

Abstract

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Addictive Disorders**EPV0001****Use of videogames, Internet Gaming Disorder, and Agressiveness in Emerging Adulthood**

D. Silva¹ and B. R. Maia^{2*}

¹Universidade Católica Portuguesa and ²Universidade Católica Portuguesa, Center for Philosophical and Humanistic Studies, Braga, Portugal

*Corresponding author.

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Introduction: Internet gaming disorder has been associated with an excessive number of hours spent playing video games, which leads to a detriment of other daily activities and interests. In addition, it is associated with personality traits such as aggression and anger. In Portugal this relations are almost unexplored.

Objectives: To explore the relationship between video game use, internet gaming disorder and aggression.

Methods: This study was applied to a sample of 202 subjects, aged between 18 and 29 years old ($M = 22.5$, $SD = 3.006$). Subjects fulfilled a sociodemographic and videogame pattern questionnaire, and the Portuguese versions of the Internet Gaming Disorder Scale (short form), and the Buss-Perry Aggressiveness Questionnaire.

Results: In this study 20.3% ($n = 27$) of the males and 5.8% ($n = 4$) of the females use excessively videogames, considering the screen time recommended by the American Academy of Pediatrics. However, 81% ($n = 70$) of the sample have a positive self-perception of their use. 21.4% ($n = 45$) use videogames during day, 71% ($n = 49$) during night and 3.8% ($n = 8$) during dawn. The total score for internet gaming disorder was of 15.17 ($SD = 6.006$), but only 1 subject (0.5%) presented probable videogame disorder considering the cut-off points. A positive and significant correlation was found between internet gaming disorder and physical aggressiveness (.32**), verbal aggressiveness (.28**) and hostility (.45**). Finally, a positive correlation was found between internet gaming disorder and time spent playing video games.

Conclusions: Our results, despite being merely exploratory, show us the relationship that exists between the use of video games, internet gaming disorder and aggressiveness. In that sense it is important to continue to explore internet gaming etiology and consequences.

Disclosure of Interest: None Declared

EPV0003**Alcohol addiction treatments for home resident in Switzerland: review and results of a transectional study**

I. Gothuey^{1*} and F. Masdea²

¹Adult Psychiatric Sector and ²Old person psychiatric sector, Firourg Mental Health Network, Marsens, Switzerland

*Corresponding author.

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Introduction: In Switzerland, alcohol consumption is even decreasing, with an exception for old people after retirement. 35% of them have a heavy or addictive consumption (OFSP, consommation d'alcool en Suisse, fait et chiffres. 01.2023). This is also the case for home residents. The alcohol consumption by old people has negatives consequences on the health (falls, fractures, cognitives disorders).

The authors conduct a crosssectional enquiry in the homes of Fribourg area to identify addictive behaviour and different existing supports. After a review, the authors present the results of their enquiry

Objectives: Identify how much home-residents have a problematic or an addictive alcohol problem

Identify if there is existing support
Hinghlighting the training need for the staff

Methods: Crosssectionnal enquiry was sent in 42 Home of the Fribourg area, with 3 relances

Results: The preliminary result will be completed at the end of 2023:

- Every home identify at least 4-5 residents with a problematic alcohol consumption
- Most of them, the staff have no specific addictive training and no needs for it
- The staff authorise alcohol consumption in the home, to avoid alcohol withdrawal
- The psychiatric consultant in the home can help the staff to manage the counter-attitudes

Home residents are not eligible for specialized addictive care, while the generally respond well to motivationnal interviewing or to controlled consumption. The lack of staff training could be an hypothesis. The lack of interest in the neagtives conséquences oh alcool on th health of people at the enf of their lives is anothers hypothesis

Conclusions: Nursing home residents are not eligible for specialized addictive care. The enquiry results are astonishing: no need of specialized training, authorization of continous drinking in the different homes, while the literature points the effectivnesse of motivationnal interviewing or controlled approaches by old people with addictive disorders.

