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**Table 1** An overview of the information that will be retrieved from the registries.

Source	Personal information and medical records
Norwegian Health Economics Administration (HELFO) – KUHR	Date and time of treatment elective/acute, diagnoses (ICPC-2), procedure codes, institution or GP which assumes responsibility upon discharge, time of treatment termination
The Norwegian Patient Registry (NPR)	Diagnoses (ICD-10, all chapters), functioning level, medical procedures, date of referral, treatment priority, treating doctor or institution, level of care, date and time of treatment, elective/acute, referring institution or doctor, institution or doctor which assumes responsibility upon discharge, time of treatment termination
The Cause of Death Registry	Time and cause of death
Statistics Norway – socio-economic registries	Sex, age, marital status, municipality, working affiliation (employed/unemployed/disability pension etc)
Cancer registry of Norway	Diagnoses and treatment variables
Norwegian Prescription Database	Consumption, type and dosage of generic drugs / psycho-pharmacology
Norwegian cardiovascular Disease Registry	Diagnoses and treatment variables

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

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<http://dx.doi.org/10.1016/j.eurpsy.2017.01.565>

#### EV0236

### Psychopathological consequences of introducing psychopharmacological treatment in patients with ADHD with comorbid drug use. A preliminary study

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**Introduction** There exists a high prevalence of SUD among patients suffering ADHD and the consequences of this comorbidity are that ADHD and SUD may exacerbate the outcome of SUD and vice versa. The presence of both disorders increases the risk of chronicity and the level and/or the number of symptoms.

The main objective is to evaluate how the introduction of treatment correlates with a better control of symptoms.

**Material and methods** We select a group of patients with both diagnosis treated in a Mental Health Day Center in Pamplona, Spain. We employ several scales to evaluate the sample: SCL-90, SF-36, Weiss Scale and a Scale of Satisfaction, in three times: at the beginning, one month and three months. We employ urinalysis to detect level and number of substances.

**Results** The sample is comprised by 12 patients, main age of 42.6 years. 8 patients are cocaine addicts. The majority received Atomoxetine (main dosage 36.0 mg)

Our data shows an important decrease in the score of Neurotics groups of symptoms and Hostility. We observe a decrease in score of items correlated with physical health and an increase in emotional aspects of daily life.

Eight patients get abstinence and the punctuation of craving decrease from 21 to 5.2.

The level of satisfaction with treatment was very high.

**Conclusions** The psychopharmacological treatment of patients diagnosed of ADHD with comorbid SUD implies a great improvement in the symptomatology and quality of life of the patients, with a low level of craving.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.566>

#### EV0237

### Life is in the air: Inhaled methanol poisoning. A case report

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**Introduction** Methanol poisoning is uncommon but potentially lethal. The way of poisoning is usually oral. However, in a small number of cases, inhaled methanol poisoning was described. Most of these occurred among patients suffering a disorder by use of this substance. This type of poisoning has an insidious presentation, that complicates its diagnosis. This poisoning may be lethal. It may produce a chronic and severe affection of the central nervous system in those who survive to the poisoning. After diagnosis, it is compulsory to act quickly, and it often requires advanced vital support and hemodialysis.

**Objectives** Educate the Mental Health professionals about a type of disorder by consumption increasingly more frequent in some cities across Europe. This is a high fatality related poisoning that emergency and general psychiatrists should know as it is increasingly common in Europe.

**Methods** We present the case of a 20-year-old patient, treated at the emergency department of our hospital in context of methanol inhalation. The patient regularly attended to our Dual Pathology outpatient unit due to a severe inhalant use disorder. Several stays at the intensive care unit had been recorded and he already presented with severe optic nerve affection.

**Discussion** In recent years there has been an increase in inhalant abuse in Europe, which is still underestimated by our poor knowledge about its potential toxicity.

**Conclusion** Inhaled methanol poisoning occurs with a typical presentation, and may appear after suicide trial or overdose. Mental health professional should become aware of its potential lethality to approach properly to these patients.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.567>