

demonstrates, can be a debilitating comorbidity that raises the risk for suicidality or hospitalization. However, little research has been done on the treatment of OUDs in patients with BDD or on the treatment of BDD in patients with an SUD, and this is an area of research that could benefit the modern population greatly.

**Disclosure:** No significant relationships.

**Keywords:** opioid; Opioid Use Disorder; Body Dysmorphic Disorder

## EPV0293

### Sleep Disorders and Dual Disorders

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**Introduction:** While it is well known that there is an interaction between sleep disorders and substance abuse, it is certainly more complex than was previously thought. The effects on sleep depend on the substance used, but it has been shown that both during use and in withdrawal periods consumers have various sleep problems, and basically more fragmented sleep. We know that sleep problems must be taken into account to prevent addiction relapses.

**Objectives:** To explain the different sleep disorders caused by substances such as alcohol and cannabis

**Methods:** As an example of this, two cases are introduced: the first one, a 17-year-old boy, who is diagnosed with ADHD with daily cannabis use since the age of 14. As a result of reducing consumption, he presents an episode of sleep paralysis that he had not previously had. The second one is a 50-year-old man diagnosed with a personality disorder and with dependence on cannabis and alcohol for years. He currently has abstinence from alcohol for months and maintains daily cannabis use. However, he has long-standing sleep pattern disturbances and frequent depersonalization phenomena at night.

**Results:** Alcohol at low doses has no clear effects on sleep architecture. At higher doses it decreases sleep latency, as well as awakenings. In chronic alcoholic patients, a decrease in deep slow sleep, and more fragmented sleep have been found. Cannabis withdrawal reduces sleep quality, increases latency, and produces strange dreams.

**Conclusions:** There is a positive relationship both between having a substance use disorder and suffering from a sleep disorder.

**Disclosure:** No significant relationships.

**Keywords:** Cannabis; dual disorder; alcohol; sleeping disorders

## EPV0294

### Comorbidity symptoms in ADHD adult patients

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**Introduction:** Adults may continue suffering ADHD symptoms after this condition is recognized and typified in children. Different works provide evidence that adults have an even more complicated variety of psychiatric disorders than children, as an increased risk of problems stemming from substance abuse, depression, anxiety, increased risk of traffic accidents, and also sexual transmission diseases.

**Objectives:** There was known that adults could continue suffering symptoms derived from his infantile ADHD. We wonder if the majority of the young males derived to our consultation present compatible symptoms with adult ADHD. This condition promotes the onset of substance use and may lead to latent psychosis onset.

**Methods:** We analyzed 39 patients derived by suspicion of psychiatric pathology, aged between 17 and 35. They stem to clinical psychology for study of features of personality (Million Questionnaire). Another questionnaire was used also autoapplied for sifted of the ADHD in adults (ASRS\_V1:1). According to the criteria DSM-IV TR, the patient had moderate symptoms of ADHD if it was fulfilling 6 or more diagnostic criteria according to their answers in the screening questionnaire.

**Results:** The results supported the existence of impulsivity, aggression, irritability, problems with compliance and substance abuse.

**Conclusions:** ADHD is not only a problem of distractibility or worry, but a deeper and extensive alteration caused by the deterioration of a set of cerebral activities. An early treatment in the childhood could prevent devastating consequences for their development, since they include the majority of the functional areas of the patient and it impedes their later social and labor adjustment.

**Disclosure:** No significant relationships.

**Keywords:** ADULT PATIENTS; COMORBILITY; adhd; Psychosis

## EPV0295

### Adult attention-deficit/hyperactivity disorder and bipolar disorder: diagnostic and management challenges

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**Introduction:** Attention-deficit/hyperactivity disorder (ADHD) and bipolar disorder (BD) are neurodevelopmental disorders that commonly persist into adulthood. ADHD in adults can resemble, and often co-occurs with, bipolar disorder (BD), which might lead to diagnostic errors, ineffective treatment and potentially serious adverse consequences.

**Objectives:** To review on the overlaps and differences in the psychopathology of the two entities and particularities of the management when they occur comorbidely.

**Methods:** The Medline database through the Pubmed search engine was used with the following keywords: “adhd” and “bipolar disorder”.

**Results:** ADHD has an estimated prevalence of 10-30% in adults with BD. Despite the symptomatic similarities, there are some important differences. In the ADHD/BD comorbidity, symptoms like attention-deficit, distractibility, irritability, impulsiveness and

hyperactivity that may present in (hypo)manic and/or depressive episodes, tend to persist after clinical stabilization. While adult patients with ADHD typically experience ceaseless mental activity and wandering mind, BD patients may have racing thoughts and perceive them as making sense. ADHD patients may have poor socio-occupational achievement that may lead to low self-esteem, low self-confidence and depressed mood. Features like course of illness, psychiatric family history and treatment response may help differentiate the two entities. The treatment must start with mood stabilization and then proceed to the treatment of ADHD symptoms.

