

**Objectives:** Our objective is to identify the different indicators mentioned in the existing literature and to compare these to the clinical and paraclinical data of our patients

**Methods:** We present through clinical vignettes, the cases of two patients hospitalized in our department of addictology for a cure of alcohol withdrawal and who presented an episode of delirium tremens.

**Results:** Several clinical and paraclinical parameters have been linked to statistically significant differences in the published reports related to this subject. Thrombocytopenia remains the common element between the different publications and was the case in our two patients.

Clinically, the presence of a previous episode of delirium or seizure during withdrawal, as well as tachycardia (>100 bpm) and low number of quit attempts were significantly related to the occurrence of delirium tremens. The majority of the predictors identified were paraclinical and included: hyponatremia, hypokalemia, elevated ALT and homocysteine levels, low pyridoxine levels, and the presence of structural brain damage.

**Conclusions:** The literature on predictors of delirium tremens remains poor. More studies are needed to confirm the data already mentioned

**Disclosure of Interest:** None Declared

## EPV0006

### Kratom use disorder as a gateway to an opioid use disorder

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**Introduction:** Kratom (*Mitragyna speciosa*) is a psychoactive substance native to Thailand and Southeast Asia with stimulant-like effects at lower doses and opioid-like effects at higher doses. Kratom's chemical composition, specifically mitragynine and 7-hydroxymitragynine, has partial agonist mu-opioid effect and antagonist effects at the kappa- and delta-opioid receptors. It is primarily sought out for stimulant and opioid-like properties and may be used either for its perceived therapeutic effects or as a recreational drug. It is used mainly for symptoms of pain, anxiety, depression, and opioid withdrawal. Regular use of kratom, especially at higher doses, is associated with dependence, tolerance, and withdrawal. Due to its addictive potential, accessibility, and legal status, there have been increasing cases of kratom use disorder. Concerns regarding its potential for abuse and severe adverse effects are rising. The perception that kratom is a milder and less dangerous opioid-like psychoactive substance is supported by the uptake of kratom use as an opiate substitute and is consistent with data on the unimpaired social functioning of regular kratom users.

**Objectives:** To alert for the importance of kratom consumption as a potential gateway to an opioid use disorder.

**Methods:** A non-systematic review of the literature was carried out on PubMed. We looked for reviews and case reports published in the last 10 years containing the terms "kratom", "*Mitragyna speciosa*", "drug abuse", "drug addiction", and "mitragynine". We also present a clinical case of opioid use disorder.

**Results:** We report the case of a 38-year-old man that was observed as an outpatient with opioid abuse disorder treated with buprenorphine. He began consuming Kratom about 20 years ago. He learned about Kratom herbal preparations from the plant *Mitragyna speciosa* from internet forums and started to consume oral preparations. Noticing the low side-effects profile, he started to consume Kratom on a daily basis. The main effect of Kratom was to calm down hyperarousal, stop rumination, reduce anxiety, and enhance sociability. The patient did not report major side effects from the consumption but over time tolerance was reached. Knowing that this substance has opioid effects, the patient started to consume opioids like oxycodone in order to obtain kratom-like effects. Kratom's use was thus quickly replaced by oxycodone consumption and dependence.

**Conclusions:** The increasing popularity of kratom has been accompanied by dependence, adverse effects, and withdrawal symptoms following abstinence. Although it could be used for opioid withdrawal, kratom consumption could be a gateway to opioid consumption and ultimately culminate in dependence.

**Disclosure of Interest:** None Declared

## EPV0007

### Laughing gas-induced psychotic disorder : Case report from Morocco.

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**Introduction:** In the current psychopharmacological panorama, the variety of substances capable of inducing an acute psychotic episode and which have entered the habits of drug addicts has rapidly increased. Here we will take the example of nitrous oxide, which in addition to its medical use as a volatile anesthetic, has many applications in the food and automotive industries. Nitrous oxide is today the 7th most popular drug in the world for its euphoric effects.

**Objectives:** The objective of our work is therefore to present through a case report, where the psychiatric symptoms are important, an overview of the psychiatric effects of the recreational use of nitrous oxide, to sensitize the clinicians, and to finally discuss the implications for psychiatric practice in terms of prevention and screening.

**Methods:** Case report: To better discuss this infrequent disorder, we will report here the case of a 25-year-old French tourist, with no particular psychiatric or medical history, who was brought back to our training emergency room by the authorities for treatment of psychomotor instability, verbalization of delusional remarks and insomnia evolving for approximately 02 days, following an excessive and isolated use of nitrogen peroxide bombs, in a festive setting in Marrakech.

The psychiatric interview objectified a dissociative syndrome, a delusional syndrome of persecution and mystical-religious, a hallucinatory syndrome, with impaired judgment and insight. A complete biological assessment, a cerebral TDM as well as a search for drugs in the urine were requested, returned without particularities.