

conventions, according to the European Union Drugs Agency (EUDA). The history of NPS encompasses approximately two decades, but this category of substances is continually expanding.

**Objectives:** To review the literature for data regarding the practical challenges the use of NPS raises for mental health specialists, in order to help clinicians in the construction of an adequate case management plan for these patients.

**Methods:** A literature review was conducted in three electronic databases (PubMed, Cochrane, and Web of Science/Clarivate) to find primary and secondary sources published between January 2000 and September 2024. The keywords used were „novel psychoactive drugs”, „synthetic cathinone”, „cannabimimetics”, „synthetic cannabinoids”, „synthetic stimulants”, „phenethylamines”, „legal highs”, „designer drugs”, „emergency”, „intoxication”, „case management”, and „challenge”. There was no restriction regarding the age of participants, but only sources published in English were selected.

**Results:** Based on the 27 sources retained for detailed analysis, six main clinically focused challenges related to NPS use were identified. The lack of characteristic clinical manifestations of NPS intoxication is provocative, especially for the presentations in the emergency rooms (ER), where a rapid differential diagnosis is needed. The second challenge detected was polydrug use, with studies reporting more than 50% of the users combining different NPS or NPS with conventional drugs of abuse. The third difficulty is related to the difficulty of detecting the NPS in the consumers due to the continuously changing structures by designers, who are trying to avoid the current legislation. The fourth aspect is related to the high costs of screening for NPS and the need, despite these costs, to apply such screening in the psychiatric population, which is considered vulnerable to the use of these drugs, according to epidemiological studies. The fifth challenge is related to the lack of specific treatments in the case of NPS intoxication, with management strategies being limited to supportive and symptomatic care. The sixth aspect refers to the need to hospitalize patients with NPS intoxication in ICU departments due to their unpredictable evolution, need for monitoring, cardiovascular and neuropsychiatric toxicity, polydrug use, etc.

**Conclusions:** There is an acute need for routine screening for NPS in the ER whenever a drug intoxication is suspected and especially in psychiatric populations where the anamnesis could be difficult. Case management requires ICU hospitalization, intensive monitoring, supportive care, and a post-ICU psychiatric evaluation and treatment for relapse prevention.

**Disclosure of Interest:** None Declared

## EPV0124

### Evaluation of the quality of life in patients with substance use disorders – A suggested algorithm

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**Introduction:** Assessment of the quality of life (QoL) in patients diagnosed with substance use disorders (SUDs) is important due to

the need to explore potential ways of improving the prognosis and evolution of these patients towards recovery and prolonged abstinence. The impact of SUDs on the QoL is often difficult to determine in the absence of structured methods because of the multiple factors that may moderate the results, including misperceptions of the patients on the effects of the drugs of abuse (DOA), stigmatization, countertransference aspects of the therapeutic relationships, etc.

**Objectives:** To assess the most validated psychometric tools dedicated to the evaluation of QoL in patients with SUDs.

**Methods:** A literature review was conducted in three electronic databases (PubMed, Google Scholar, and Clarivate/Web of Science) to find clinical reports published between January 2000 and September 2024 regarding the QoL instruments in patients with SUD. The keywords used were “substance use disorders”, “quality of life”, “health-related quality of life”, “scales”, “inventories”, and “questionnaires”. There was no restriction regarding the age of participants, and only sources published in English were selected.

**Results:** The most frequently reported scales used for the purpose of monitoring the QoL in patients with SUDs were the Short-Form Health Survey (SF-36) and EuroQoL (EQ) 5D 5L. Also, WHOQOL-BREF, which is associated with the WHO International Classification of Diseases system, is a comprehensive and useful instrument that may be applied in patients with SUDs. Health-related Quality of Life for Drug Abusers (HRQOLDA) and Injection Drug Use Quality of Life Scale (IDUQOL) may be used in this specific population because they refer more exactly to daily life aspects of the patients with SUD that interfere with their QoL, but these instruments are less known and applied by clinicians.

**Conclusions:** General instruments, like surveys or inventories, targeting the evaluation of QoL and, also, more specific instruments focused on the quality of the daily life of patients with SUDs need to be administered in case management because these may highlight important areas of therapeutic intervention. The inclusion of such instruments is expected to have multiple benefits, such as better treatment adherence through the improvement of the therapeutic relationship, more targeted interventions for the needs of this population, etc.

**Disclosure of Interest:** None Declared

## EPV0125

### Moving towards new targets in the pharmacological treatment of substance use disorders

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**Introduction:** Substance use disorders (SUDs) are a highly prevalent and complex class of psychiatric illnesses that lead to increased rates of mortality and morbidity, societal costs, low quality of life, and difficulties in all important areas of personal functioning. Although SUDs are constantly explored from a therapeutic perspective, there are very few validated treatments available for these disorders.