

leisure time and sustainable physical activity and exercise was emphasized.

Disclosure of Interest: None Declared

EPV0242

Cannabis use during first episode psychosis in Tunisia

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Introduction: Cannabis use is frequent among patients with psychotic disorders. However, the relationship between cannabis consumption and transition to psychosis has not been fully elucidated.

Objectives: The aim of this study was to assess the prevalence of cannabis use in first episode psychosis and its correlation with transition to psychosis and severity of symptoms.

Methods: A cross-sectional study was conducted at the psychiatric department D of Razi hospital including 50 patients hospitalized for first episode psychosis. The evaluation focused on sociodemographic and clinical characteristics of the patients. We used the cannabis abuse screening test (CAST) and positive and negative syndrome scale (PANSS).

Results: The sex ratio of our patients was 4 men per 1 woman. The mean age was 25.6±6.16 years. Two-thirds of the patients had secondary education (n=24). Half of them had no occupation (n=17). Twenty-five patients (71%) had no psychiatric history. The total PANSS score showed a mean of 58.29±12.90 with extremes between 35 and 91. About 60% of the patients used cannabis with high addiction risk in 81% of cases. The mean duration of cannabis use was 7.04 years, 3 times a week. Cannabis use was correlated to the gender. However, no correlation was found between cannabis use and duration of untreated psychosis neither the negative or positive symptoms.

Conclusions: Although cannabis use is known to accelerate transition to psychosis, it does not affect the severity of symptoms. Further work is necessary to identify the factors that underlie individual vulnerability to cannabinoid-related psychosis and to elucidate the biological mechanisms underlying this risk.

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EPV0243

Smoking treatments for patients with mental illness: case presentation and a brief literature review

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Introduction: Smoking prevalence in patients with mental illness ranges between two to 4 times higher than general population. This higher prevalence has a multifactorial origin, and some of the possible causes are still unknown.

They have a higher prevalence of tobacco-associated diseases and higher mortality.

Additionally, these patients have greater difficulty in treating and quitting smoking.

A relationship has been found between severity of mental illness and smoking. Risk of suicide seems to be higher in patients with higher tobacco consumption. Schizophrenia is the mental illness that has been most closely related to smoking, with a prevalence close to 90%.

Objectives: The aim of this work is reviewing the current bibliography referring to smoking treatments for patients with mental illness

Methods: A literature search using electronic manuscripts available in PubMed database published during the last ten years and further description and discussion of a single-patient clinical case

Results: The treatment of tobacco dependence in patients with mental illnesses is sometimes waited until there is psychiatric stability, which can take a long time in those cases with more severe mental disorders, which can have negative physical and psychiatric consequences.

The combined treatment of cognitive behavioral therapy and pharmacological treatment is the most effective approach. Nicotine replacement therapy can be useful, while combined use of antidepressants or anxiolytics is also recommended.

Bupropion has shown efficacy. In patients with schizophrenia it does not seem to worsen positive symptomatology, but improving the negative one. It should not be used in patients with bipolar disorder or bulimia.

Varenicline has shown efficacy in the general population, but limitations were established in patients with mental illness, although it is the drug that has shown greater efficacy. However, is not currently available in our country.

Cytisine is a drug with limited number of studies in the psychiatric population but it may be a reasonable treatment alternative.

Conclusions: The prevalence of tobacco use in patients with mental illness is higher than the general population, especially in paranoid schizophrenia. The consequences on physical health and the evolution of psychiatric illness are very relevant. Based on above, a multidisciplinary and coordinated management involving psychiatrists and other specialists in the treatment of these patients should be desirable.

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EPV0244

The prevalence of psychiatric comorbidities in epileptic patients

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Introduction: Habituellement, nous voyons dans la consultation psychiatrique des patients épileptiques pour des plaintes

psychologiques. Souvent pour un trouble anxieux ou dépressif. Dans d'autres cas, nous prenons en charge des patients psychiatriques atteints d'épilepsie.

