The patient was put on antipsychotics and anxiolytics, with very good clinical evolution and complete resolution of symptoms after 02 days.
Results: Nitrous oxide (N2O; laughing gas) is used clinically as a safe anesthetic (dentistry, ambulance, childbirth) and is appreciated for its anti-anxiety effect. Over the past five years, its recreational use has rapidly increased, particularly in the world of dance and festivals.
Side effects of N2O include transient dizziness, dissociation, disorientation, loss of balance, impaired memory and cognition, and weakness in the legs. In cases of poisoning, accidents such as tripping and falling can occur.
Some fatalities have been reported due to asphyxia (hypoxia). Heavy or sustained use of N2O inactivates vitamin B12, resulting in functional vitamin B12 deficiency and initially causes finger numbness, which can later progress to peripheral neuropathy and megaloblastic anemia. The use of N2O does not appear to be addictive.
Conclusions: Given the generally modest use of N2O and its relative safety, there is no need for legal action. However, (potential) users should be informed of the risk of neurological and hematological effects related to vitamin B12 deficiency in case of intensive use.

Disclosure of Interest: None Declared

EPV0008

Impulsivity and cannabis use disorder among tunisian sample

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Introduction: In the past few years, there has been a considerable amount of evidence that cannabis use can cause structural and functional brain abnormalities.Structural imaging studies of cannabis users have revealed reduced prefrontal cortex volumes and white matter damage that may be involved with impulsivity.
Objectives: To Determine the level of dependence on cannabis among cannabis users consulting the detoxification center of Sfax, Tunisia To assess in addition the impact of cannabis on impulsivity and motor control.
Methods: This is a cross-sectional, descriptive and analytical study that was conducted over a period of 13 months between September 15, 2020 and October 1, 2021 among cannabis users consulting the detoxification center of Sfax, Tunisia.A short form of the Barratt Impulsiveness Scale (the BIS-15) and a Cannabis Abuse Screening Test (CAST) were used to assess impulsivity and to determine cannabis abuse.
Results: Thirty Eight cannabis users agreed to participate in this study. The distribution of CAST scores showed that 36 users (94.7%) had problematic cannabis use at the time of the study. The mean BIS 15 score was 38.2. In our sample, The level of impulsivity was highest in people with a high level of cannabis dependence. A higher level of impulsivity was found in younger subjects. However, a greater level of impulsivity was found in subjects with a lower socio-economic level. Concerning employment status, unemployment was significantly correlated with a higher level of impulsivity.
Conclusions: Impulsivity is often associated with a variety of problematic behaviors such as aggressive behavior, smoking, drug abuse, pathological gambling or compulsive buying.
A higher frequency of cannabis use and earlier age of onset use have been shown to be associated with the highest rates of impulsivity. Therefore, cannabis addiction represents a real public health problem, both because of the serious complications and heavy repercussions that it causes.

Disclosure of Interest: None Declared

EPV0009

Prescription drug abuse in migrants from Middle Eastern and North African countries: a review

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Introduction: In recent years, there has been a rise in misuse of low-cost prescription pills across Middle Eastern and North African (MENA) countries. In Algeria, Tunisia and Morocco, for example, the consumption of prescription medications has dramatically increased, particularly amongst young and marginalized groups. Drugs such as clonazepam and pregabalin are extremely popular in these regions, as they are relatively inexpensive and perceived as safe. With the migration of MENA citizens to Europe, it is likely that mental health services will come across substance use disorders related to these medications.
Objectives: The authors aim to analyse prescription medication misuse reports from MENA countries, specifically pregabalin and clonazepam, and review the pharmacological, neurobiological and social factors that contribute to their potential for abuse.
Methods: Narrative review of articles referenced on PubMed and Google Scholar.
Results: Pregabalin and clonazepam are widely used in psychiatry and neurology. Pregabalin is an alpha 2 omega ligand with supposed GABA-mimetic properties. Anecdotal reports suggest that pregabalin, used recreationally in amounts up to 3-20 times the therapeutic doses, possesses both sedative and psychedelic effects. Experimenters are mainly individuals with a history of recreational polydrug use, who are aware that pregabalin is not included in standard drug monitoring tests, with this molecule being used in some instances as a legal substitute of common illegal drugs. Clonazepam is a benzodiazepine that combines high potency and a long duration of action and is said to cause euphoria at doses over 8mg. It is very popular and affordable, placing consistently in the top three of benzodiazepines sales across the globe. Clonazepam has potential for tolerance build up and severe withdrawal symptoms. These medications are frequently used together and in combination with other substances such as alcohol and opiates, increasing the risk for respiratory failure and death.
Conclusions: Prescription medications such as pregabalin and clonazepam are extremely accessible, inexpensive and highly addictive substances, whose abuse is well disseminated across MENA countries. With migratory flows from this region, the

prevalence of misuse of these drugs in Europe is expected to increase. Therefore, physicians should be aware of their potential for abuse and carefully evaluate patients' previous history before prescribing these medications.

