

**Results** The presentation will include baseline characteristics of the Danish participants including demographics, expectations to treatment, history of drinking in the last 90 days before baseline and their psychological distress. We have now enrolled 259 participants in the Danish database. We expect to present results from 320 patients.

**Conclusion** The data will present information about the profile of 60+ years' individuals seeking treatment for alcohol use disorder, and thereby provide knowledge about which characteristics that may be important when planning treatment for this age group.

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

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## EV08

### Cognitive functioning in alcoholic patients and efficiency of their correction with use of individualized therapy

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**Objective** To assess severity of cognitive disturbances during use of individualized therapy.

**Materials and methods** Study sample included 40 men with diagnosis of alcohol dependence in the period of remission formation. Methods of pictograms, "ten words", techniques "analogs", "number square", "index of functional flexibility of nervous processes" were applied. Measurement was conducted before and after individualized therapy. Depending on structure of cognitive disturbances the individualized therapy included the following: pharmacotherapy, audiovisual, vibrotactile, oxygen-hyperthermic, resonance-acoustic and psychotherapeutic interventions.

**Results** Assessment of drawings of the method of pictograms before and after individualized therapy testifies to increase of number of adequate associations in 36.4% of cases, decrease of inadequate symbolic in average from 1.91 scores to 1.77. After therapy part of graphic phenomena-indicators of organic diseases (in 63.64% of patients) and index of severity of organic graphic symptom complex (from  $2.14 \pm 1.04$  to  $1.43 \pm 0.98$ , differences are reliable at  $P < 0.05$ ) decreased. A set of associations was widened, number of abstractions of high level increased in 31.82% of cases. It was revealed that abilities to generalize and abstract did not change after therapy. Average productivity of mediated remembering after therapy increased from 58.08% to 71.67%. Increase of volume of attention and its switchover capability, increase of average index of functional flexibility of nervous processes from  $1.19 \pm 0.26$  to  $1.62 \pm 0.16$  (differences are reliable at  $P < 0.05$ ) were revealed.

Thus, administered with account for structure of disorders individualized therapy allows significant improvement of cognitive functions of alcoholic patients.

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## EV09

### Toxic role in schizophrenia: A review by a clinical case

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**Introduction** Often find it difficult diagnostic approach to patients with symptoms that could correspond to several clinical entities. This requires making a correct differential diagnosis to enable a better understanding and addressing the disease in an individualized way.

**Objective** Describe pathogenetic factors of paranoid schizophrenia highlighting their relationship with drug consumption.

**Methods** Review of the clinical history of a patient admitted to acute ward of the Hospital General Universitario of Valencia.

**Results** A case of a 30-year-old man, whose income is motivated by persistent and structured autolytic ideation occurs. It presents positive symptoms for several years and amotivational syndrome ago. It has a history of cannabis, cocaine and alcohol since he was thirteen and remains abstinent for more than six months ago. Differential diagnosis arises between amotivational toxic syndrome, reactive depressive symptoms to the disease and negative symptoms for chronic psychotic process. Finally diagnosed with paranoid schizophrenia and is included in the program of first psychotic episodes.

Today the productive symptoms disappeared and remain negative though with less intensity achieving an improvement in overall activity.

**Conclusions** Consumption of toxic influences the development of a chronic psychotic process that may appear years later, becoming a etiological and maintainer factor, not only if its consumption continue, but other effects that occur long term amotivational syndrome and worsening prognosis.

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

**Further readings**

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## EV10

### Cannabis and cyclical vomiting

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**Introduction** Traditionally, cannabis is associated with antiemetic action after acute consumption. However, in 2004 the cannabinoid hyperemesis as paradoxical effect of chronic users, after years of exposure described.

**Objectives** Description of the cannabinoid hyperemesis.

**Method** OLOGYA case is presented.

**Results** Clinical case of a woman who repeatedly comes to the emergency service because of abdominal, nausea and vomiting pain.

This is cyclical and hardly controllable. The gastroenterology service studied in depth with negative results. She was followed up by mental health borderline personality disorder and she consumed cannabis at an early age, 20–30 joints daily.

When she reaches abstinence in short periods, ceases digestive discomfort. However, a prece digestive symptoms with each relapse. The present case showed improvement with cessation of cannabis so it probably was the cannabinoid hyperemesis syndrome.

