

Conclusion These findings support the Turkish versions of the sensation seeking subscale of the UPPS has good psychometric properties among inpatients with alcohol use disorder.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV26

Relationship of impulsivity with severity of ADHD symptoms while controlling the effects of anxiety and depression in a sample of inpatients with alcohol use disorder

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Objective The aim of the present study was to evaluate relationship of impulsivity with severity of ADHD symptoms while controlling the effects of anxiety and depression in a sample of inpatients with alcohol use disorder.

Method Participants included 190 inpatients with alcohol use disorder. Participants were evaluated with the State-Trait Anxiety Inventory (STAI), the Beck Depression Inventory (BDI), the Short Form Barratt Impulsiveness Scale (BIS-11-SF) and the Adult ADHD Self-Report Scale (ASRS).

Results Impulsivity predicted both severity of ADHD symptoms and inattentive and hyperactive/impulsive dimensions, even after controlling the effects of depression and anxiety in linear regression models. Types of negative affect that predicted dimensions of ADHD differed; similar with severity of ADHD symptoms, depression and trait anxiety also predicted inattentive dimension, whereas trait and state anxiety predicted hyperactive/impulsive dimension.

Conclusion Impulsivity is related with severity of ADHD symptoms and dimensions of ADHD although negative affect that is related with dimensions may differ.

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EV27

The role of modified states of consciousness in drug use

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Modified state of consciousness (MSC) is defined as a mental state that can be subjectively recognized by an individual or by an objective observer of the individual, as representing a difference in the psychological functioning of the “normal” state, alert and awake of the individual. Drugs are products with definitions and conceptual boundaries, historically defined. The use of psychoactive drugs is related to the increased plasticity of human subjectivity which is reflected in various technical means to change the perception, cognition, affect and mood. The authors propose to conduct a literature review on the types of MSC, the way to achieve them and their implications in drug consumption pattern.

A MSC consists of dimensions such as self-oceanic limitlessness, agonizing self-dissolution and visionary restructuring.

Normal MSC includes dreams, hypnagogic state and sleep. Others may be induced by hypnosis, meditation or psychoactive substances. Those achieved by drugs allow the subject to access feelings and sensations which go beyond the everyday reality or, on the other hand, leakage of reality.

Anthropological studies show that in almost all civilizations, man sought ways to induce MSC.

What characterizes the problematic or abusive use of certain substances is not necessarily the amount and frequency of drug use, but the disharmony in the socio-cultural, family and psychosocial contexts of the individual.

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EV28

Are there more mechanical restraint in patients admitted for substance use disorder?

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Introduction and objectives Mechanical restraint is a therapeutic procedure commonly applied in acute units in response to psychomotor agitation. Its frequency is between 21 and 59% of patients admitted. These patients represent a risk to both themselves and for health workers. There is a myth that patients with substance use disorder (SUD) are more aggressive and require more forceful measures. There are not clinical studies that compared if there are differences of the frequency of mechanical restraint in patients with SUD.

The aim of this study is to explore the differences of frequency of mechanical restraint on patients with SUD in the psychiatry acute and dual pathology units and others psychiatric diagnostics.

Material and methods We reviewed retrospectively the informatics record of all the mechanical restraints made and the total discharges of the three acute care units and dual disorders of Neuropsychiatry and Addictions Institute (INAD) of the Parc de Salut Mar de Barcelona, between January 2012 and January 2015. For every discharge the presence of at least one mechanical restraint and the DSM-IV diagnostic were coded. Then was calculated the frequency and proportion of mechanical restraints in every diagnostic group.

Results The number of discharges analyzed was 4659 from which 838 had an episode of mechanical restraint. The 37% of patients with SUD of cocaine had an episode of mechanical restraint. The patients with SUD of alcohol only the 4%, and there no one case on patients with SUD of Cannabis. Thirty percent of patients with schizophrenia and 28% of bipolar disorder.

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EV29

Results of a smoking cessation program in primary care

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