Examinations are often complete, invasive, even going to an explorative laparotomy for one patient.

**Conclusion** The CHS remains not well known. A better understanding of this syndrome will enable better patient care while avoiding costly spending unnecessary investigations.

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

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**EV1416**

**Drug safety related to agents used for opioid maintenance therapy**

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**Introduction** There is only little data regarding drug safety related to agents used for opioid maintenance therapy (OMT).

**Objectives/aims** To study drug safety and the reporting behaviour of adverse drug reactions (ADR) related to OMT.

**Methods** A cross-sectional questionnaire-based telephone survey among physicians providing outpatient OMT in a federal state of Germany (n = 176; response rate = 55.7%) was conducted.

**Results** Most of the respondents (n = 97/55.1%) reported that they observe ADR related to buprenorphine, [dihydro]codein and [levo]methadone rarely (n = 38/21.6%), very rarely (n = 39/22.2%) or never (n = 20/11.4%). Methadone was reported to be most frequently associated with the occurrence of ADR (n = 82/46.6%), followed by levomethadone (n = 33/18.8%), buprenorphine (n = 6/3.4%), and dihydrocodeine (n = 3/1.7%). Frequently observed ADR related to these agents were gastrointestinal, nervous system and psychiatric disorders, and hyperhidrosis. Methadone and levomethadone (not buprenorphine) were reported to be frequently associated with fatigue, weight gain, and sexual dysfunction. Only buprenorphine was reported to be frequently associated with withdrawal and rebound effects, and drug intolerance. Hundred twenty-nine participants (73.3%) stated that they never report ADR related to OMT, whereas n = 19 (10.8%) did so when referring to ADR related to their complete medical practice (Chi² = 141.070; df = 1; P < 0.001).

**Conclusions** Our data revealed similar patterns of ADR related to outpatient OMT as those reported in the product information or in pain therapy. Motivation to report ADR related to agents used for OMT may be reduced compared to ADR related to the general medical practice.

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

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**EV1417**

**Absent substance use disorder and survival of extraordinarily high blood alcohol concentration**

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**Introduction** Intoxication with alcohol are very frequent in clinical psychiatry and may lead to death depending on (maximum) blood alcohol concentration (BAC) and accompanying factors as liver function, tolerance, comedication, etc. Death may occur due to ethanol-induced respiratory depression and/or aspiration of gastric content (due to an impaired gag reflex); thus, securing of the airway and ventilation are occasionally necessary.

**Objectives/aims** To illustrate the broad range of clinical outcomes of alcohol intoxications and their adequate therapy.

**Methods** We present the case of a 58-year female patient with depression who demonstrated a very high BAC of 8.68 g/L (representing the highest survived BAC in literature) due to ingestion of large amounts of alcohol with suicidal intent.

**Results** Intubation and ventilation were lifesaving and the patient did not develop any physical or mental consequential damage. As the patient had not regularly used alcohol or any other psychotrophic agent tolerance could be ruled out.

**Conclusions** This case emphasizes the necessity of rapid securing of the airway in patients with alcohol intoxication and respiratory depression and, furthermore, illustrates the large inter-individual differences regarding ethanol susceptibility.

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

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