

EPP0497

Cannabis use in first episode psychosis in Tunisia

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Introduction: The use of cannabis is associated with developing psychotic disorders, especially for those with a pre-existing vulnerability and elevated familial risk for psychosis.

Objectives: To assess cannabis use during first episode psychosis and its relationship with patients' clinical symptoms and functioning.

Methods: We assessed 50 patients hospitalized for first episode psychosis using three scales: CAST test (Cannabis Abuse Screening Test), Positive and Negative Syndrome Scale (PANSS) and Global Assessment of Functioning (GAF).

Results: The sex ratio of our population was 4 men to 1 woman. The average age was 25.6±6.16 years. About 60% of the patients used cannabis. The average duration of untreated psychosis was 10 months, with extremes ranging from one week to 24 months. Forty-four patients were antipsychotic-naïve (88%). For patients who used cannabis, the mean score of CAST test was 11.3±4.16, with extremes between 4 and 18. The risk of dependence was high in 81% of cannabis users. The PANSS total scale showed a mean score of 58.29±12.90 with extremes between 35 and 91. The average score at GAF scale was 30 with extremes between 20 and 70. Duration of untreated psychosis was significantly correlated to negative scale of PANSS ($p=0,012$; $r=0,420$), PANSS total score ($p=0,011$; $r=0,424$) and GAF levels ($p=0,012$; $r=-0,420$).

There was no association between age of onset of psychosis and cannabis use ($p=0,181$) nor CAST scores ($p=0,747$). There was no correlation between CAST and GAF scores ($p=0,641$).

However, there was a significant and positive correlation between CAST scores and positive scale of PANSS ($p=0,04$; $r=0,432$).

Conclusions: Cannabis use is neither necessary nor sufficient to cause psychosis on its own. However, it has an influence on the prognosis. Early intervention programs should address cannabis and substance use problems early in the course of illness.

Disclosure of Interest: None Declared

EPP0498

Relevance of sociodemographic characteristics on patients with bipolar disorder and substance use disorder

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Introduction: Substance use disorder is a common comorbidity with bipolar disorder, having implications on its diagnosis, treatment

adherence, and number of hospitalizations. Understanding the particular characteristics of this population is of the utmost importance to improve clinical outcomes.

Objectives: Our aim is to analyze the sociodemographic characteristics of the patients in the inpatient unit of a tertiary hospital and to reflect on its impact on treatment. Our study looks over a 3-year period, and all patients analyzed have a dual diagnosis of both bipolar disorder and substance use disorder.

Methods: We collected, retrospectively, data from the hospital platform and analyzed it on SPSS Statistics 26, along with a literature review.

Results: In the analyzed period of 3 years, there were 2384 hospitalizations in the Coimbra's University Hospital psychiatric ward, and 88 hospitalizations were coded with a dual diagnosis of bipolar disorder and substance use disorder.

Regarding gender distribution, 41% of the patients were female and 49% of the patients were male, with a mean age of 47 years.

There were 12 patients who were re-hospitalized once (7 of them were men) and 6 who were re-hospitalized twice (4 of them were men) during the analyzed period.

At the time of hospitalization, 60.5% of male patients were single, 21.1% were divorced, and only 15.8% were married, while female patients were mainly married (35.7%) and only 28.6% were single. Female patients had more frequent support from social and community institutions (17.9% vs 5.3% in men) while 2.6% of men had no support from family or institutions.

Regarding education, more men accomplished high school education (21.1% vs 17.9% in women) and university education (18.4% vs 14.3%). In our sample, there were 3.6% of women who were illiterate.

During their lifetime, female patients were hospitalized around 5 times and men around 3.7 times, despite the fact that the mean age of female patients on their first hospitalization was 36 years, and in male patients, it was 34 years.

Treatment adherence is more significant in female patients (70.3% vs 69.2% in men), even though women maintain active substance abuse more frequently (42.9 vs 39.5%).

Conclusions: Male and female patients have different backgrounds and different support either in spouses, family, or social institutions. These nuances may play an important role in the number of re-hospitalizations, treatment adherence, and maintenance of abstinence.

Taking these aspects into consideration may help improve clinical outcomes.

Disclosure of Interest: None Declared

EPP0499

Cerebrovascular insult as a consequence of poor health behaviour in patients with schizophrenia and bipolar disorder

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Introduction: Cerebrovascular insult (CVI) in patients with psychiatric diseases is to a large extent more prevalent and is accompanied by a worse prognosis after a incident. Despite the higher mortality, these patients are less frequently subjected to CT angiography and interventional intervention on the blood vessels of the brain.

