Otherwise, in the last decades the non-medical use of ketamine has been growing and today is one of the most popular illicit substances consumed between adolescents and young adults. **Objectives:** Increasing the knowledge and understanding of the factors related to the use of ketamine and the experiences and consequences associated to its consumption. **Methods:** Clinical interview with patients diagnosed with ketamine use disorder and bibliographic research in Pubmed database using the terms "Ketamine use" and "Ketamine addiction". **Results:** Pat et al. (2002) describes a clinical case of a young male, diagnosed with substance use disorders, specifically alcohol and cocaine use disorders, that started a treatment with ketamine. After the treatment, pleasant depersonalization experiences contributed to the development of patient’s ketamine dependence. Other patient’s reports confirm the association of ketamine use with psychedelic effects and dissociative episodes and pointed these effects as main reason for its consumption. **Conclusions:** The adverse effects that limited the medical use of ketamine are the same that promote its utilization with recreational purposes by adolescents and young adults in parties and nightclubs. About the ketamine dependence, the literature is scarce and doesn’t clearly identify a physical withdrawal syndrome, pointing only to a serious psychological dependence. Thus, with the crescent non-medical use of ketamine, it’s urgent to develop an intervention plan directed to this problem. **Disclosure:** No significant relationships. **Keywords:** Ketamine; Ketamine addiction; Ketamine use

**EPV1549**

**Gambling disorder and suicidal behavior : A case report :**

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**Introduction:** Gambling disorder involves repeated problematic gambling behavior that causes significant problems or distress. It is also called gambling addiction or compulsive gambling. In Tunisia, a muslim country, gambling is prohibited and casinos are non-existent or only for tourists with foreign currency. Lately, with the spread of casinos online and sites of sports betting, gambling's become problematic in Tunisia. People accumulated huge debts with feelings of shame and guilt leading to suicidal attempts. **Objectives:** Studying the link between gambling disorder and suicidal attempts and comparing the different preventive measures proposed for online gambling. **Methods:** A case of a patient with gambling disorder that was hospitalized in a psychiatric hospital for a suicidal attempt by stabbing himself and a review of a literature. **Results:** Mr. R.A was a 42-year-old man with no family nor personal psychiatric history. He has no history of a particular substance use disorder. He was married and a father of two children and has a regular job. A year ago, he stated gambling on internet sites using his phone cell and, in several months, he lost a lot of money and accumulated debts. Lately he committed two attempts of suicide. The first one was by swallowing rat poison. The second one was a month later, by stabbing himself with a knife that caused evisceration and required surgery then an hospitalization in a psychiatric unit. **Conclusions:** There’s evidence that GD and SB are associated, although there’s disagreement about the nature of this association. Adequate preventive measures should be considered by governments. **Disclosure:** No significant relationships. **Keywords:** gambling; Addiction; behaviour; Suicide

**EPV1550**

**Schizoaffective disorder induced by substance abuse: a case report**

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**Introduction:** We present the case of a 33-year old man that suffer chronic cocaine and cannabis use since adolescence and at age of 25 develops depressive symptoms and later psychotic symptoms not congruent with mood state. He met criteria for schizoaffective disorder at that moment and was treated with antidepressants and antipsychotic drugs, improving symptomatology even without stopping completely substance use. **Objectives:** To study the relationship between schizoaffective disorder and cannabis and cocaine use, including the neurobiological disturbance secondary to these drugs that can lead to the development of this disorder and the relevance of diagnosing it in context of active substance use. **Methods:** We carried out a literature review of scientific papers in Medline data base. We used the following terms: “Schizoaffective disorder” “cocaine use” and “cannabis use”. We considered English and Spanish papers for the last 5 years. **Results:** After 4 months of cocaine withdrawal and 1 month of cannabis withdrawal, the patient progressively improved depressive and positive psychotic symptoms. However, we reported the persistence of negative symptoms as psychomotor slowdown and cognitive and affective flattening. **Conclusions:** The use of cocaine and cannabis is related to depressive and psychotic symptoms in intoxication and can also precipitate chronic psychotic and affective disorders. Induced schizoaffective disorder has not been widely described in literature. Our patient could be a case of schizoaffective induced disorder, but we should consider other pathogenic factors, differential diagnosis and clinical evolution in permanent withdrawal to confirm this diagnosis. **Disclosure:** No significant relationships. **Keywords:** Cannabis use; cocaine use; Schizoaffective disorder