results from their usage such as euphoria and relaxation, however these were counter balanced by those who experienced some serious negative emotional and physical side effects such as anxiety, paranoia, palpitations and convulsions. SC appear to often emulate that of their natural counterpart, yet there is an unpredictability to them which can end with serious consequences. Online forum content gives us a strong base understanding of users experiences of SC. Further research is required to elucidate a more nuanced understanding.

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EV75

The "Endless Trip": Psychopathology and psychopharmacology in the Hallucinogen Persisting Perception Disorder (HPPD)

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Introduction Hallucinogen Persisting Perception Disorder (HPPD) is a syndrome characterized by prolonged or reoccurring perceptual symptoms, reminiscent of acute hallucinogen effects. HPPD was associated with a broader range of LSD (lysergic acid diethylamide)-like substances, including cannabis, MDMA (methylenedioxymethamphetamine), psilocybin, mescaline and other psychostimulants. Symptomatology mainly comprises visual disorders (i.e., geometric pseudo-hallucinations, halos, flashes of colours/lights, motion-perception deficits, afterimages, micropsy, more acute awareness of floaters, etc.), even though depressive symptoms and thought disorders may be comorbidly present.

Objective Although HPPD was firstly described in 1954, it was definitely established as a syndrome in 2000 with the revised forth version of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR). However, neuronal substrate, risk factors, aetiology and pathogenesis of HPPD remains still unknown and under investigation. Furthermore, there are still open questions about its pharmacological targets.

Aims A critical review on psychopathological bases, etiological hypothesis and psychopharmacological approaches towards HPPD was here provided.

Methods A systematic literature search on PubMed/Medline, GoogleScholar and Scopus databases without time restrictions, by using a specific set of keywords was here carried out. In addition, a case report was here described.

Results and conclusions Pharmacological and clinical issues are here considered and practical psychopharmacological recommendations and clinical guidelines here suggested.

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EV76

Psychosis and polydrug abuse in a patient with Dandy-Walker variant

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Background and purpose Dandy Walker "syndrome" (DWS) was firstly defined by Dandy and Blackfan, and then described by Hart et al. [1] as a series of neurodevelopmental anomalies in the posterior fossa, including Dandy-Walker (DW) malformation, DW variant (cerebellar hypoplasia/aplasia of the cerebellar vermis and cystic dilatation of the fourth ventricle), mega-cisterna magna and posterior fossa arachnoid cyst. Mental symptoms have been associated with DWS in previous reports, but the spectrum of mental symptomatology widely varies between clinical cases, ranging from psychotic/schizophrenia-like to mood/cognitive symptoms [2].

Methods Here we describe a case of psychosis and polydrug abuse in a 27-year-old man with DW variant a 4-year history of polydrug abuse, sporadic alcohol abuse, epilepsy and psychotic symptoms including delusions of reference/persecution, suspiciousness, associated with obsessive thoughts, mood lability and persistent anxiety.

Results He was recovered for a 28-day program of detoxification from drug addiction/stabilization of psychiatric symptoms. Family history of Bipolar Disorder, gambling disorder (father) and depression (mother). The mental status examination at baseline revealed slowness of thought, psychomotor retardation, aboulia/anhedonia/apathy/hypomimic facies/asthenia/social withdrawal/deflected mood/poor thought content/blunted affect/self-neglect/poor insight, cognitive impairment and oppositive and partially collaborative attitude and behaviour. Borderline intelligence activity was found on WAIS-R (IQ = 79). At the baseline, he was taking carbamazepine 400 mg BID (baseline serum level: 6.720 μg/ml), gabapentin (400 mg BID), paroxetine (20 mg/d), olanzapine (10 mg/d) and methadone (70 ml/d), with a poor response/control both on psychotic and seeking drug symptomatology.

References not available.

Conclusions Further DWS clinical cases should be evaluated in order to better investigate the role of this variant to addictive and psychotic symptoms.

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

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EV77

Improved drug-use patterns at six months post discharge from inpatient substance use disorder treatment; results from compulsory and voluntary admitted patients

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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).

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