

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.1000>

## EV16

### The structure of mental disorders in HIV-infected patients with syphilis

E. Chumakov<sup>1,\*</sup>, N. Petrova<sup>2</sup>, I. Smirnova<sup>3</sup>

<sup>1</sup> Saint Petersburg State University, Department of Psychiatry and Narcology, Saint-Petersburg, Russia

<sup>2</sup> Saint Petersburg State University, Department of Psychiatry and Narcology, Saint Petersburg, Russia

<sup>3</sup> Saint Petersburg State University, Department of Infectious Diseases- Epidemiology and Dermatovenerology, Saint Petersburg, Russia

\* Corresponding author.

**Introduction** There are no data in literature on mental disorders in HIV-infected patients with syphilis.

The objective of the study was to determine the structure of mental disorders in HIV-infected patients with syphilis.

**Method** Sixty-five HIV-infected patients with syphilis were examined by a clinical method.

**Results** The sample included 45 men (average age 32.09 ± 9.83) and 20 women (average age 31.7 ± 5.97). We divided the sample into three comparison groups (according to the importance of risk factors): women, men who have sex with men (MSM), and men who have sex with women (MSW).

Mental disorders were identified in most patients (83%). Opiate dependence (F11, ICD-10) was established in 55% of women (7.7% for MSW, 0% in MSM;  $P < 0.001$ ). The dependence on multiple drug use (F19) was revealed with nearly the same frequency in women (25.0%) and in MSW (23.1%); but far less frequently in MSM (3.2%;  $P = 0.047$ ). The dependence on stimulants (F15) was found in women (5.0%) and MSM (6.3%). The dependence on alcohol (F10) was more common among MSW (61.5%) and women (50.0%) (9.4% in MSM;  $P < 0.001$ ). 20% of women had Depressive episode (F32). Adjustment disorders (F43) were found much more often in men (43.8% for MSM; 38.5% for MSW; 10% for women;  $P = 0.035$ ). Personality disorders (F60) were found in all the groups.

**Conclusions** We revealed a high incidence of addictions among women and MSW. Affective disorders were represented by depressive episode in women and adjustment disorders in men.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.1001>

## EV18

### Assessing Comorbidities and service use among patients with benzodiazepine abuse

B. Cook<sup>1,\*</sup>, L. Chavez<sup>2</sup>, R. Carmona<sup>3</sup>, M. Alegria<sup>4</sup>

<sup>1</sup> CMMHR – Cambridge Health Alliance and Harvard Medical School, Psychiatry, Cambridge, USA

<sup>2</sup> University of Puerto Rico, Medical Sciences, San Juan, PR, USA

<sup>3</sup> Fundacion Jimenez Diaz, Psychiatry, Madrid, Spain

<sup>4</sup> Massachusetts General Hospital/Harvard Medical School, Medicine, Boston, USA

\* Corresponding author.

Prior studies have identified that individuals with comorbid substance use disorder and mental health disorder are at a greater risk of benzodiazepine abuse compared to individuals that present with mental health disorder without an accompanying substance use disorder. These studies were conducted in predominantly white populations, and little is known if the same associations are seen in safety net health care networks. Also, the literature is mixed as

to whether or not psychiatrists' prescription of benzodiazepines places individuals at undue risk of benzodiazepine abuse.

We use 2013–2015 electronic health record data from a Boston healthcare system. Patients with benzodiazepine abuse were identified if they had received treatment under the ICD-9 code 304.1. Benzodiazepine abuse was compared between patients with only mental illness and patients with existing comorbid substance and mental health disorder, in unadjusted comparisons and adjusted regression models. Covariates in regression models were used to identify subgroups at higher risk of benzodiazepine abuse.

Individuals with benzodiazepine abuse had higher rates of emergency room and inpatient use than patients with other mental health and/or substance use disorders. Those with comorbid substance and mental disorder were significantly more likely than individuals with mental or substance use disorder alone to abuse benzodiazepines ( $P < .01$ ). Among those with benzodiazepine abuse, 93.3% were diagnosed with a mental illness, 75.6% were diagnosed with a substance use disorder (other than benzodiazepine), and 64.4% had comorbid anxiety disorder and substance use disorder. These analyses suggest that patients with benzodiazepine abuse have complex presentations and intensive service use.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.1003>

## EV20

### The incidence of hepatitis C virus infection among opiate drug users in Mamoura hospital patient in Alexandria, Egypt

S. Darwish<sup>1,\*</sup>, N. Sadek<sup>2</sup>, H. Hoda<sup>3</sup>, M. Bothaina<sup>3</sup>, I. Farag<sup>3</sup>

<sup>1</sup> Mamoura Mental State Hospital, Adult Psychiatry and Addiction, Alexandria, Egypt

<sup>2</sup> Medical Research Institute, Department of Hematology, Alexandria, Egypt

<sup>3</sup> Medical Research Institute, Department of Biochemistry, Alexandria, Egypt

\* Corresponding author.

0 0 1 276 1575 recovery 13 3 1848 14.0 96 800x600 Normal 0 false false false EN-US JA X-NONE.

**Introduction** Egypt is one of the most famous endemic areas for hepatitis C virus. Drug use in Egypt is rising exponentially. Drug use is always considered one of the main risk factors for HCV.

**Objectives** To assess the effect the route of drug use on the incidence of HCV in the Egyptian population.

**Aim** To study the effects of opiates (tramadol and heroin) use and the route of intake on the incidence of HCV infection among addicts treated in Mamoura mental state hospital, Alexandria, Egypt.

**Methods** This is a cross-sectional study on drug dependence patients visiting the out patient clinic for addiction in Elmamora Hospital.

Subjects were divided into two groups.

Group I: Control group.

Twenty non-addict volunteers.

Group II: Cases groups (comprising 60 subjects)

This group will be divided into three sub-groups each contains 20 cases.

Group IIa: consuming tramadol.

Group IIb: consuming tramadol and heroin by injection.

Group IIc: consuming tramadol and heroin by inhalation.

All studied groups were subjected to:

1. detailed history taking, urine screening tests for drugs of abuse, liver functions tests and HCV screening.

**Results** The study showed deterioration in liver function tests in the heroin and tramadol use groups compared to the tramadol only use.