Further studies are needed, ethical consideration on the management of alcohol addiction in the elderly should be proposed.

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EPV0004

Cannabinoid syndrome in cannabis dependence: a case report

C. Pichilingue Reto*, A. M. Jose Rojo and M. B. Carrillo Reche

Psychiatry, Benito Menni CASM, Barcelona, Spain

*Corresponding author.

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Introduction: A 36-year-old man with a history of cannabis use disorder since age 16, consuming 8-10 units/day, experienced irritability and tremors upon reducing consumption. His psychiatric issues emerged in 2020, marked by anxiety, abdominal pain, and severe vomiting, leading to a dyspepsia diagnosis. Subsequently, he received psychiatric care at CAS Hospitalet, diagnosed with severe cannabis use disorder. No prior inpatient admissions occurred.

Objectives: Our project aims to show a case report and summarize the available evidence on cannabinoid hyperemesis syndrome (CHS).

Methods: In May 2023, he voluntarily sought admission to Barcelona's "Hospital Sant Pau," aiming for cannabis detox and treatment of cannabinoid hyperemesis. He'd endured years of intense abdominal pain, nausea, and vomiting, worsening over the last two years, with uncontrollable vomiting hindering daily life. Admission saw reduced cannabis use to 3-4 units/day. Inpatient care revealed anticipatory anxiety, rumination, and somatic anxiety, accompanied by distal tremors and internal restlessness due to abdominal discomfort, partially alleviated by 5-10 mg of diazepam.

Results: Treatment included domperidone 10mg/8h, haloperidol drops (5-10 drops/8h), capsaicin ointment, hot showers, and cryotherapy, resulting in gradual relief from abdominal pain. Moderate cravings for tobacco and cannabis led to acetylcysteine 600mg/12h and gabapentin up to 1200mg/8h. Gastric discomfort with SSRIs led to vortioxetine 10 mg/day, well-tolerated with a positive response. Consultation with the GI department confirmed the treatment's efficacy, emphasizing cannabis abstinence. Upon discharge, cannabinoid hyperemesis symptoms markedly improved, and the patient was referred to "Hospital de Dia."

Conclusions: CHS is a cyclic vomiting syndrome, preceded by daily to weekly chronic longstanding use of cannabis that can be difficult to diagnose and treat(1,3,4). It is unique in presentation, because of the cannabis's biphasic effect as anti-emetic at low doses and pro-emetic at higher doses, and the association with pathological hot water bathing (2). The major characteristics are as follows: history of regular cannabis for any duration of time (100%), cyclic nausea and vomiting (100%), resolution of symptoms after stopping cannabis (96.8%), compulsive hot baths with symptom relief (92.3%), male predominance (72.9%), abdominal pain (85.1%), and at least weekly cannabis use (97.4%)(1). Treatments such as topical capsaicin, haloperidol, benzodiazepines, and propranolol have shown symptom relief (3) whereas opioids should be avoided (4). Cannabis cessation appears to be the best treatment (1,3).

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EPV0005

The role of the occupational therapist in treatment of patients with prescription medicine dependence

D. Iskendri^{1,2*} and L. Šťastná¹

¹Department of Addictology, Charles University, First Faculty of Medicine in Prague, Prague and ²University of West Bohemia, Faculty of Health Care Studies, Pilsen, Czech Republic

*Corresponding author.

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Introduction: The abuse of prescription drugs (especially sedatives, hypnotics and opioid analgesics) is a serious and increasingly common phenomenon occurring across addiction clinics. Medications are prescribed for the treatment of chronic pain, sleep difficulties or as mood stabilisers in response to the rush of time and demands of performance. The onset of addiction is often protracted and subtle, but has a major impact on the quality of life and the health, economic or social status of the user. Patients may experience, among other things, cognitive impairment, fatigue, sleep disturbances, irritability, loss of motivation, headaches or impaired coordination of movements. This study is focused on cognitive impairment due to prescription drug dependence and how this impairment affects patients in everyday life.