Objectives: To show the frequency of cerebrovascular insults in patients with schizophrenia (SCH), bipolar affective disorder (BP), and depression, depending on age, gender, socioeconomic characteristics, professional qualifications, and dietary habits.

Methods: A total of 1200 patients with SCH, BD and depression were treated over a period of five years.

Results: 11.1% SCH patients had CVI and 3,7% a cases of bipolar affective diseases. CVI was most often experienced by patients who were married, employed, or retired, and who lived in urban areas. Smoking, elevated blood pressure values, elevated BMI do not have a significant impact on the occurrence of CVI in all groups. Patients with elevated values of glucose, total cholesterol and LDL cholesterol and CRP had a higher incidence of cerebrovascular insult.

Conclusions: It is necessary to work on raising the awareness of people suffering from psychiatric diseases regarding lifestyle and eating habits, and to conduct periodic health examinations. It is important to recognize high-risk patients and educate them about preventive measures.

Disclosure of Interest: None Declared

EPP0500

Sleep disorders and addiction A study of 100 patients

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Introduction: Several studies have demonstrated a high prevalence of sleep-related complaints in subjects with an addiction to psychoactive substances (alcohol, cannabis, nicotine, cocaine)

Sleep disorders negatively influence the quality of life of subjects suffering from addiction and increase the risk of relapse

Objectives: To assess the prevalence of sleep disorders in patients with problematic use of psychoactive substances as well as associated factors

Methods: This is a descriptive and analytical cross-sectional study carried out among 100 patients followed at Ar-Razi hospital Salé in Morocco for problematic use of psychoactive substances from June 1 to August 30, 2023

A questionnaire was used assessing the socio-demographic and clinical characteristics of our population

Sleep quality was assessed by the Pittsburgh Scale (PSQI)

Results: There were 100 patients, with ages ranging from 18 to 56 years old and the majority of whom were males.

History of somatic pathology was reported in 36% of patients

The majority of patients had an associated anxiety disorder (60%)

The most consumed psychoactive substances were tobacco (95%), followed by cannabis, benzodiazepines and alcohol.

75% of patients reported poor sleep quality

There was a statistically significant difference between the risk of relapse and the reduction in sleep quality

Conclusions: The prevalence of poor sleep quality in patients with disorders linked to psychoactive substance use is high, hence the importance of early detection in order to improve treatment.

Disclosure of Interest: None Declared

Consultation Liaison Psychiatry and Psychosomatics

EPP0502

A comparative study of psychological factors in Men who have Sex with Men (MSM) with and without HIV

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Introduction: As a result of the notable progress in HIV / AIDS prevention and treatment globally, the HIV epidemic is considered controlled to the extent that individuals living with HIV manage to have a similar life expectancy to HIV-negative individuals and a good level of health. However, the "epidemic" related to the stigma of HIV-positive individuals, particularly of Men who have Sex with Men (MSM), still remains an issue, while it has been associated with a profound negative impact on individuals' mental health.

Objectives: The present study aimed to compare anxiety, depression, social support, loneliness, and psychological resilience between MSM with and without HIV. Furthermore, the study investigated the correlates of HIV related stigma in MSM with HIV.

Methods: The sample of the study comprised a total of 139 adult MSM. According to their self-report 84 individuals were HIV-negative (age in years: M = 24.58, SD = 5.55), while the remaining 55 individuals were HIV-positive (age in years: M = 38.99, SD = 10.95). Furthermore, the majority of individuals in both groups reported Greek nationality. Participants completed a questionnaire on socio-demographic characteristics, the Hospital Anxiety and Depression Scale to assess anxiety and depression, the UCLA Loneliness Scale to measure loneliness, the Brief Resilience Scale (BRS) to evaluate psychological resilience, and the Multidimensional Scale of Perceived Social Support (MSPSS) to assess social support. HIV-positive individuals additionally completed the HIV Stigma Scale-Brief Version, a brief scale measuring social stigma related to HIV.

Results: According to the findings, MSM with and without HIV did not differ in anxiety ($p = 0.908$), depression ($p = 0.904$), social support ($p = 0.657$), loneliness ($p = 0.086$), and psychological resilience ($p = 0.600$). Furthermore, it emerged that among HIV-positive MSM, stigma was positively associated with anxiety ($r = 0.479, p < 0.001$), depression ($r = 0.479, p < 0.001$), and loneliness ($r = 0.532, p = 0.001$), while the correlation was negative with social support ($r = -0.456, p < 0.001$) and resilience ($r = -0.400, p < 0.003$). No significant association was found between stigma and age in HIV-positive individuals ($r = 0.099, p = 0.474$).