

EV1446

Clinical diagnostic criteria of modern spice addiction

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Introduction Populations of spice addicts in Ukraine demonstrate distinct tendency for steady spreading, and transitory psychotic episodes, overdosing and fatal cases are being registered in consequence of smoking. “Spice” are synthetic analogues of tetrahydrocannabinol.

Aims and objectives To develop an average personified clinical portrait of spice addict for more specified therapy.

Method Twelve patients who consumed spices systematically for 1–2 years were observed. Methods of examination: clinical psychopathological, psychological testing, clinical laboratory.

Results Main spice addiction diagnostic criteria were: Spice smoking, obsessive and uncontrolled anosognosic desire and craving to test on themselves effects of their action, pathognomonic tolerance increase, specific post-intoxication consequences. After the first smoke inspiration heavy intoxication with euphoria and loss of surrounding real perception, sexual disinhibition and craving to repeat smoking manifested after the first smoke inspiration. Then, spice smoking became subjectively pleasant, caused condition of intoxication with increased mood, fussiness, was accompanied with feeling of hunger, thirst, and hoarse voice. In the patients rather quickly (for 2–3 weeks) twice reduced duration of intoxication state from 40 to 20 minutes, loss of situation and quantitative control over smoking was observed. Clinical specifics of addiction for spices smoking is rather quick (from 5 to 10 trials) formation of psychic equivalent of addiction, extremely intensive and emotionally saturated craving for smoking, quick rise of tolerance with loss of situational and quantitative control over smoking.

Conclusions Definite rules in the development and formation of spice dependence is necessary to be considered while developing programs for therapy and prevention in clinical narcology.

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

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What are sweet dreams made of? Analysis of psychoactive substances into “gummies”: A retrospective descriptive study

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Introduction Although psychoactive substances has a long history in recreational settings, research on its composition has focused only on tablets, crystal and powder, even though new formulation for new psychoactive substances are readily available for users.

Objectives To describe the presence of psychoactive substances and its characteristics in new formulations which had not previously been found in samples delivered to Energy Control from 2014 to 2015 in Spain.

Methods A total of 8324 samples were analysed from June 2014 to December 2015. Only those samples in gummy formulation were studied ($n=9$). Samples were analyzed by energy control, a Spanish harm-reduction NGO that offers analysis of substances to users. Analysis was done by gas chromatography-mass spectrometry.

Results From 9 samples of psychoactive substances in gummy formulation, the analysis detected that 55.5% contained multiple psychoactive substances: 6 samples contained 25N-NBOMe (66.7%), 1 2C-E (11.1%), 1 2C-D (11.1%). Two allylescaline (20%), 1 cocaine (11.1%), 1 THC (11.1%), 1 cannabinol (11.1%), 1 ketamine (11.1%), 1 caffeine (11.1%), 1 MDMA (11.1%), 1 N-acetyl-MDMA (11.1%), 1 metoxetamine (11.1%), 1 N-acetyl-MDMA), 1 2C-N (11.1%). The only substance found in active dosage was 25N-NBOMe. Six samples (66.67%) did not contain the substance expected by the consumer.

Discussion Incipient presence of gummies as new psychoactive formulation was found. The most prevalent drug was 25N-NBOMe; 66.7% did not contain the substance expected. This may pose a risk for potential harmful effects. All the gummies were known to be drug-carriers when bought. This could represent the presence of new formulations from June 2014 in the Spanish recreational market.

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

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EV1448

Perceptions of problem-drinker patients' family members about their own hazardous-drinking behaviours in Chinese general hospitals

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Background Excessive alcohol use has been associated with health, social and legal problems. Studies of alcohol-drinking problems have mainly focused on patients with alcohol-drinking problems and few studies have focused on their family members. The purpose of this study was to explore the perceptions of family members of problem-drinker patients about their own hazardous or harmful alcohol-drinking behaviours.

Methods In this qualitative descriptive study, participants were recruited from three hospitals randomly selected from northern and central Taiwan (2:1). Hazardous-drinker patients and their family members were screened using the Chinese version AUDIT. AUDIT scores >8 indicated harmful or hazardous drinkers. Data were collected in individual, audiotaped, in-depth interviews using an interview guide. Verbatim interview transcripts were analysed using ATLAS.ti, version WIN 7.0.

Results The sample of 35 family members with hazardous or harmful drinking behaviours perceived that their own alcohol-drinking behaviours were related to six major patterns: family habits, leisure activities with friends, work pressures, personal taste, a way to forget one's problems and to express happiness.

Conclusions We recommend that programs to prevent harmful or hazardous drinking should emphasize understanding standard amounts of alcohol in alcoholic beverages, recommended amounts of alcohol consumption for males and females, knowledge about the long-term effects of excessive alcohol consumption; offer

strategies to resist social pressure to drink; and build positive strategies for coping with stress.

