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Background The Norwegian Municipal Health Care Act opens for mandated treatment for persons with severe and life-threatening substance use disorder. This study aims to examine substance use related outcomes at six-month following in-patient treatment and to analyse factors associated with improved outcomes and abstinence.

Method This prospective study followed 202 hospitalised patients with SUD that were admitted voluntarily ($n=137$) or compulsorily ($n=65$). The European Addiction Severity Index was used at baseline and at follow-up to assess socio-demographics and substance use variables. Regression analysis was conducted to investigate factors associated with abstinence at six-month follow-up.

Results The frequency of use of preferred substance showed markedly improvement for both voluntary admitted (VA) and compulsory admitted (CA) patients (61% and 37% respectively) at follow-up. Seventy-five percent of VA patients using amphetamine reported improvement compared to 53% of CA patients. At follow-up, the CA group continued to have a higher rate of injection use. The CA group had experienced higher rates of overdose the past six months and lower abstinence rates (24% versus 50%) at follow-up. Lower severity of drug use at intake (non-injection drug use), voluntary treatment modality and higher treatment involvement during follow-up all were significant factors associated with abstinence at follow-up.

Conclusion Voluntary treatment for SUD generally yielded better outcomes; nevertheless we found improved outcomes also for CA patients. It is important to keep in mind that the alternative to CA treatment in reality is no treatment at all and instead a continuation of life-threatening drug use behaviours.

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

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EV78

Cerebellar atrophy supporting diagnosis of alcohol dependence: A case report

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Chronic use of alcohol is a known cause of cerebellar atrophy. This finding could be a valuable diagnosis support when there are not other information sources. In this case report, we describe a 65-year-old male patient who was referred from primary care to specialized consultation because a depressive syndrome it was unresponsive to treatment with desvenlafaxine and lorazepam. In psychopathological exploration we found overvalued ideas of suffering some kind of injury and damage by the family, which oriented the diagnostic hypothesis of delusional disorder with secondary mood symptoms, although the clinical suspicion of abuse of alcohol was proposed as a differential diagnosis. The continuing minimization and denial of consumption by the patient as well as their reluctance to incorporate an external informant made that the workup was a key element to elucidate the diagnosis. We found a discrete increase in transaminases, gamma glutamyl transferase and alkaline phosphatase. Magnetic resonance imaging showed cerebellar atrophy (vermian and, in a lesser extent, in both hemispheres). Once the patient was confronted with these results, he agreed to disclose his problem, which fulfilled alcohol

dependence criteria. After that, he accepted to initiate treatment and detoxification in a specialized unity.

Conclusions Although psychiatric diagnosis is based on the clinical features and the exclusion of associated medical conditions, in this case the workup provided support to our clinical suspicion, favouring recognition of the problem and willingness to treatment by the patient.

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

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EV79

Addictive behaviour and bariatric surgery: Case report and literature review

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Even though the scientific evidence supports the benefits of bariatric surgery, its indications and contraindications must be continually revised in order to avoid psychiatric complications. Substance use is more common in patients subjected to bariatric surgery than in the general population. There are reports of increased incidence of alcohol abuse in patients after bariatric surgery.

Objective To review the available evidence, after treat the case of a 50-year-old man with addiction history whose addictive behaviour worsened after undergoing bariatric surgery, with decreased tolerance to alcohol effect and increase of the intake, as well as changes in the graduation of alcohol used (including antiseptic). As a result, a dangerous revolving door that led him to repeated admissions, including Intensive Care Unit.

Results The case is consistent with the literature that suggests that there is an increased risk of later alcohol-related problems after bariatric surgery. This risk is higher several years post surgery, in patients with previous history of problems related to alcohol, young, men, and Roux-en-Y Gastric Bypass procedure.

Conclusions The indications for bariatric surgery should thoroughly consider the history of addiction, an adequate assessment of the patient's mental status and psychoeducation about the possible psychiatric side effects, in order to develop preventive strategies.

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EV80

Characteristics and outcome of methadone maintenance treatment (MMT) patients with depression

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Introduction Comorbidity of depression and opioid addiction is highly prevalent, but their outcome in MMT is not consistent.

Objectives To compare between depressed and non-depressed MMT patients.

Methods Hamilton depression scale scores (taken during a psychiatric assessment) were studied among MMT patients on admission or during treatment (cutoff for depression > 18).