

These studies assessed diverse types of data, including patient records and behavioral patterns, employing various AI techniques, such as machine learning and deep learning. The findings indicate that AI can accurately and swiftly identify addiction-related issues, boasting high sensitivity and specificity rates. Additionally, AI demonstrates potential in identifying specific addiction subtypes and forecasting patient outcomes. Nevertheless, these studies also underscore certain limitations of AI, such as the requirement for extensive data and susceptibility to overfitting.

Conclusions: Artificial intelligence holds the potential to revolutionize addiction medicine by enabling faster and more precise diagnostics, pinpointing specific addiction subtypes, and predicting patient outcomes. However, further research is imperative to validate AI's efficacy across diverse patient populations and address challenges related to data accessibility, communication, and integration into clinical practice.

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EPV0066

Cannabinoids Hyperemesis Syndrome – An Urgent Call for Timely Diagnosis, Management, and Future Directions– A Case Report and Review of the Updated Literature

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Introduction: Cannabinoid Hyperemesis Syndrome (CHS) is distinguished by a pathognomonic cyclic pattern of hyperemesis characterized by recurring episodes of severe vomiting every few weeks to months, as well as obsessive thoughts and compulsive behavior, such as a proclivity to take frequent hot baths or showers. It is largely accepted as the most commonly used illicit drug in the United States, with estimates ranging from 42% to 46% lifetime consumption. Despite greater awareness of CHS, practitioners continue to lack comprehension, resulting in an unfortunate delay in patient identification and treatment.

Objectives: The aim of this article is to bring attention to CHS in order to enable clinicians, and more specifically, addiction medicine specialists and psychiatrists, to diagnose it as quickly as possible and thus avoid unnecessary additional invasive examinations and investigations. This will save the patient's time, prevent financial burdens and mental health stresses, and increase their overall quality of life.

Methods: A thorough screening and data extraction of the relevant articles was conducted using PubMed, Cochrane, and Embase. Databases were used to search for articles on CHS published between January 2021 and September 2023, yielding relevant articles. Keywords used were "hyperemesis", "cyclical vomiting", "cannabis" and "cannabinoid".

Results: We present a case of 20-year-old teens who came to emergency with severe dehydration and vomiting of more than 40 episodes at home. He had multiple admissions for abdominal pain, nausea, and vomiting in the past and was evaluated and diagnosed with gastritis, PUD, and H. pylori infection. A more detailed medical history revealed a frequent use of cannabis over the past few years and symptoms manifestation and worsening is associated with the use of cannabis. After the complete cessation of cannabis, there have been no new symptomatic episodes reported in the patient and the patient is stable clinically.

Conclusions: Cannabinoid Hyperemesis Syndrome (CHS) is a serious health hazard that requires immediate discovery and treatment. Despite the widespread use of cannabis, CHS is often misdiagnosed, resulting in unnecessary medical treatments and complications for patients. Given their special knowledge of linking chronic cannabis use to this syndrome, this case report and literature review highlight the critical role of addiction medicine experts and psychiatrists in quickly detecting and treating CHS. Early detection and treatment, particularly complete cannabis abstinence, are critical in alleviating symptoms, minimizing recurrent hospitalizations, and ultimately improving patients' overall quality of life.

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EPV0067

What Do Case Studies Tell Us About Addictions and Psychiatric Comorbidities? A Survival Story: The necessity for a transdiagnostic and holistic approach

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Introduction: Comorbidities in addiction: It is a rule rather than an exception. The story starts in childhood; even before, in infancy, may be in utero. The dimensional traits have been already there, existing obviously far before any DSM-5 diagnosis. Developmental qualities of stress sensitivity, impulsivity and emotion dysregulation are the leading ones. Besides, comorbidity research (NESARC being one of the prominent) (Hasin and Grant. Soc Psychiatry Psychiatr Epidemiol, 2015;50 (11): 1609-1640) addressed childhood abuse, neglect or other childhood adverse experiences as a definite risk factor for adolescence and adult mental disorders, particularly substance use disorders. Developmental and environmental adversities in a mutually amplifying pattern make a vicious cycle in which the individual finally finds an illusionary exit, a pathway to addiction.

Objectives: This presentation aims to discuss the complexities and challenges for the diagnosis and treatment of a patient with a twenty five year follow-up, a survival period for the patient herself as well as for the therapeutic alliance (Ulug, Arch Neuropsychiatr, 2015;52: 213-215).

Methods: Case study: The history and the life chart of her, diagnosed as having at least seven DSM diagnoses, indicate the depth of psychopathology and the intensity of interventions, most of which failed due to the lack of a transdiagnostic and holistic perspective. A specific focus of the case study will be on the problematic use of Borderline Personality Disorder formulation/diagnosis and its