Disclosure of Interest: None Declared

EPV0010

Obsessive-compulsive disorder after long-term cannabis use – case report

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Introduction: Obsessive-compulsive disorder (OCD) is characterised by intrusive thoughts and repetitive behaviours that considerably impact general functioning. Recent evidence links the endocannabinoid system to OCD neurobiology, and several case reports describe significant improvement after using dronabinol (synthetic tetrahydrocannabinol) in patients with severe OCD. Nevertheless, to what extent this new information can change our perspective on pharmacological treatment in OCD is unclear.
Objectives: We present the case of a patient with obsessive-compulsive symptoms triggered after increased long-term cannabis use. Our purpose is to emphasise the necessity of continuous research and a better understanding of the correlation between OCD and cannabis derivates before formulating treatment recommendations.
Methods: We used psychiatric assessments to evaluate the patient's symptoms and evolution over time and exclude other possible causes that could have triggered the disorder.
Results: Our patient is a 37-year-old man who has been frequently brought to the hospital by the police in the last 11 years for psychomotor agitation after cannabis use. This year, he came to the hospital by himself, complaining about intrusive thoughts that required motor and mental repetitions to reduce anxiety. His obsessions were mainly about the need for symmetry and exactness and his checking compulsions about his mother's health. The symptoms required more than half a day and caused functional impairment. A detailed history did not outline any obsessive-compulsive symptoms before the previous year. The patient denies using new drugs, and we did not identify other medical conditions that could better explain the symptoms. However, he admits to increasing the doses and frequency of cannabis use during the last year. After two weeks of cannabis abstinence and Sertraline treatment, his symptomatology improved significantly, with a reduction of more than 50% in the time spent daily on mental and motor compulsions, reduced anxiety, and a noticeable increase in overall functionality. In addition, the Yale-Brown Obsessive Compulsive Scale result decreased from 35 on the first day to 17 on discharge.
Conclusions: Recent studies support the use of cannabis derivates for treating OCD symptoms. However, this case report outlines that prolonged cannabis use could also trigger OCD. Therefore, further studies are necessary to identify not only the potential benefits but also the potential risks of using cannabinoids as a pharmacological intervention.
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EPV0011

Alcoholism – can total abstinence be achieved or should we tread more lightly?

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Introduction: What defines any addiction, including alcohol dependence? Other than the accepted definitions from WHO, ICD or DSM, addiction is characterized by constant returns to alcohol consumption. Whether called relapse or lapse (slip), the truth is that patients - once abstinence is initiated - return to drinking in a matter of months (50% within 3 months, 65% within 6 months and 80% within 1 year). So why are we looking for total abstinence when treating patients with alcohol dependence, when the results are so poor? Should we look at this complex and intricated problem with monochrome lenses? Black or white? Couldn't a more moderate approach present with better results? I think that a more reasonable response to this problem could be controlled drinking. Not just as an intermediate goal when seeking life long abstinence, but as a stand-alone indication, as an ultimate treatment goal. Are we looking to get healthy patients, with good social lives and satisfying quality of lives patients or are we just looking to obtain abstinence? Sure, alcohol should be forbidden to those with severe co-morbidities related to alcohol consumption (who could only worsen) should the consumption persist, but should all patients fall under the same category? Should total lifetime abstinence and relapse prevention remain the gold standard when treating this burden, even with emerging pharmacotherapy? Although additional pharmacotherapy for alcohol dependence exists, physicians may be reluctant to prescribe them, therefore they are severely underutilized. We should break barriers and rethink the way we treat this pathology, from medication to end-goals.
Objectives: Raise awareness in the way we currently treat alcohol dependence among physicians, showing that a more considerate and moderate approach could be more beneficial, rather than a lifetime abstinence goal.
Methods: Relevant papers were selected for review from literature, from both sides of the treatment approach spectrum
Results: Although controlled drinking is accepted by a wide selection of physicians specializing in alcohol dependency treatment and studies have shown that pharmacotherapy for alcohol dependence works, current treatment guidelines (including EMA) still recommend total abstinence as an ultimate goal.
Conclusions: The presentation is not intended to draw definitive conclusions, just raise awareness regarding the way we view and treat alcohol dependence.

Disclosure of Interest: None Declared