

traits characterized by perfectionism, narcissism and neuroticism. Overload injuries (e.g. stress fractures) and impaired interpersonal relations are reported. In a treatment context, low compliance is described as a challenge. Thus, motivational interviewing is recommended, and also cognitive behavioural therapy is suggested for treatment. None of these interventions have yet been scientifically evaluated in addicted exercisers.

**Conclusion** This review concludes that exercise addiction has links to psychopathology and increases the risk of injuries. More research is needed to estimate the level of psychosocial and physiological distress in these athletes. Controlled treatment interventions have to be conducted.

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#### EV1413

### Therapy workshop: Experience of the senses

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**Introduction** The psychoactive substances consumption modifies the users' sense-perception.

**Objectives** Discuss the therapeutic workshop as a stimulation strategy of the sense organs.

**Methodology** The activities were developed at a Center of Psycho-Social Attention for alcohol and other drugs – CPSAad, located in north-eastern Brazil. The therapeutic workshop was divided into six sessions; being worked a sense organ in each meeting. Initially, the sessions were explained and they entered the room in silence. At first, vision and lastly, taste. The taste dynamic session was initiated by the pool where users experienced different flavours and made distinctions between them, including a food without flavour, experiencing feelings of pleasure and displeasure. This dynamic was finalized in the institute's kitchen with different ice cream flavours. The participants freely served themselves, being led to reflections on their choices of pleasure. The sixth session was constituted by listening about all Therapy Workshop Experience of the Senses, on which participants reported emotions and feelings experienced during the sessions, such as: fear, anxiety, craving, denial, pleasure and displeasure.

**Results** It was identified a universe of sensations that can be translated into a sense-perception reframing about themselves and their surroundings.

**Conclusion** The participants presented a sensory dullness, relating the experienced stimuli to the consumption of psychoactive substances, demonstrating a strong equivalence between the proposed activity and substance dependence. This activity enabled an interdisciplinary approach, through knowledge and interventions exchange.

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#### EV1414

### Prescription opioid abuse, addiction and psychopathology in a pain clinic

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**Introduction** There has been an escalation of therapeutic use and abuse of opioids. Aberrant drug related behaviors (ADRB) have prevalence between 2.8% and 62.2% in chronic pain patients treated with opioids and dependence is estimated around 3.27%.

**Objectives** To estimate the prevalence of dependence, ADRB, risk of opioid abuse, and co-occurring disorders in patients with chronic pain in our environment.

**Methods** A total of 115 ( $n = 115$ ) patients attending our pain clinic were screened to evaluate the risk of opioid abuse and presence of dependence including a clinical interview, hamilton depression scale (HAD), opioid risk tool (ORT), diagnostic criteria for substance abuse and dependence (DSM IV-TR) and a checklist of ADRB.

**Results** Among the patients, 78.26% were taking opioids, aberrant opioid related behaviors were detected in 20% and 8.9% met criteria for abuse or dependence; 11.3% had high risk and 20% moderate risk of opioid abuse (ORT). The most prevalent substance use disorders were sedative (11.3%) and alcohol (5.2%). There was a significant difference in means ( $t = -3.20$   $P < 0.005$ ) in ORT scores between patients with current opioid dependence ( $x = 7.70$  [ $s.d. = 3.07$ ]) and without it ( $x = 2.88$  [ $s.d. = 3.58$ ]); 30.4% had anxiety, 20% depression and 3.5% adjustment disorders; 57.5% and 48.3% had a score  $> 10$  on anxiety and depression respectively on the HAD.

**Conclusions** A systematic screening of risk of opioid abuse and of dependence as well as psychotherapy to treat comorbid psychopathology should be part of the treatment protocol.

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#### EV1415

### Cannabinoid hyperemesis syndrome: A Parisian case series

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**Introduction** Currently, cannabis remains the most widely used illicit psychoactive substance in the world. Its main pharmacological properties are known and its use for therapeutic purpose is still expanding. Also, its acute and chronic toxicity become more described, even if some mechanisms of pharmacotoxicology still remain to clarify as the cannabinoid hyperemesis syndrome (CHS). **Objectives** To describe cases of CHS, to highlight the clinical presentation and all the complexity of the medical exploration for making an accurate diagnosis.

**Method** We present a case series of CHS related to cannabis use and notified to the Parisian addictovigilance center.

**Results** Eight cases were collected between 2011 and 2016. The users are almost exclusively men (7/8), with a median age of 31 years and some of them present a history of psychiatric disorder. All of them report important daily cannabis consumption (up to 15 joints by day) with duration of consumption averaged at 10 years. All patients present recurrences of clinical signs of the syndrome including vomiting (8/8) and abdominal pains (8/8) leading to repeated hospitalizations. Despite the presence of compulsive taking hot showers notion (7/8), specific sign of the CHS, its diagnosis were made by a physician in 5 cases. Carried out medical

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.

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#### EV1417

### 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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#### EV1418

### 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.