

Historically associated mainly with schizophrenia (e.g., catatonic subtype), ICD-11, similarly to DSM-5, now recognizes catatonia under a separate classification category, apart from psychotic disorders. In addition to schizophrenia and other primary psychotic disorders, it can occur in the context of other mental disorders, such as mood disorders, or neurodevelopmental disorders, especially autism spectrum disorder. Catatonia can also develop during or immediately after intoxication or withdrawal from psychoactive substances, including phencyclidine, cannabis, hallucinogens such as mescaline or LSD, cocaine and MDMA or related drugs, or during the use of some psychoactive and non-psychoactive medications (e.g. antipsychotic medications, benzodiazepines, steroids, disulfiram, ciprofloxacin). Moreover, catatonia can occur as a direct pathophysiological consequence of various nonpsychiatric medical conditions, e.g., diabetic ketoacidosis, hypercalcemia, hepatic encephalopathy, homocystinuria, neoplasms head trauma, cerebrovascular disease, or encephalitis. Due to the fact that catatonia was mostly associated with schizophrenia, many cases were not diagnosed and thus did not receive indicated treatment. There are no specific “anti-catatonic” drugs, first-line treatment are benzodiazepines and ECT, in addition to the symptomatic and supportive therapy. The recognition of catatonia as an independent category in ICD-11 can improve medical care for catatonic patients in clinical practice.

**Disclosure:** No significant relationships.

**Keywords:** ICD-11; Treatment; Catatonia

## Substitution Therapy beyond Methadone!

### S0091

#### Sodium Oxybate: a Substitute for Alcohol?

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Gamma-hydroxybutyrate (GHB) is a neurotransmitter found naturally in the human brain. Sodium oxybate (SO) is the sodium salt of GHB. In 2000 GHB was classified a Schedule I controlled substance, while SO became a Schedule III controlled substance for medicinal use under the Controlled Substances Act. SO and alcohol share a similar pharmacological profile. GHB acts on GABA<sub>B</sub> receptors and extrasynaptic GABA<sub>A</sub> receptors resulting in alcohol-mimetic effects in several CNS actions. It substitutes the discriminative stimulus effects of alcohol in rats, and has cross tolerance with alcohol. All together, this leads to think of SO as a substitution therapy for alcohol use disorders. SO was initially studied in the prevention of alcohol withdrawal, and it showed similar efficacy to benzodiazepines. The studies on relapse prevention were developed later and the results are mixed and more complex to understand. While open label studies show a positive effect, RCTs have not been able to show a significant effect for the whole sample. Nevertheless, post-hoc analysis show a robust effect in the subsample of patients with high risk drinking levels, that would be the preferred target for a substitution treatment. The potential for abuse of GHB is well documented, which should be no surprise for a substitution treatment. Nevertheless, when correctly prescribed the risk of abuse of SO remains very low, as shown both in clinical trials and in the pharmacovigilance database, with more than

260000 cases documented. SO can be considered a substitution treatment, effective in patients with high risk drinking levels.

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**Keywords:** sodium oxybate; relapse prevention; Alcohol Treatment

### S0092

#### Can Prescribed Cannabinoids Substitute Cannabis?

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Legislative changes in the last years have made possible the prescription of medical cannabis in several countries, often following a growing public demand. However, the medical indications for use and the access to prescribed cannabis are still limited. Prescribers face several challenges in the form of barriers and dilemmas, often related to stigma, and deficient information and training. As a result, many people keep on using illicit cannabis for medical problems. In this session we will outline the most common controversies of cannabis prescription, particularly in psychiatry. We will discuss the ethical considerations regarding prescription practices, the benefit-risk assessment, the limitations of the current knowledge, and some potential solutions to respond to the strong demand from patients and families.

**Disclosure:** No significant relationships.

**Keywords:** medical cannabis; harm reduction; stigma; Cannabis

### S0093

#### Opioid Substitution: More than Only Methadone!

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Opioid misuse and its rising rates of morbidity and associated mortality is an increasing area of concern worldwide. The licit/illicit consumption of opioids ranging from plant-based substances and pharmaceutical drugs (particularly analgesia) to the new synthetic opioids, has brought opioid use disorder (OUD) back to the public health concerns, including not only prevention but also availability of evidence-based treatments. Agonist opioids have demonstrated by long high efficacy and effectiveness for OUD treatment. Although methadone has been the more prescribed drug in most of the countries where opioid agonist treatment is available, other agonist opioids can be prescribed. We will present a start of the art of other agonist opioids available for the treatment of OUD, emphasizing in the differences among them, in line with of personalizing treatment in addiction. We will focus on morphine slow release, buprenorphine (with or without naloxone, sublingual or long-lasting) and diacetylmorphine.

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**Keywords:** buprenorphine; opioid addiction; new synthetic opioids; methadone