

## EPP0204

## Why do mentally ill, homeless people use substances?

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**Introduction:** In the Danish social welfare system, few people are homeless solely for economic reasons. In fact, 38% of homeless people suffer from both substance use and a psychiatric disorder, making diagnostic assessment and treatment difficult. This patient group, with dual diagnoses, often fail to receive effective treatment, and the consequences are far reaching and detrimental. A more comprehensive grasp of the history and patterns of substance use in these patients may contribute to improve their treatment.

**Objectives:** To identify the role and patterns of substance use in mentally ill, homeless people.

**Methods:** 50 homeless, mentally ill patients are examined in comprehensive interviews, exploring the relationship between substance use, homelessness, and suffering from a mental disorder. The data are analyzed quantitatively as well as qualitatively using thematic analysis.

**Results:** Preliminary results indicate that substance use in mentally ill homeless patients is a complex phenomenon. On the one hand, substance use seems to contribute to keep the patient homeless and makes it difficult for the patient to get the necessary psychiatric help. On the other hand, substance use also appear to play an important part in coping with life on the streets by offering some kind of social contact and some relief from a desperate situation.

**Conclusions:** It seems that the triad of substance use, mental illness, and homelessness somehow reinforce each other and simultaneously locks the situation. New approaches for disentangling this locked situation and avoiding this 'Bermuda triangle' is needed.

**Keywords:** Homelessness; dual diagnosis; Substance use

## EPP0199

## A cup of coffee, what else?

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**Introduction:** Caffeine is the worldwide most frequently consumed psychostimulant. Its availability is nearly unlimited and in Europe it is not subject to state regulation. In the DSM-5 "caffeine use disorder" is categorized as a possible future disorder that currently needs further study.

**Objectives:** To describe clinical evaluation, diagnosis, treatment and evolution of a 24 years old female patient.

**Methods:** A 24-year-old woman admitted to the Dual Pathology Unit with a diagnosis of: unspecified psychotic disorder, mild intellectual disability and borderline disorder. In week 17 of admission, she decided to suspend the medication, with significant

improvement. Therapeutic permits increase and Wais-III is repeated, resulting in having a limited intellectual capacity. Two months after being discharged, she was readmitted with manic symptoms. The nursing staff discover that she was drinking a large amount of caffeine (up to 4 liters / day). After gradually stopping caffeine intake, she was discharged without psychopharmacological treatment, being able to lead a normalized life, even studying a medium degree. No more incomes were needed.

**Results:** Caffeine produces psychomotor-activating, reinforcing, and arousing effects.

**Conclusions:** The pattern of caffeine use of patients should be considered in the medical practice. The psychostimulant properties of caffeine are reviewed and compared with those of prototypical psychostimulants able to cause substance use disorders.

**Keywords:** caffeine; dual pathology; Addiction

## EPP0203

## Forced normalization and psychosis

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**Introduction:** Epilepsy is associated with a wide range of psychiatric manifestations. Forced normalization occurs when the establishment of improved seizure control in a patient with previous uncontrolled epilepsy leads to the emergence of psychiatric symptoms, which include, among others, psychotic phenomena.

**Objectives:** We aim to review the literature regarding the phenomenon of forced normalization and its association with psychosis.

**Methods:** We performed an updated review in the PubMed database using the terms "forced normalization" and "psychosis". The included articles were selected by title and abstract.

**Results:** Psychosis is the most common behavioural disturbance in forced normalization, usually manifested as delusions and hallucinations. Forced normalization is more frequent in young female patients with drug-resistant focal epilepsy. Antiepileptic drug treatment and epilepsy surgery are the most common triggers. Institution of antipsychotics and management of antiepileptic drugs are part of the treatment. Prognosis seems to be better in women, children and patients with generalized epilepsy, among other factors.

**Conclusions:** Forced normalization is an overlooked entity, the pathophysiology of which remains largely uncertain. The recognition of forced normalization by psychiatrists is crucial for adequate patient treatment including pharmacological management and consultation with a neurologist

**Keywords:** psychosis; Epilepsy

## EPP0204

## The impact of treatment with antidepressants on HBA1c- and LDL levels in type 2 diabetes: A real-world within-subject study

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**Introduction:** With regard to glycemic control in type 2 diabetes (T2D), treatment with antidepressant drugs is a double-edged sword. Real-world, population-based data on the impact of antidepressant treatment on glycemic control in T2D is absent from the literature.

