Methods: A retrospective observational descriptive study was developed for 3 months, of all patients admitted to the acute unit of the psychiatric hospital. No exclusion criteria were included.

Results: During the period of study 172 patients were admitted to the hospital, classified according to the main diagnosis we have: 49 patients suffer from schizophrenia, 26 bipolar affective disorder, 20 with depressive disorder, 20 with personality disorder, 19 with substance use disorder, 18 with other unspecified disorders and 20 patients with no known previous diagnosis. The prevalence of THC use in the study sample according to diagnosis, would be schizophrenia 16%, Bipolar affective disorder 19%, Depressive disorder 5%, Personality disorder 45%, Substance use disorder 21%, Unspecified disorders 11% and patients with no known previous diagnosis 10%.

Conclusions: The results obtained in the study in terms of THC use are in agreement with those obtained in the literature. In our study, we observed that cannabis use is associated with psychotic disorders as well as with mood, personality and substance abuse disorders. Given that the frequency of use has increased and there is a strong association with different comorbid psychiatric diagnoses, guidance on modifications in medication strategies might be necessary.

Disclosure of Interest: None Declared

EPP0422

Alcohol related cognitive impairments in schizophrenia patients : A case-control study

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Introduction: Cognitive impairment is a well-recognized key feature of schizophrenia. However, these cognitive impairments may be worsened by alcohol consumption. Up to 80% of patients with alcohol use disorders (AUD) display cognitive impairments. Screening for those impairments with a full neuropsychological assessment may be difficult. The Brief Evaluation Alcohol-Related Neuropsychological Impairments (BEARNI) is a specific tool for screening those impairments easy to implement in in clinical practice (Ritz et al. Alcoholism: Clinical and Experimental Research 2015; 39, 2249-60). To our knowledge, no previous studies have assessed the alcohol-related cognitive impairments using the BEARNI test in schizophrenia patients.

Objectives: The objective of the study was to compare BEARNI mean scores between a group of schizophrenia patients with alcohol use disorders and a group of schizophrenia patients without alcohol use disorder.

Methods: 39 patients with schizophrenia and AUD (SCZ/AUD +) (82% males, mean age 44.9 ± 11.0 years-old) and 49 patients with schizophrenia without AUD (SCZ/AUD-) (65% males, mean age 42.6 ± 11.4 years-old) consecutively included in the study, were assessed using the BEARNI test. All patients met DSM-5 criteria for schizophrenia and AUD. Demographic and clinical variables were also collected, using the Alcohol Use Disorders Identification Test (AUDIT) and the Positive and Negative Syndrome Scale (PANSS). The primary endpoint of the study was the difference in BEARNI cognitive mean scores between the SCZ/AUD+ and SCZ/AUD-groups.

Results: There was no difference between the two groups regarding demographic variables or PANSS mean scores (59.1 ± 12.8 vs 58.1 ± 14.0; t=-0.3; p=0.7). The AUDIT mean score was higher in the group of patients SCZ/AUD+ (20.6 ± 7.8 vs 1.6 ± 1.5; t=-14.7; p<0.0001). Total BEARNI and cognitive BEARNI mean scores were significantly lower in the group of patients SCZ/AUD+ compared to the group of patients SCZ/AUD- (10.6 ± 4.8 vs 12.6 ± 5.2; t=1.8, p=0.03 and 8.1 ± 3.9 vs 9.8 ± 3.6 t=2.0, p=0.04, respectively). The mean subscores of delayed verbal memory, alphabetical ordination, and alternating verbal fluency subtests were also significantly lower in the group of patients SCZ/+ group (respectively $1,0 \pm 0.9$ vs 1.6 ± 1.2, t= 2.5, p=0.01; $2,1 \pm 1.2$ vs 2.5 ± 1.1, t= 1.6, p=0.04; 3.3 ± 1.5 vs 3.8 ± 1.5, t= 1.8, p=0.03).

Conclusions: The present study found cognitive impairments using BEARNI test in schizophrenia patients with AUD compared to their counterparts without AUD. Screening alcohol related cognitive impairments using BEARNI could be easier in patients in schizophrenia patients with AUD than usual neurocognitive assessments

Disclosure of Interest: None Declared

EPP0423

Late diagnosis of attention deficit hyperactivity disorder and cocaine abuse

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Introduction: Adult ADHD diagnosis sometimes represents a challenge for the clinician, due to the comorbid psychiatric diseases that are often associated and which complicate de recognition of the primary symptoms of ADHD. The prevalence of ADHD in adult populations is 2'5% and it is a relevant cause of functional impairment.

Objectives: Presentation of a clinical case of a male cocaine user diagnosed with adult ADHD.