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Exercise addicts with injuries are in risk of depressionM. Lichtenstein^{1,*}, K. Andersen², U. Jørgensen³¹ Department of Psychology, University of Southern Denmark, Odense C, Denmark² Research Unit of Clinical Alcohol Research, University of Southern Denmark, Odense, Denmark³ Orthopaedic Department, Odense University Hospital, Odense, Denmark

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Introduction Exercise addiction is characterized by increasing exercise amounts, withdrawal symptoms and lack of control. Exercisers with addiction continue to exercise in spite of pain and injury because they use exercise to regulate emotions, identity and self-esteem. How do they react to injuries?

Objectives It is hypothesized that exercise addiction is a risk factor for emotional distress when an injury occur due to withdrawal symptoms and lack of identity.

Aims To estimate the prevalence of exercise addiction in exercisers with injuries at the musculoskeletal system and to test the relationship between addiction and emotional distress (depression and stress).

Methods The Exercise Addiction Inventory was used to identify exercise addiction. To measure depression and stress we used the Major Depression Inventory (MDI) and the Perceived Stress Scale (PSS). Participants ($n = 694$) were regular exercisers with injuries at foot, knee or shoulder at an orthopedic hospital department.

Results The prevalence of exercise addiction was 7.6%. We found that exercisers with addiction reported more emotional distress in terms of higher MDI-scores 18.0 (SD = 11.0) versus 11.7 (SD = 9.1); $P = 0.00$ and in total PSS-score 17.6 (SD = 7.2) versus 13.9 (SD = 6.8); $P = 0.00$. Chi² analyses showed that 25% of the addicted exercisers met the criteria for clinical depression, while only 11% of the non-addicted exercisers were depressed; $P = 0.00$.

Conclusions Exercisers with addiction appear at somatic departments treating musculoskeletal injuries. It is a vulnerable group characterized by elevated levels of depressive symptoms and clinical stress. We recommend to offer psychological interventions focusing on emotional distress and prevention of re-injury by reducing excessive and obsessive exercise patterns.

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

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Qualitative study of patients with dual pathology in treatment with aripiprazole extended-release injectable suspensionL. Fernández Mayo^{*}, D. Baño Rodrigo, E. Barbero García, M. Agujetas Rodríguez

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Introduction Studies describe patients with dual pathology as subjects with worse clinical evolution and worse therapeutic response. These subjects have high percentages of worse therapeutic compliance and low adherence to psychopharmacological treatment. The conventional antipsychotics can induce dysphoria and worse craving and drug use. The long duration-injectable antipsychotics could serve as a good therapeutic alternative because they combine efficacy and tolerability.

Objectives We analyzed subjects treated with aripiprazole injectable to demonstrate its effectiveness on symptomatology, the reduction of craving and consumption of substances.

Materials and methods We studied subjects with dual disorders at a Center for Attention to drug addicts treated with aripiprazole extended-release injectable. All of them met criteria for the diagnosis of disorders for cannabis and cocaine use. All of them had been previously treated with oral antipsychotics and/or injectable of long duration. Evolution of craving and consumption were evaluated through clinical interviews and urine analysis.

Results Cannabis was the main substance for all the patients. Three of them also often abused of cocaine. All of them were taking other treatments previously. The main causes of the change were: side effects and/or poor compliance. Only one patient discontinued follow-up. The rest of them showed good therapeutic adherence and better tolerability with aripiprazole injectable. The monthly dose was 400 mg.

Conclusions Aripiprazole extended-release injectable is a good choice for dual disorders. A good therapeutic adherence involves not only a psychopathological improvement but also respect to craving and consumption, which makes aripiprazole injectable a suitable therapeutic option.

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

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EV59

Nalmefene and alcohol use disorder. Evaluation of clinical cases at a treatment centre for drug addictsL. Fernández Mayo^{*}, D. Baño Rodrigo, E. Barbero García, M. Agujetas Rodríguez

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Introduction Alcohol abuse causes dopamine release in the mesolimbic system, which activates the reward circuit. This is linked to an interdependent opioid, serotonergic and endocannabinoid system. Nalmefene is a modulator of the endogenous opioid system, with antagonistic effect on mu and delta receptors, and a partial agonist activity kappa. This means that reduces the reinforcing effects of alcohol consumption through the cortical-mesolimbic system. Therefore, when a patient takes nalmefene, the satisfaction obtained when he drinks is lower, which increases the possibility to have more control over drinking.

The efficacy of nalmefene was evaluated in two profiles of patients: 1. No abstinence in alcohol dependence disorder and continuous relapses, 2. Cocaine dependence disorder associated to alcohol abuse.

Objectives Improving the quality of life and compliance rates due to the difficulties of following a strict treatment to achieve the abstinence. Furthermore, in cases of patients with cocaine dependence disorder and alcohol abuse, the objective is to avoid cocaine use by reducing previous alcohol consumption.

Conclusion nalmefene offers the possibility of treating the addiction from a new perspective. Our current clinical experience has been able to treat subjects with conventional treatments failures and those who need to achieve the necessary control to reduce cocaine use.

