

## EPV0055

**Cannabis Consumption Among Musicians: About A Series Of 37 Cases**

S. Brahim<sup>1\*</sup>, W. Bouali<sup>1</sup>, I. Ghachem<sup>2</sup>, M. Kacem<sup>1</sup>, S. Khouadja<sup>1</sup>, R. Ben Soussia<sup>1</sup>, S. Younes<sup>1</sup> and L. Zarrouk<sup>1</sup>

<sup>1</sup>psychiatry and <sup>2</sup>Neurology, Taher Sfar, Mahdia, Tunisia

\*Corresponding author.

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**Introduction:** Many musicians have suffered the consequences of drug addiction. What about cannabis use?

**Objectives:** To describe the epidemiological characteristics of cannabis users among musicians

To study the prevalence of anxiety and depression disorders among these consumers

**Methods:** A descriptive and retrospective study of the epidemiological characteristics and prevalence of depression and anxiety in a population of 37 musicians who consume cannabis. This sample was selected among 202 musicians having participated in an anonymous questionnaire

**Results:** The prevalence of cannabis use among musicians in our study is about 18.31%. 76% of them are professionals with sex ratio of 6.25. The mean age of these musicians is 27 years old. They started using cannabis at a mean age of 21 years old. The history of school failure was found in 1/3 of all cases, with a younger age at the onset of cannabis use (18 years old vs 22 years old in absence of school failure). 72.4% of cannabis users are single, 27.5% are in a relationship, 66.7% of the 37 musicians are Tabaco smokers, 55.6% are alcoholics, and 19.4% are using other drugs. 16.7% of these musicians are followed for depressive disorder, anxiety or bipolar disorder. The mean duration of cannabis use is 7 years, often in group of people. The first contact with cannabis occurs after the start of learning music in 44.4% of cases (a mean of 12 years after). The average consumption is about 4 times per week, mostly outside the musical activity in 3/4 of the cases. 53.6% believe that cannabis can cause a decline in their health. 10 musicians increased cannabis use and 8 of them believe that it can improve their performance and creativity. On the other hand, only 9 musicians wish to wean the use of cannabis. 19/29 musicians (65.5%) have an anxiety (A) and/or depression (D), that is proven to be moderate to severe respectively in 2/3 and half of cases, The mean of the A score and D score of the HAD scale is 10 and 9, respectively.

**Conclusions:** The reasons of cannabis addiction are various: fleeing reality, seeking the anxiolytic or sedatif effects and improving performance.

**Disclosure of Interest:** None Declared

## EPV0057

**Drug-Induced Psychosis: Causes, Symptoms, and Treatment**

T. Jue<sup>1\*</sup>, E. Myslimi<sup>2</sup>, I. Giannopoulos<sup>1</sup> and B. Zenelaj<sup>3</sup>

<sup>1</sup>Psychiatric Hospital of Attica, Athens, Greece; <sup>2</sup>Freelancer Psychiatrist and <sup>3</sup>National Center for Children Treatment and Rehabilitation, Tirane, Albania

\*Corresponding author.

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**Introduction:** A relationship between drug abuse and the onset of psychotic symptoms is strongly supported. A struggling clinical

dilemma is how to clearly identify a substance-induced psychosis from a primary psychotic illness or a psychotic illness with comorbid substance use.

**Objectives:** In this review, the presence of associated psychotic symptoms and the differences in clinical presentation will be analyzed for each substance.

**Methods:** A bibliographical review was performed using the PubMed platform. All relevant articles were found using the keywords: substance-Induced Psychoses, symptoms, treatment

**Results:** Present review shows a picture of the complex relationship between psychotic symptoms and the use and abuse of illicit drugs. Furthermore, in most cases, chronological criteria are not sufficient to prove a direct causal effect between the substance and psychosis. The subjects who presented psychotic symptoms after substance abuse seemed to have a higher risk of the development of a primary psychotic illness.

**Conclusions:** Psychosis due to substance abuse is a common issue in clinical practice and the propensity to develop psychosis seems to be associated with the severity of use and dependence.

**Disclosure of Interest:** None Declared

## EPV0058

**An epidemiological snapshot of cannabis use and comorbid substance abuse, depression and anxiety in young Romanians**

T. C. Ionescu<sup>1\*</sup>, S. Zaharia<sup>2</sup>, M. Simionescu<sup>3</sup> and C. Tudose<sup>1</sup>

<sup>1</sup>Department of Neuroscience, University of Medicine and Pharmacy "Carol Davila" Bucharest; <sup>2</sup>Department 2, Alexandru Obregia Clinical Hospital of Psychiatry and <sup>3</sup>University of Medicine and Pharmacy "Carol Davila" Bucharest, Bucharest, Romania

\*Corresponding author.

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**Introduction:** Cannabis consumption among Romanian youth has seen a steady increase in the last couple of decades.

**Objectives:** This work attempts to fill the void left by the relative dearth of in-depth research on the subject of cannabis misuse in Romania, which is particularly concerning given the significant connection that exists between anxiety, depression, and cannabis usage.

**Methods:** An epidemiological overview of cannabis misuse, mental comorbidities, and other socio-demographic characteristics was outlined through the use of validated self-reported scales on a small sample size (N=125) that was analyzed throughout this research. The purpose of this research was to outline this overview.

**Results:** By applying the Cannabis Use Disorder Identification Test – Revised (CUDIT-R), Alcohol Use Disorder Identification Scale (AUDIT), Fagerstrom Test for Nicotine Dependence (FTND) and Hospital Anxiety and Depression Scale (HADS), the study's results are as follows: although 48% of participants have tried cannabis, about a third (32%) have used it in the last 6 months. Among this sub-group, 40% presented scores that suggest Cannabis Use Disorder according to the DSM-V definition. Almost half (47%) percent of cannabis users had clinically significant scores for depression and anxiety, as opposed to 21% of non-users. Consumption of cannabis was more likely to be associated with alcohol abuse (63%) and nicotine dependence (85%). While students were equally represented among users and non-users; male gender and the unemployed were overly-represented. Interestingly, there was no correlation between relationship status and cannabis consumption.

