

examinations are often complete, invasive, even going to an explorative laparotomy for one patient.

Conclusion The CHS remains not well known. A better understanding of this syndrome will enable better patient care while avoiding costly spending unnecessary investigations.

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

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EV1416

Drug safety related to agents used for opioid maintenance therapy

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Introduction There is only little data regarding drug safety related to agents used for opioid maintenance therapy (OMT).

Objectives/aims To study drug safety and the reporting behaviour of adverse drug reactions (ADR) related to OMT.

Methods A cross-sectional questionnaire-based telephone survey among physicians providing outpatient OMT in a federal state of Germany ($n = 176$; response rate = 55.7%) was conducted.

Results Most of the respondents ($n = 97/55.1\%$) reported that they observe ADR related to buprenorphine, [dihydro]codein and [levo]methadone rarely ($n = 38/21.6\%$), very rarely ($n = 39/22.2\%$) or never ($n = 20/11.4\%$). Methadone was reported to be most frequently associated with the occurrence of ADR ($n = 82/46.6\%$), followed by levomethadone ($n = 33/18.8\%$), buprenorphine ($n = 6/3.4\%$), and dihydrocodeine ($n = 3/1.7\%$). Frequently observed ADR related to these agents were gastrointestinal, nervous system and psychiatric disorders, and hyperhidrosis. Methadone and levomethadone (not buprenorphine) were reported to be frequently associated with fatigue, weight gain, and sexual dysfunction. Only buprenorphine was reported to be frequently associated with withdrawal and rebound effects, and drug intolerance. Hundred twenty-nine participants (73.3%) stated that they never report ADR related to OMT, whereas $n = 19$ (10.8%) did so when referring to ADR related to their complete medical practice ($\text{Chi}^2 = 141.070$; $\text{df} = 1$; $P < 0.001$).

Conclusions Our data revealed similar patterns of ADR related to outpatient OMT as those reported in the product information or in pain therapy. Motivation to report ADR related to agents used for OMT may be reduced compared to ADR related to the general medical practice.

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

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Absent substance use disorder and survival of extraordinarily high blood alcohol concentration

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Introduction Intoxications with alcohol are very frequent in clinical psychiatry and may lead to death depending on (maximum) blood alcohol concentration (BAC) and accompanying factors as

liver function, tolerance, comedication, etc. Death may occur due to ethanol-induced respiratory depression and/or aspiration of gastric content (due to an impaired gag reflex); thus, securing of the airway and ventilation are occasionally necessary.

Objectives/aims To illustrate the broad range of clinical outcomes of alcohol intoxications and their adequate therapy.

Methods We present the case of a 58-year female patient with depression who demonstrated a very high BAC of 8.68 g/L (representing the highest survived BAC in literature) due to ingestion of large amounts of alcohol with suicidal intent.

Results Intubation and ventilation were lifesaving and the patient did not develop any physical or mental consequential damage. As the patient had not regularly used alcohol or any other psychotropic agent tolerance could be ruled out.

Conclusions This case emphasizes the necessity of rapid securing of the airway in patients with alcohol intoxication and respiratory depression and, furthermore, illustrates the large inter-individual differences regarding ethanol susceptibility.

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

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The neural basis of cognitive control in gambling disorder: A systematic review of fMRI studies

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Introduction Decreased cognitive control over the urge to be involved in gambling activities is a core feature of gambling disorder (GD). Cognitive control can be conceptualized as the sum of high-order cognitive faculties interacting in the achievement of goal-oriented behaviors. As such, cognitive control can be differentiated into several cognitive sub-processes, such as response inhibition, conflict monitoring, decision-making and cognitive flexibility, all of which prove to be pivotal in GD clinical phenomenology.

Objectives Over the past few years, several studies and reviews have indicated a lack of cognitive control in GD through self-report questionnaires and neurocognitive tasks. Conversely, there are only a limited number of neuroimaging studies, which investigate the neural mechanisms underlying diminished cognitive control in GD.

Aims This research aims to systematically review functional magnetic resonance imaging (fMRI) studies that target cognitive control in GD.

Methods A literature search was conducted in order to find appropriate published articles on fMRI studies in GD.

Results Fourteen fMRI studies were included. Depending on which neurocognitive task was employed, the studies were divided into five different sections: conflict monitoring, response inhibition, delay discounting, cognitive flexibility and decision-making.

Conclusions Impaired activity in prefrontal cortex may account for decreased cognitive control in GD, contributing to the progressive loss of control over gambling behaviors. However, the way in which cognitive control interacts with affective and motivational processes in GD is still matter of investigation. Among prefrontal areas, orbitofrontal cortex has been indicated as a possible nexus for sensory integration, value-based decision-making and emotional processing, thus contributing to both motivational and affective aspects of cognitive control.