**Conclusions** The cannabinoid hyperemesis is characterized by recurrent episodes of nausea, vomiting, abdominal pain, and chronic cannabis use. Temporary relief is achieved with hot baths. Ceases when abstinence is achieved. It is a clinical entity that does not have much information and requires further study.

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

#### Further readings

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## EV11

### Clinical features of kinesthetic hallucinations in cocaine-dependent patients

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**Introduction** Legal and illegal drugs can cause psychotic symptoms, in cocaine-dependent patients the prevalence of these symptoms may reach 86% (Vorspan, 2012). It is estimated that 13–32% of cocaine-dependent patients have kinaesthetic hallucinations (Siegel, 1978; Mahoney, 2008; Roncero, 2012).

**Objectives** To compare the prevalence of substance-induced psychotic symptoms and compare the use of welfare/social resources and social adjustment among cocaine-dependent patients (CD) and other substances dependences (OtherD).

**Methods** Two hundred and six patients seeking treatment at the Addictions and Dual Diagnosis Unit of the Vall d'Hebron. Patients were assessed by ad hoc questionnaire designed to collect demographic data and psychotic symptoms associated with consumption, a record of the care/social resources used by the patient and the scale of social adaptation (SASS). A descriptive and bivariate analysis of the data was performed.

**Results** CD were 47.1% vs. 52.9% OtherD (66.1% alcohol, 17.4% cannabis, 8.3% opioid, 8.3% benzodiazepines/other drugs). Of cocaine dependent-patients, 65.6% present psychotic symptoms vs. 32.1% for the OtherD. Different exhibiting psychotic symptoms are: self-referential (69.7% vs. 30.7%), delusions of persecution (43.4% vs. 12.2%), hallucinations (49.4% vs. 14.3%), auditory hallucinations (43.5% vs. 11.4%), visual hallucinations (30.4% vs. 5.7%) and kinaesthetic hallucinations (7.2% vs. 2.9%).

Cocaine-dependent patients significantly use more health care resources in reference addiction unit (76.3% vs. 62.4%,  $P:0.035$ ) and infectious diseases (22.7% vs. 5.5%,  $P:.000$ ) and justice-related (50.5% vs. 26 resources 0.6%;  $P:1.001$ ) and less resources and mental health (25.8% vs. 43.1%;  $P:.013$ ).

Regarding social adaptation, no differences were found in the SASS. Kinaesthetic hallucinations do not appear to be related to a greater use of resources and in social adaptation.

References not available.

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## EV12

### Risk factors for accidents among cocaine-dependent patient seeking treatment

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**Introduction** Accident rate have a high social cost. Cocaine consumption increases the risk of traffic crashes (Monras, 2011; Fierro, 2011). However, there is not extensively studies in addicts.

**Objective** Compare and analyze the history of accidents and risk behaviors while driving in cocaine dependent patients (DC) and of other substances (OtherD).

**Methods** One hundred and eighty-two patients seeking treatment since January 2014 to September 2015. Sociodemographic and accident-related variables were collected, also administered the MDBQ. Descriptive analysis and bivariate analysis using Chi-square test for categorical variables and Student t test was performed for quantitative.

**Results** Of women, 30.3%, and 69.7% men, mean age 43.67 years ( $SD = 13$ ). 65.6% currently driving or above. 45.2% DC vs. 54.8% OtherD (35.6% alcohol, cannabis 8.3%, 5.8% opioid and 5.1% other drugs). Comparing accident rate on the DC is a tendency to have suffered more accidents ( $\chi^2: 2.62 P=.072$ ). Patients addicted to cocaine referred further potentially dangerous activities both under the influence of consumption (65.9% vs. 33.3%) and abstinence (41.7% vs. 12%).

As for the results of MDBQ, it has been detected that cocaine addicts show more errors and traffic violations. No differences in the lapses identified by patients of different groups.

**Conclusion** Patients with cocaine dependence have more accidents, reduced risk perception and recognize more mistakes and traffic violations. Cocaine implies a high risk of road accidents and exposure to high-risk situations compared to the use of other substances.

References not available.

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## EV13

### E-cigarettes and tobacco cessation: An online survey of electronic cigarette users in France

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**Introduction** E-cigarettes (EC) are widely used in general population and may facilitate smoking cessation. However, efficacy and addictive potential of EC remain insufficiently studied.

**Objectives** To characterize e-cigarette use and its impact on tobacco use/cessation.