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

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EV60

Aripiprazole oral treatment in a sample of patients with dual diagnosisC. Llanes Álvarez^{1,*}, A. San Román Uría¹, A. Caldero Alonso¹, M.Á. Garzón de Paz², M.Á. Franco Martín¹¹ Complejo Asistencial de Zamora, Psiquiatría, Zamora, Spain

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Introduction Aripiprazole is the firstborn of the new dynasty of antipsychotic called third generation or neuromodulator of dopamine-serotonin system. It has proven to be an effective and well-tolerated antipsychotic. Dual Pathology represents the presence of comorbidity between mental illness and substance use disorders. It is an under-diagnosed problem and it is increasing frequency.

Objectives The aim of this study was to determine and describe the clinical profile of the patients admitted to the Dual Pathology Unit (UPD) at The Montalvos Hospital (Part of Salamanca University Teaching Hospital, Spain) treated with oral Aripiprazole.

Methods Descriptive, observational, retrospective study of a sample of patients admitted to the UPD to which oral aripiprazole was prescribed during hospitalization. A number of sociodemographic, clinical, and treatment-related variables are described.

Results From a sample of 25 patients and according to DSM-5 criteria (APA, 2013) main diagnoses were: 14 cases of substance-induced psychotic disorder, 3 cases of schizophrenia; 3 cases of schizoaffective disorder; 2 cases of bipolar disorder; 1 case of schizophreniform disorder; 1 case of borderline personality disorder; 1 case of personality syndrome. The most used drugs before the admittance were cocaine, cannabis and opioids. The average dose of aripiprazole was 9 mg and no side effects or drug interactions were reported.

Conclusions Apart from its well known efficacy in treatment of psychosis, oral aripiprazole may be a first line treatment for Dual diagnosis patients, specially those with problems of non-compliance, due to high level prolactin side effects.

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

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Personality disorders: Which personality features lead to a comorbid substance use disorder?

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Introduction Dual Diagnosis (DD) refers to coexistence of a psychiatric disorder, which is often a Personality Disorder (PD), and a Substance Use Disorder (SUD). Despite DD is a topic of interest in recent years, few studies have focused on the temperament and character traits of PD patients with or without a comorbid SUD. Anyhow, the assessment of personality traits may be helpful to understand the relation among psychiatric disorder, drug use and environment in patients with addictive behaviors.

Aims The aim of this study is to compare two subgroups of PD patients, with and without a comorbid SUD. Sociodemographic, clinical and personality profile, as assessed with the Temperament and Character Inventory, will be compared.

Methods We are recruiting patients with a PD diagnosis referring either the psychiatry ward or outpatient service of the AOU "Maggiore della Carità", Novara, Italy; secondly, we will group them according to the presence/absence of SUD. Cloninger's TCI-R will be administered together with a structured interview to gather sociodemographic and clinical information.

Results Data collection is ongoing; we expect to find a different personality profile in PD and DD Patients.

Conclusions Temperament, which is the biological part of the personality, seems to have an important role in addictive behavior; therefore assessing the personality traits of DD patients can help to improve the differential diagnosis and to establish strategies

for treatment and prevention. In particular, sensation seeking and impulsivity are temperamental characteristics that may favor SUD in patients with psychiatric disorders.

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

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Video game addiction: Providing evidence for Internet gaming disorder through a systematic review of clinical studies

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Introduction The American Psychiatric Association introduced in Internet Gaming Disorder (IGD) in the appendix as a tentative disorder in the last edition of the Diagnostic and Statistical Manual of Mental Disorders. However, currently no systematic review exists about excessive gaming viewed from a clinical perspective.

Objectives and aims To review clinical studies on gaming addiction in order to ascertain characteristics of both clinical and research studies to provide retrospective evidence in relation with the proposed IGD classification (including criteria, measures and therapies).

Methods A systematic literature review of studies published from 1980 to 2015 has been conducted using three major psychology databases: Academic Search Complete, PsycInfo, and PsycArticles. A total of 5033 results from peer-reviewed journals were obtained, where 32 were identified as empirical clinical papers focused on gaming addiction.

Results The clinical research studies on gaming identified were published between 1998 and 2015, most of which included patient samples. Categorizations identified in the research papers included: (i) patients' characteristics (e.g., socio-demographics), (ii) criteria and measures used (e.g., scales to diagnose), (iii) types of gaming problems (e.g., game genre), (iv) and treatments (e.g., type of therapy).

Conclusions Findings will be discussed against the background of the controversial IGD diagnostic criteria proposed in the DSM-5 in order to assess the extent to which previously published clinical knowledge matched the current proposal for including gaming addiction as behavioral addiction in the next diagnostic manual.

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

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EV63

Cannabinoid hyperemesis syndrome

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Case report A 25-year-old man was attended in multiple times at Emergency Department by referring abdominal pain and vomiting. No organic disease was found and he was referred to Psychiatric Emergency to assess him. He had history of cannabis use (4–5 times/day) during last 5 years. He referred recurrent episodes of abdominal pain and vomiting since 4 years ago, he had found that having hot showers alleviate his symptoms. Urine screening was positive for THC and negative for other drugs. In results of blood tests, abdominal X-ray, abdominal ultrasonography, abdominal tomography and fibrogastroscopy didn't find any abnormality. He was diagnosed from suffering a somatoform disorder. Treatment with Setraline 50 mg/day was prescribed and cannabis abstinence