

**Introduction:** The dual diagnosis among patients with primary psychotic disorders is frequent and causes diagnostic and treatment challenges. In clinical practice, differentiating between substance-induced psychoses and independent (primary) psychoses when the patient is actively using drugs of addiction, is difficult, especially in the acute phase of the psychosis.

**Objectives:** The aim of the study is to identify clinical data relevant for differentiating between primary psychoses triggered by addictive drug misuse and substance-induced psychoses, using psychometric scales.

**Methods:** The study was conducted on 111 patients divided in four samples: 28 dual diagnosis psychotic patients (DD), 27 bipolar patients (BD), 25 schizoaffective patients (SCA) and 31 patients with schizophrenia (SCZ). The subjects were assessed using scales for the severity of psychiatric symptoms, cognitive functions and social acuity (theory of mind): BPRS-E (Brief Psychiatric Rating Scale – Expanded), MoCA (Montreal Cognitive Assessment), CBS (Cambridge Behavioral Scale), and RMET (Reading the Mind in the Eyes Test). The tests were performed when patients were in the remission phase of the psychosis.

**Results:** BPRS-E scores showed significant differences between DD subjects and patients from the other three samples (primary psychoses). CBS revealed significant differences between the DD subjects and patients with schizophrenia spectrum psychoses (SCA and SCZ). RMET identified significant differences between DD and BD patients.

**Conclusions:** Although differentiating between substance-induced and primary psychoses remains a difficult task, social acuity assessment performed in remitted patients may be helpful in guiding the clinician to establish a more accurate diagnosis.

**Keywords:** dual diagnosis; substance-induced psychosis; schizophrenia; bipolar disorder

## EPP0225

### Depression after acute traumatic injuries in children

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**Introduction:** Acute traumatic injuries in children are diverse: skeletal trauma, traumatic brain injury (TBI), spinal injury (SCI), amputations, combined trauma and others. Severe injuries lead to severe disability and desadaptation of the child. It is known that children tolerate hard the awareness and acceptance of their new state.

**Objectives:** To study emotional disorders after traumatic injuries in children at early stages of rehabilitation.

**Methods:** 159 children up to 18 y.o.: 80 (TBI), 60 (SCI), 19 (amputation, skeletal injury, electro-trauma). Methods: psychopathological, psychological; scales, questionnaires.

**Results:** In children after severe and moderately severe TBI, depression was detected in 43% as a consequence of injury and recovery of mental activity. In children with SCI, depression was detected in

48% as a reaction to stressful situation. In children with amputation, severe skeletal injury, electro-trauma depression was in 60%, both as a consequence of organic recovery of mental activity and as a reaction to psycho-traumatic situation. In the acute period, children had comprehensive interdisciplinary rehabilitation. Neuropsychiatrist recommended neuropharmacotherapy with antidepressants from the group of serotonin reuptake inhibitors (sertraline), GABA preparations. For psychological support, gestalt correction techniques were used.

**Conclusions:** After acute trauma, depression in children occupies a significant place in clinical picture. Genesis of depressive disorders can be caused both by organic damage to brain structures and by reaction to psychotraumatic situation. In order to improve rehabilitation effectiveness, to make patient's returning to usual living environment easier as well as to improve the quality of life, interdisciplinary approach is needed since early stages of rehabilitation and after.

**Keywords:** Depression; Children; traumatic injuries; Rehabilitation

## EPP0226

### Clinical dynamics of anhedonia symptom in mood disorder and in alcohol use disorder

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**Introduction:** Anhedonia is an important transdiagnostic phenotypic characteristic of schizophrenia, mood disorders (MD), alcohol use disorder (AUD) and other mental diseases. This Symptom could reflect the neurochemical abnormalities in addictive and affective disorders when the function of reward system is dysregulated (Koob G.F., 2017).

**Objectives:** To compare the severity of Anhedonia in clinic of MD and AUD in dynamic of antidepressant therapy

**Methods:** The study enrolled 93 patients under treatment in MHRI Clinics: 45 AUD (F10.2; ICD-10) and 48 MD patients (F31-F34; ICD-10). The evaluation of Anhedonia was provided with the SHAPS modified for clinician administration (SHAPS-C) (Rezvan A., 2014).

**Results:** Due to statistical analysis, we found the level of anhedonia in the MD group was higher than in the AUD group before the treatment. After four weeks of antidepressant therapy the scrutiny of score difference shows less changes in severity of the Symptom in the AUD group (Table 1) Table 1. Dynamics of Anhedonia in MD and AUD groups by SHAPS-C

**Conclusions:** Anhedonia in the structure of AUD is less pronounced than in MD, but responds less to antidepressant therapy. The study is supported by RSF Grant no. 19-15-00023 "Clinical features and search of potential biomarkers of comorbidity of alcoholism and affective disorders".

**Keywords:** anhedonia; mood disorders; alcohol use disorder