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EV1449

A comparative research of therapy regimens related to patients with alcohol addiction syndrome for the period 2000–2009 in narcological clinical hospital No. 17 of Moscow

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The incidence rate of alcohol addiction syndrome continues to increase worldwide. In the Russian Federation, there is a priority of the patient's rights for an effective and safe treatment of narcological disease. This is achieved using standardised, reproducible, statutory narcological patients diagnosis and management standards.

Research purpose Identify efficient algorithms for alcohol addiction syndrome treatment in a Narcological Clinical Hospital No. 17 of Moscow (NCH№17), allowed Narcological patients Diagnosis and Management Standards for the period 2000–2009.

Research objectives (1) Identify the key therapeutic treatment algorithms that were used in NCH№17 of Moscow in the period 2000–2009. (2) Compare the effectiveness of therapeutic regimens identified.

Data for study – hospital sheets of patients treated from 2000 to 2009 in NCH№17 of Moscow. Analyzed 520, included in the research: 401 hospital sheets of 118 patients.

Methods (1) Continuous sampling. (2) Statistical, Fisher's exact test, Microsoft Excel software (version 13.1.) and Statistica 5.1.

Results From 2000 to 2009 (1998, 2003 and 2005) have changed three times: legislative framework, focus, narcological patients' treatment regulation (Fig. 1).

Therapeutic algorithm was considered successful if the stage-by-stage approach was complied with. Algorithm inefficiency is designated as "failure of treatment stage-by-stage approach". Disadvantages of therapeutic regimens lead to complications. Polypragmasy influenced the development of complications. From the analyzed 118 hospital sheets (pursuant to Fisher's exact test), 72 patients had polypragmasy, 40% cases – proven cause was delirium, 20% – refusal of treatment (Fig. 2).

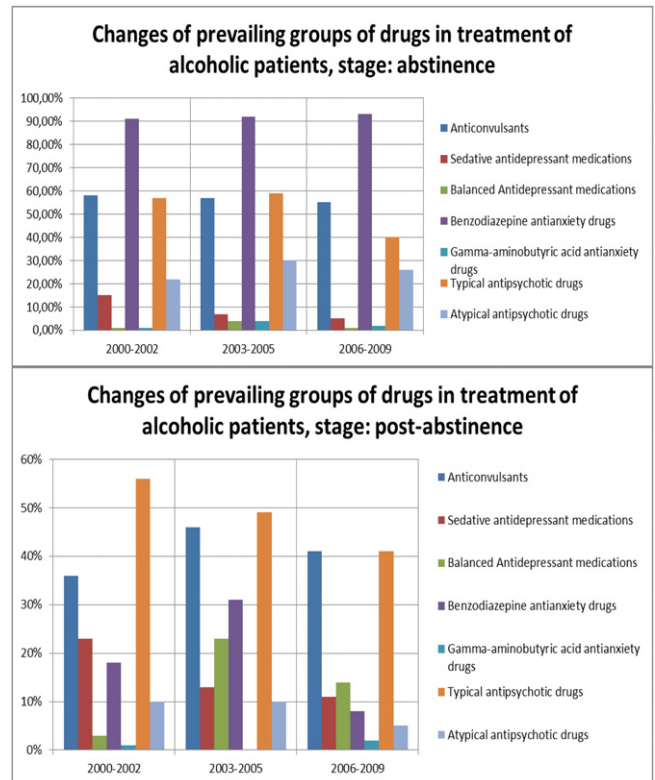


Fig. 1 Periods of application of different regimens are outlined: 2000–2002, 2003–2005, 2006–2009.

Failures of stage-by-stage approach in treatment of alcoholic patients

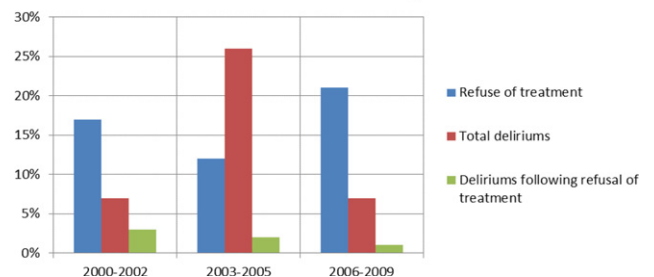


Fig. 2 Surrogate variable of complications is refused treatment.

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Methamphetamine-induced choreoathetosis: A case report

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We describe the case of a 23-year-old male with a past psychiatric history of Obsessive Compulsive disorder, Generalized Anxiety Disorder, Cannabis Use Disorder, and a reported history of Bipolar II Disorder and ADHD, and no past medical history, who presented to the hospital for a psychiatric evaluation of erratic behavior. Per his family's report, the patient has not been attending to his activities of daily living and has had poor sleep and significant