for the past month and intermittently abusing cannabis, benzodiazepines and cocaine. His urine drug screen was positive for cannabinoids and amphetamines and the rest of his medical workup was within normal limits. On physical exam, he exhibited involuntary writhing and twisting movements of his extremities. An atypical antipschotic was prescribed, after which his choreoathetotic movements resolved within 24 hours. The purpose of this poster is to highlight the possibility of developing chorea as a result of methamphetamine use, given the rarity of such cases, and to discuss whether the resolution of his neurological symptoms were a result of antipsychotic administration or were simply due to the natural course of methamphetamine discontinuation during hospitalization.

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EV1451

Psychological distress and alcohol use among adolescents

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Introduction Anxiety and depression, as well as alcohol use are widespread among teenagers, and constitute a huge public health burden worldwide.

Objective To study the link between alcohol consumption and emotional distress (anxiety and depression) among adolescents.

Methods We conducted a cross-sectional study in May and June 2016. The sample consisted of 314 pupils from 4 colleges and schools in Sfax (Tunisia). Alcohol Use Disorders Test (AUDIT) was used to evaluate alcohol dependence. Anxiety and depression levels were evaluated using the "Hospital Anxiety and Depression Scale" (HADS).

Results The mean age was 16 years with a sex ratio of 1.08. Among the participants, 18.9% reported having drunk alcohol at least once and 42.37% of them still consume. The main reasons for alcohol initiation were the search of new experiences (78%) or pleasure and well-being (39%) and the curiosity (49.15%). According to AUDIT, 1.7% of alcohol users presented an alcohol misuse and 20% presented dependence.

The prevalence of anxiety and depression were respectively 56.1% and 23.7%. Anxiety was correlated to alcohol experimentation (P=0.03) and non-supportive environment (P=0.003). Depression was correlated to alcohol experimentation (P=0.001), AUDIT score (P=0.009), somatic histories (P=0.02), physical abuse (P=0.02), non-supportive environment (P=0.016) and graduating class level (P=0.005).

Conclusion Our study highlights the close association between alcohol consumption and emotional distress in adolescence, which seems to be bi-directional. When attempting to reduce the risk of alcohol consumption, we should focus a particular attention on adolescents studying in graduating class, reinforce adolescents' family support and prevent physical abuse.

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

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EV1452

Stability of problematic gaming and associations with problematic gambling: A three-year follow-up study of adolescents in the SALVe-cohort

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Aim The aims of the present study was to investigate the long-term stability of problematic gaming among adolescents, and whether problematic gaming at wave 1 (W1) were associated with problematic gambling at wave 2 (W2), three years later.

Methods Data from the SALVe-Cohort, including adolescents in Västmanland born in 1997 and 1999, at two waves were analyzed (W1, n=1868; 1035 girls, W2, n=1576; 914 girls). Adolescents self-rated the Gaming Addiction Identification Test (GAIT), Problematic Gambling Severity Index (PGSI), and gambling frequencies. Stability of gaming using Gamma correlation, and Spearman's rho was performed. General linear model analysis (GLM), and logistic regression analysis were performed, adjusted for sex, age, and ethnicity using PGSI as dependent variable, and GAIT as independent variable, for investigating associations between problematic gaming and problematic gambling.

Results Problematic gaming was stable over time, $\gamma = 0.810$, $P \le 0.001$, and $\rho = 0.555$, $P \le 0.001$. Furthermore, problematic gaming at wave 1 increased the probability of having problematic gambling three years later, GLM F=3.357, $\gamma^2 = 0.255$, $P \le 0.001$, and logistic regression OR=5.078 (95% CI: 1.388–18.575), P = 0.014. Male sex was associated with higher probability of problematic gambling.

Conclusions The present study highlights the importance of screening for problematic gambling among problematic gamers in order not to overlook possible coexisting gambling problems. The stability of problematic gaming indicates a need for development and evaluation of treatment for problematic gaming and also for coexisting gambling problems.

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EV1453

ASD, SUD and gender

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Introduction Autism and substance use disorder (SUD) is not the co-morbidity that is commonly considered. Yet these conditions have more commonalities than one would suspect.

Objective We will consider the evidence for co-morbidity between ASD and Addiction (Substance Use Disorders (SUD) and explore the influence of gender.

Method A pilot study of 80 admissions to an adult ASD unit will be presented.

Results The co-morbidity ASD and SUD in this study was very high (65% of the inpatients). There were no gender differences in prevalence in total but addiction to medication (32% in woman vs. none in man) and eating disorders (24% in women vs. 9% in man) was far more common in women whereas addiction to drugs (13% in man vs. none in women) was far more common in man.