Objectives: L'objectif de notre travail est d'étudier la prévalence de la comorbidité psychiatrique dans une population de patients épileptiques.

Methods: Nous avons mené une étude transversale auprès de la consultation de l'hôpital ar-razi de salé, à l'aide d'un questionnaire et d'échelles d'évaluation préétablies : le MINI (mini entretien neuropsychiatrique international), l'inventaire de la dépression de Beck, et l'échelle d'anxiété de Hamilton.

Results: 55 patients ont répondu aux critères d'inclusion. L'âge moyen de nos patients est de 25,9 ans. Le sex-ratio F/H est de 1,6. Plus de la moitié de nos patients sont célibataires (78%). Seuls 21 % des patients ont une activité professionnelle régulière. La prévalence des troubles psychiatriques dans notre étude est de 66,6%. L'anxiété est retrouvée dans 68,2 % des cas, alors que la dépression est évaluée à 58,9 % des cas dont 23,7 % ont une dépression sévère qu'il faut traiter, avec une prédominance du sexe féminin (66,8 %).

Conclusions: Dans notre étude, l'anxiété et la dépression sont les troubles psychiatriques les plus rapportés en cas d'épilepsie. Ils doivent être systématiquement recherchés pour tout épileptique et traités pour améliorer la qualité de vie des patients.

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EPV0245

depressive disorder and herpes zoster oticus: a case report

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Introduction: The herpes zoster oticus results from the reactivation of the varicella zoster virus, a DNA virus of the Herpesviridae family with strictly human-to-human contamination, affecting the geniculate ganglion of the facial nerve. The manifestations of shingles and post-herpes signs are associated with psychiatric manifestations such as anxiety, insomnia and depressive disorder. Shingles and depressive disorder share common features, such as decreased cellular immunity and a high prevalence in the elderly.

Objectives: Is there a correlation between the intensity of depression and the comorbidity of herpes zoster and depression? Is there an explanation for this association? Can adequate therapy of the infection prevent the occurrence of the depressive disorder? Does the existence of this comorbidity affect the response to antidepressants?

Methods: case report and literature

Results: case report

Conclusions: We will try to answer these questions in this work while illustrating by the case of a patient having been touched by this comorbidity and while being based on what was published in literature.

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EPV0246

Screening for anxiety and depression in active military personnel with asthma

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Introduction: Asthma is the most common allergic respiratory disease and is frequently associated with symptoms of depression and anxiety. However, this association remains poorly understood, especially in active military personnel with asthma who are particularly exposed to a high mental and physical load.

Objectives: To investigate the presence of anxiety and depression in active military personnel with allergic asthma.

Methods: This is a descriptive cross-sectional study conducted at the pneumology department of the Tunis military hospital that interested active military personnel followed for asthma and who consulted the department in the period from January 1, 2022 to October 31, 2022. The Hospital Anxiety and Depression Scale (HADS) was used to assess depression and anxiety.

Results: During the study period, 36 asthma patients were included. The mean age was 35±8 years with a male predominance of 83%. The majority of the participants were non-commissioned officers (91%), whom were in field positions in 68% of cases. The median professional seniority was 9 [6; 17] years. Active smoking was noted in 47% of the participants. Half of the patients had comorbidities. A history of major depressive syndrome was reported by 8% of patients. Current antidepressant treatment was mentioned by only one patient. Asthma was well controlled in 66.7% of cases. Definite anxiety was found in 30% of the patients while it was doubtful in 26% of the population. Depression was present in 18% of the participants. Specialist psychiatric care was recommended for patients with depression and anxiety.

Conclusions: Anxiety and depression are significant comorbidities in asthma patients. Screening for these risks is necessary, especially in the military population whose work requires mental and physical integrity.

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EPV0247

Cyclic voltammetry as a measuring tool in Parkinson's disease and associated psychiatric comorbidities

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Introduction: Despite the rapid increase in disability and death due to Parkinson's disease and associated psychiatric comorbidities (psychosis, depression, cognitive impairment, anxiety), the quest