**Objectives:** To estimate the impact of treatment initiation or termination with an antidepressant on HbA<sub>1c</sub> levels in individuals with T2D.

**Methods:** Population-based, within-subject, study design examining HbA<sub>1c</sub> levels in the 16 months leading up to - and the 16 months following - antidepressant treatment initiation or termination, respectively. All individuals with newly developed T2D between 1 January 2000 and 31 October 2016 were identified. Study population 1 consisted of individuals that initiated antidepressant treatment after incident T2D and age- and sex matched individuals with T2D and without antidepressant treatment. Study population 2 consisted of individuals with prevalent antidepressant use at the time of incident T2D, who terminated antidepressant treatment during follow-up, and age- and sex matched individuals with T2D and without antidepressant treatment.

**Results:** Antidepressant treatment initiation was associated with a decrease in HbA<sub>1c</sub> levels (7.05% to 6.89%). The age- and sex matched individuals did not have a change in mean HbA<sub>1c</sub> levels after the matched date. Antidepressant treatment termination was associated with a decrease in HbA<sub>1c</sub> levels (7.05% to 6.73%). Age- and sex matched individuals did not see a change in HbA<sub>1c</sub> levels after the matched date.

**Conclusions:** These findings suggest that antidepressant treatment initiation is not associated with adverse effects with regard to glycemic control in T2D. Rather, the data are indicative of a beneficial effect.

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**Keywords:** Depression; Type 2 Diabetes; Glycemic control; Population-based study

## EPP0205

### Characteristics of hallucinatory-paranoid disorders in patients with vascular dementia of different stages of development

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**Introduction:** The most frequent and severe non-cognitive disorders in dementia are hallucinatory-paranoid disorders (HPD), which cause social dysfunction and financial burden of this pathology.

**Objectives:** To study the features of HPD in vascular dementia (VD), an approach using clinical-psychopathological, psychometric, psychodiagnostic and mathematical-statistical methods was used.

**Methods:** The study was based on the examination of 75 patients with HPD in VD and 63 patients with VD without HPD.

**Results:** In patients with VD in the middle stage of development in the structure of clinical manifestations was dominated by frequent paranoid and paranoid disorders (in 75.6% of patients,  $p < 0.05$ ) with a systemic delusional plot (in 70.1% of patients,  $p < 0.01$ ) material damage, robbery, theft (in 26.8% of patients,  $p < 0.01$ ), relationships (in 21.9% of patients,  $p < 0.01$ ) and jealousy (in 17.1% of patients,  $p < 0.01$ ), which ran in the form of paranoid delusional disorder (63.4%), acute paranoia (12.2%) and hallucinations (24.4%). In patients with VD in the late stage of development, the clinical and psychopathological structure of GPR was characterized by a predominance of frequent, hallucinatory disorders (82.4% of patients,  $p < 0.01$ ) in the form of healthy (23.5%,  $p < 0.1$ ), tactile (20.6%,  $p < 0.01$ ) and auditory (26.5%,  $p < 0.5$ ) hallucinations, which took the form of hallucinations (44.2%,  $p < 0.05$ ), confusion (61.5%,  $p < 0.05$ ) and paranoid delusional disorder (17.6%,  $p < 0.01$ ).

**Conclusions:** The study of the clinical and psychopathological structure of HPD in patients with dementia of different stages of development revealed their dependence on the stage of development of the pathological process.

**Keywords:** vascular dementia; hallucinatory-paranoid disorders

## EPP0207

### Depression and anxiety disorders in chronic hemodialysis patients

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**Introduction:** Depression and anxiety are among the most common comorbid illnesses in people with end-stage renal disease. They are under-recognized in hemodialysis (HD) patients.

**Objectives:** The aim of this study was to assess the prevalence of depression and anxiety disorders among HD patients and its associated factors.

**Methods:** A cross-sectional study including patients on hemodialysis at the dialysis unit of the University Medical Center of Mahdia, Tunisia, conducted from December 2016 to January 2017. A standard self-administered questionnaire-the Hospital Anxiety and Depression Scale (HADS) was used in the study to measure the presence and severity of anxiety and depression in the study population.

**Results:** were collated from 55 patients. Overall, 32.7% of patients reported depression and 23.6% reported anxiety. Among symptoms, depression had a significant correlation with diabetes, high blood pressure, and duration of dialysis ( $p < 0.05$ ). Regarding anxiety, this significant correlation was only seen with the duration of dialysis.