Conclusions There are clear indications that a possible comorbidity of substance abuse disorder should be considered in cases of individuals with autism spectrum disorders. There are no gender differences in prevalence of co-morbidity ASD and SUD in total but addiction to medication and eating disorders seems to be much more common in women whereas addiction to drugs probably more common in man.

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EV1454

Central nervous system grey matter decreases in volume in smokers impacting cognitive abilities:

A systematic review

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Background Even though cigarette smoking is a leading cause of preventable mortality, worldwide tobacco is consumed by approximately 22% of population. Smoking is also one of the risk factors for cardiovascular disease and it impacts our brain processing as well as being one of the recognised risk factors for Alzheimer's disease. The tobacco toxins may cause these disorders, e.g., nicotine at high levels, which are inhaled, resulting in preclinical brain changes. Researchers suggest that there are differences in brain volume between smokers and non-smokers. This review examines these differences on the brain grey matter volume (GMV).

Material/methods In March/April 2015: MedLine, Embasse and PsycInfo were searched using terms: "grey matter", "voxel based", "smoking" and "cigarette".

Results Studies found brain GMV decreases in smokers compared to non-smokers. Furthermore, gender specific differences were found, while thalamus and cerebellum was affected in both genders decrease in olfactory gyrus was found only in male smokers. Age group differences were also found and these may suggest preexisting abnormalities that lead to nicotine dependence in younger individuals. Only one study found positive correlation between number of pack-years and GMV.

Conclusion Smoking decreases the volume of grey matter in most brain areas. This decrease may be responsible for the cognitive impairment and difficulties with emotional regulation in smokers compared with non-smokers.

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

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EV1455

Anti-epileptic drugs in opiate addictions

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Introduction Mood dysregulation came to be a hallmark in addiction diseases.

Objectives Antiepileptic drugs (AEDs) are used extensively to treat non-epilepsy disorders, such as mood disorder. Addiction disease may be triggered by bipolar disorder. Contemporary theories of addiction focus on pathophysiological mechanisms that imply a misbalance in the area of motivational behaviour, cognitive control, inhibitory function and decision-making processes.

The aim of the study was to confirm the clinical significance of AEDs use in the treatment of opiate addicts during hospital detoxification and in stabilizing period.

Methods The prospective study comprised 70 medical histories of the patients treated in hospital setting over a period August 2015–2016. The study included patients with diagnosis of an opiate dependence and related mood disorders based on the ICD-10 classification. The rate of opiate withdrawal syndrome was measured by Objective Withdrawal Scale (OWS).

Results Our data uncovered a significant correlation between addiction and bipolar disorders, since 21% of inpatients treatment have co-morbidity. According to a survey, 74% of patients were treated with AEDs during detoxification period and in outpatients setting 1 month later. According to OWS in 65% cases AEDs improved the mood and affect, numbness, sensitivity.

Conclusion AEDs role in opiate withdrawal syndrome was to normalize the affect, applied as an adjuvant therapy and also used during the recovery, in order to correct mood fluctuations. The high rate of co-morbid mental illnesses between addiction and other mental disorders argues for a comprehensive approach to evaluate each disorder concurrently, providing treatment as needed.

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EV1456

Socio-demographic, clinical and therapeutic features of patients treated for schizoaffective disorder using cannabis

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Introduction Psychotic disorders were formerly associated with cannabis use. It could accelerate the course of the illness and thus, constitutes a severity factor in terms of prognosis.

Objectives To define the socio-demographic, clinical and therapeutic profiles of patients suffering from schizoaffective disorder (ASD) and who are consuming cannabis.

Methods A retrospective study of 16 patients diagnosed with ASD, who were hospitalized at the psychiatric department of Tahar Sfar Mahdia's hospital, and whose toxicology test results during the hospitalization came back positive for tetrahydrocannabinol.

Results Sixteen patients were gathered, all male, the average age was 26 years. The average age of first hospitalization was 25 years, 41.9% were unemployed; 76.3% of our sample were single. Three quarters of patients were hospitalized without consent. The average hospital stay was 30.33 days. Our patients had required during their stay an average dosage of antipsychotic, equivalent to chlorpromazine, of 752.42 ± 342.79 mg. The average scores of psychometric scales were: BPRS = 55.72 ± 14.11 , SAPS = 41.5 ± 14.80 and 42.11 ± 18.88 .

Conclusion Currently, it is recognized that prolonged use of cannabis is an exogenous risk factor. The association between cannabis and schizoaffective disorder may amend the treatment modalities. It requires, thereby, an integrated and simultaneous treatment of schizophrenia and addictive behavior.

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