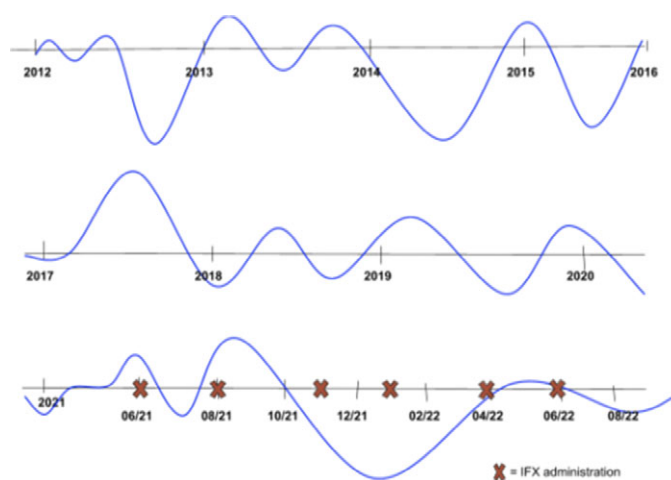


Image:

Conclusions: Although there is very scarce evidence that IFX causes psychiatric symptoms, there are few clinical trials too, showing evidence that TNF-alpha inhibitors may improve depressive symptoms. While we need more information and evidence to support the ideas of TNF alpha inhibitors effects on human neuropsychology, it is of great importance for especially patients with psychiatric history to be closely watched while administering the product, at least to minimize unintended adverse events.

Disclosure of Interest: None Declared

EPV0258**Associations between polysubstance use and psychiatric comorbidities**

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Introduction: Polydrug use studies mention demographic and socioeconomic factors that may influence this problem. One of them is the existence of psychiatric comorbidity; Rentrop's study (Rentrop et al., 2014) finds in a sample of 50 patients that all patients had at least one axis I disorder, 90% at least one axis II disorder, which may compromise the outcome of detoxification and dehabilitation treatments (Rentrop et al., 2014). Another study found that 44.9% of patients admitted to a psychiatric unit are polydrug users (Karam et al., 2002).

Objectives: To study the possible association of polydrug use with psychiatric comorbidity in patients admitted to a general hospital and presenting drug use.

Methods: We made a descriptive retrospective study through the use of electronic medical records. The drug use history was

obtained for all patients admitted to the inpatient service of a general hospital during a 3-year period.

Results: More cases of poly-consumption together with psychiatric comorbidity are found than expected in the χ^2 Test, with significant results ($\chi^2 = 27.2$; $p < 0.001$). The mean age of the patient with poly-consumption and psychiatric comorbidity is 34.9 years.

Psychiatric comorbidity	Polydrug use	No	Yes	Total
		No	Observed	296
	Expected	284	11.64	296
Yes	Observed	217	21	238
	Expected	229	9.36	238
Total	Observed	513	21	534
		513	21	534

Conclusions: Psychiatric comorbidity in patients with polydrug use may be overlooked (Kruckow et al. 2016). Identifying patients with dual diagnosis is important given that these patients suffer decreased treatment compliance and life expectancy compared with single-diagnosis patients (Kruckow et al., 2016).

References: Rentrop, M., Zilker, T., Lederle, A., Birkhofer, A., & Hörz, S. (2014). Psychiatric comorbidity and personality structure in patients with polyvalent addiction. *Psychopathology*, 47(2), 133–140. <https://doi.org/10.1159/000351784>

Kruckow, L., Linnert, K., & Banner, J. (2016). Psychiatric disorders are overlooked in patients with drug abuse. *Danish medical journal*, 63(3), A5207.

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EPV0259**Validation of the Thai version of the Neurological Disorders Depression Inventory for Epilepsy (NDDI-E): Screening for major depressive disorder in patients with epilepsy**

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Introduction: Depression has been recognized as a common comorbidity in patient with epilepsy and is associated with low quality of life. Regular screening for depression may aid in early detection and enhance quality of life.

Objectives: To validate the Thai version of the Neurological Disorders Depression Inventory for Epilepsy (NDDI-E).

Methods: The English version of NDDI-E was translated into Thai. Patients with epilepsy were enrolled at the outpatient neurology clinic from May 2019 to September 2019. Demographic data and clinical characteristics were collected. Participants underwent a psychiatric structured interview using the Mini-International Neuropsychiatric Interview (M.I.N.I.) as a gold standard for the