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Introduction: Protracted abstinence syndrome represent group of attenuated psych that lead to a persistent sense of discomfort among misuse patients after detoxification and may last for some months. Poor sleep in terms of duration and quality is one of the major symptoms of protracted abstinence syndrome

Objectives: To assess polysomnography parameters as potential risk for relapse over six months

Methods: 60 male patients with heroin misuse according to DSM V have been recruited immediately after detoxification phase, they were not receiving other psychactive substances or medications, polysomnography was done in the second week after detoxification to allow washout of medications used during detoxification and then a monthly sleep assessment through sleep diary and daytime sleepiness using visual analogue scale. Relapse was prooved through urine test.

Results: Sample contained 60 male patients with heroin misuse disorder, detoxified successfully with a mean age 35.47 ± 7.32 and addiction severity index total score 3.21 ± 0.22 , polysomnography was done to all sample patients one week after detoxification, 20% relapsed by the third month, rising to 30% by the six month. NREM stages I and II, both limb movement and arousal indices showed significant differnce between relapsed and non-relapsed patients.

Conclusions: Sleep disturbance is common among detoxified heroin misuse patients. Polysomnographic parameters such as percentage of NREM I and I, arousal index and limb mouvement index can potentially predict future relapse over six month follow up period.

Keywords: protracted abstinence; polysomnography; opiate; Relapse

EPP1335

A comparison of the existential and medical models of addiction

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Introduction: After developing an existential model of addiction, it became evident that there are major differences between the existential and medical models of addiction.

Objectives: This research aims to investigate the boundary and overlap between the existential and medical models of addiction.

Methods: The existential model was compared and contrasted with a narrative literature review of the medical model of addiction.

Results: Through the existential definition being-with-drug, addiction is conceptualised in terms of a relationship with the drug and the impact on one's sense of self. The medical model focuses on diagnostic criteria, genetic and environmental risk and protective factors, and an underlying neurobiological explanation. In contrast to the prevalent disease model, the existential view maintains that drug addiction is a coping mechanism used to mitigate existential and neurotic anxiety which results from facing or avoiding the existential givens. Phenomenological research supporting existen-

tial psychotherapy in addiction is contrasted with the quantitative medical research which forms the basis for current addiction guidelines. A comparison of both models is presented focusing on the issues of coping, choice, responsibility, mandatory treatment, medication, psychotherapy and the therapeutic relationship. The biopsychosocial model is compared to van Deurzen's modes of existence, which provides the basis for existential psychotherapeutic interventions. Furthermore, existential literature was examined to determine whether an individual can authentically choose to live addicted.

Conclusions: Both models fall short of giving a holistic view of addiction. A combination of models is necessary to address the diversity of issues patients present with.

Keywords: medical model; choice and responsibility; existential model; Addiction

EPP1336

Substance use amongst adult patients admitted to an irish acute mental health unit.

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Introduction: Comorbid substance misuse in mental illness presents a significant challenge to mental health services. It may lead to higher rates of relapse, hospital admissions and poorer treatment outcomes. Up to 47% of inpatients in Irish mental health units may experience substance misuse. Despite the Irish government's 'Vision for Change' policy (2006), access to specialised services remains variable.

Objectives: Evaluate: -prevalence of substance misuse at an Irish mental health unit. -quality and detail of the recorded substance misuse history. -access to specialised services for patients experiencing substance misuse.

Methods: A retrospective chart review of inpatients in a mental health unit over 12 months, was completed. Information recorded included: demographic details, diagnosis, substance use history; access to substance misuse services. Microsoft Excel was utilised for data input and analysis.

Results: 267 patients were admitted over twelve months. Substance misuse was the primary diagnosis of 6% and the secondary diagnosis of 67%. 46% of patients reported current substance misuse, 52% reported historical substance misuse. Frequency and quantity of use was documented in 65% and 48% of cases respectively. 4% of patients with a substance misuse history were in current contact with addiction services.

Conclusions: Although 46% of patients reported substance misuse, only 4% were in contact with specialised addiction services. This highlights a significant unmet need. There was variability in the quality of the recorded substance misuse history. In order to fully understand comorbid substance misuse, this be addressed. The addition of a more formatted substance misuse section, to admission proformas, may help to alleviate this issue.

Keywords: Mental illness; Addiction; Substance use; acute mental health unit