**Conclusions:** In conclusion, this study's results are in line with most epidemiological literature regarding cannabis and can serve as a starting point for deeper, more analytical investigations of cannabis use in Romania.

**Disclosure of Interest:** None Declared

## EPV0059

### Evaluation of the success rate of various inpatient alcohol addiction treatment programs in the Czech Republic and their comparison

T. Skorkovsky<sup>1,2\*</sup>, J. Vevera<sup>1,2</sup>, M. Benis<sup>1,2</sup>, M. Miovsky<sup>3,4</sup> and P. Popov<sup>3,4</sup>

<sup>1</sup>Charles University, Faculty of Medicine in Pilsen; <sup>2</sup>University Hospital in Pilsen, Pilsen; <sup>3</sup>Charles University, 1st Faculty of Medicine and <sup>4</sup>General University Hospital in Prague, Prague, Czech Republic

\*Corresponding author.

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**Introduction:** Harmful alcohol use far exceeds other mental disorders in the proportion of patients who do not receive adequate treatment. Despite the long history of anti-alcohol treatment in Czech Republic, there is no published prospective study to this day, in which patients that underwent inpatient addiction treatment are compared to patients on the waiting list and only one prospective randomized study comparing two different medium-term inpatient programs was published.

Almost all the studies published so far only bring results of particular hospitals. Differences in methodology, differences between cohorts of patients, absence of profiling and differences in therapeutic programs and historical changes makes comparison of results of those studies very difficult.

**Objectives:** This work seeks to present and compare the data from studies that evaluate the success of medium-term inpatient treatment of alcohol dependent patients in the Czech Republic. Another aim was to identify problems that make such comparison difficult. **Methods:** Bibliographia Medica Českoslovaca and Pubmed was used to find studies published in professional medical journals since 1970, in which abstinence of patients who voluntarily completed medium-term inpatient treatment of alcohol dependence is evaluated.

**Results:** Medium-term inpatient treatment of alcohol addiction leads to one year abstinence in 34 to 76 % of patients. Such variance value is largely caused by different methodology of compared studies. In compared studies there are differences:

1. in definition of abstinence
2. if abstinence rate is assessed in all patients who have entered the treatment or only in those who have completed the treatment properly
3. if abstinence rate is calculated using number of patients entering treatment or the number of patients who have been obtained by valid information (outpatient clinic, questionnaires)
4. in the way the data was collected
5. in the composition of patients
6. in societal background, because there is large time gap present between compared studies

**Conclusions:** The comparison of individual studies presented many problems. Further steps should be taken to help compare

treatment programs in the future, as they provide different therapeutic interventions in different intensity and length to different patients. Adequate patient profiling, detailed description of therapeutic interventions and identification of effective components of the therapeutic program is a way to support further research in this area, optimize existing programs and increase the overall efficiency of treatment.

**Disclosure of Interest:** None Declared

## EPV0060

### The general practitioner in charge of addictive behavior

W. BOUALI<sup>1\*</sup>, R. OMEZZINE GNIWA<sup>2</sup>, N. FAOUEL<sup>1</sup>, R. BEN SOUSSIA<sup>1</sup> and L. ZARROUK<sup>1</sup>

<sup>1</sup>Psychiatrie, Faculty of Medicine of Monastir, Mahdia and <sup>2</sup>family medicine, Faculty of Medicine of Monastir, Monastir, Tunisia

\*Corresponding author.

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**Introduction:** Recent reports confirmed that more than 22% of adult world population are suffering from addiction. Tobacco and alcohol use remain the most prevalent addictive behaviors reported in Tunisia. The management of addiction is a multidisciplinary team concept. This entity may be underdiagnosed due to perception default at the first line of management.

The aim of this study was to identify the limiting factors for addictive behavior approach in general practitioner (GP) clinic.

Recent reports confirmed that more than 22% of adult world population are suffering from addiction. Tobacco and alcohol use remain the most prevalent addictive behaviors reported in Tunisia. The management of addiction is a multidisciplinary team concept. This entity may be underdiagnosed due to perception default at the first line of management.

**Objectives:** The aim of this study was to identify the limiting factors for addictive behavior approach in general practitioner (GP) clinic.

**Methods:** A cross-sectional study involved 84 GPs in the city of Monastir, Tunisia. Self-reported questionnaire was designed to survey the prevalence of patients with detectable addictive behavior among the outpatient GP clinic visitors.

**Results:** The participation rate was 93.3% (84/90). The prevalence of addictive behaviors was variable (38-59.5%). Tobacco use was the most common addiction (91.7%). More than seventy percent of questioned GPs were regularly consulting patients with known addictive behavior. The diagnosis was incidental in 7% of cases. Sixty percent of patients had predisposing factors for addiction. Diagnostic with screening difficulties for addictive behavior were independently related to doctor's age >40 (OR = 6.51; p = 0.005), exercise in private clinic (OR= 6.46; p=0.004). Thirty-three percent of GPs were more involved in addiction monitoring. The use of assessment scales was noted in 15%. Young physician age (OR=5.20; p=0.002) and the absence postgraduate diploma in addictology (OR=9.66; p=0.01) were significantly associated addiction management avoidance.

**Conclusions:** This study aimed to assess of the attitude of GP in Monastir city regarding the addictive behaviors of their patients. The diagnosis and the management of addiction is not standardized for these health practitioners and this will not contribute to the battle against this social entity.

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