**Conclusions:** A complete clinical history, with particular focus in the neurodevelopmental history, is important but sometimes is not enough for an accurate diagnosis of this comorbidity. As so, clinicians should be aware of the high comorbidity rates to prevent misdiagnosis and provide the best care for both disorders.

**Disclosure:** No significant relationships.

**Keywords:** bipolar disorder; adhd

## EPV0296

### Anxiety, depression and tinnitus: a cross-sectional study about 60 cases

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**Introduction:** Tinnitus is an auditory perception of a “phantom” nature with highly changing features. There is an established correlation between anxiety, depression, sleep disorders and tinnitus.

**Objectives:** To evaluate the prevalence of sleep disorders and emotional disorders during tinnitus and their correlation to the severity of the symptomatology

**Methods:** A descriptive cross-sectional study of 60 patients consulting for subjective tinnitus. For each patient we collected epidemiological data and performed an ENT and general examination, an audiometric and psychoacoustic evaluation and a psychometric evaluation. To evaluate the severity of the tinnitus we used the visual analog scale VAS and the subjective tinnitus severity test (STSS). Disability was assessed by the Tinnitus Handicap Inventory (THI). Anxiety and depression were assessed by: the Hamilton anxiety Rating scale and the Beck depression inventory.

**Results:** The prevalence of emotional disorders was: 21.7% for depression, 48.33% for generalized anxiety disorder, 11.67% for dysthymia, 5% for agoraphobia 16.67% for panic disorder and 1.67% for social phobia. The intensity of tinnitus was correlated with more panic disorder ( $p=0.008$ ). Subjective severity of tinnitus was correlated with disability ( $p=0.0001$ ), awareness of tinnitus in relation to sleep duration ( $p=0.006$ ) and disturbed sleep ( $p=0.047$ ). Disability was correlated with subjective tinnitus severity ( $p=0.0001$ ), panic disorder ( $p=0.0007$ ), generalized anxiety disorder ( $p=0.033$ ), and poor sleep quality ( $p=0.005$ ).

**Conclusions:** Our results emphasize the importance of emotional disorders as well as sleep disorders in chronic “tinnitus”. These

disorders should be systematically investigated and eventually treated in order to optimize the management of the patients.

**Disclosure:** No significant relationships.

**Keywords:** Anxiety; Depression; tinnitus; sleep disorders

## EPV0297

### Hypomagnesemia In Patients Of Critical Care And Alcohol Withdrawal Syndrome: A Review

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**Introduction:** Magnesium is one of the crucial electrolytes that plays a significant role in maintaining various cellular and metabolic processes. Studies demonstrate that Hypomagnesemia is evident in patients of critical care unit and alcohol withdrawal syndrome. Low Magnesium level is associated several dreadful complications as such higher mortality, cardiac arrhythmias, septic shock, prolonged ICU stay, increased need for intubations and delayed weaning from ventilation etc. Prescribing Magnesium with cautious supervision might prevent these alarming sequels. Value to determine Hypomagnesemia regarding critical patients is extremely significant to determine timing for possible interventions.

**Objectives:** To review the impact and significance of low serum Magnesium level on prognosis of patients with critical care unit and alcohol withdrawal syndrome.

**Methods:** To evaluate our research topic, we search through “Pubmed” and “Google Scholar” database using key words “Hypomagnesemia”, “Critical care” and “Alcohol withdrawal syndrome”, articles popped up. We select 5 articles on the basis of internal and external validity.

**Results:** Level of Magnesium determination is extremely crucial to steer proper management in ICU, CDU, and critically ill patients. Studies reflecting most of the patients in critical care and alcohol withdrawal syndrome suffer from Hypomagnesemia. Most recent studies demonstrate that a level below 0.75 mmol/L is considered Hypomagnesemia for total Mg and level below 0.42 mmol/L for ionized Mg.

**Conclusions:** Hypomagnesemia is associated with dire consequences and fatal outcomes for critical patients in terms of mortality, prolonged ICU stay, septic shock as well as need for mechanical ventilation. Supplementing Mg with careful monitoring could prevent lethal aftermath while treating patients of AWS and critical care.

**Disclosure:** No significant relationships.

## EPV0298

### Management of Parkinson’s disease challenged by co-morbid drug abuse

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