

total but addiction to medication and eating disorders seems to be much more common in women whereas addiction to drugs probably more common in man.

*Disclosure of interest* The author has not supplied his/her declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.1783>

#### EV1454

### Central nervous system grey matter decreases in volume in smokers impacting cognitive abilities:

#### A systematic review

M. Vnukova\*, R. Ptacek, J. Raboch, G. Stefano  
Department of Psychiatry, First Faculty of Medicine Charles University in Prague and General University Hospital in Prague, Prague, Czech Republic

\* Corresponding author.

*Background* Even though cigarette smoking is a leading cause of preventable mortality, worldwide tobacco is consumed by approximately 22% of population. Smoking is also one of the risk factors for cardiovascular disease and it impacts our brain processing as well as being one of the recognised risk factors for Alzheimer's disease. The tobacco toxins may cause these disorders, e.g., nicotine at high levels, which are inhaled, resulting in preclinical brain changes. Researchers suggest that there are differences in brain volume between smokers and non-smokers. This review examines these differences on the brain grey matter volume (GMV).

*Material/methods* In March/April 2015: MedLine, Embase and PsycInfo were searched using terms: "grey matter", "voxel based", "smoking" and "cigarette".

*Results* Studies found brain GMV decreases in smokers compared to non-smokers. Furthermore, gender specific differences were found, while thalamus and cerebellum was affected in both genders decrease in olfactory gyrus was found only in male smokers. Age group differences were also found and these may suggest pre-existing abnormalities that lead to nicotine dependence in younger individuals. Only one study found positive correlation between number of pack-years and GMV.

*Conclusion* Smoking decreases the volume of grey matter in most brain areas. This decrease may be responsible for the cognitive impairment and difficulties with emotional regulation in smokers compared with non-smokers.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.1784>

#### EV1455

### Anti-epileptic drugs in opiate addictions

S. Vucetic-Arsic\*, S. Alcaz  
Special Hospital for Addictions, Intensive Care Unit, Belgrade, Serbia  
\* Corresponding author.

*Introduction* Mood dysregulation came to be a hallmark in addiction diseases.

*Objectives* Antiepileptic drugs (AEDs) are used extensively to treat non-epilepsy disorders, such as mood disorder. Addiction disease may be triggered by bipolar disorder. Contemporary theories of addiction focus on pathophysiological mechanisms that imply a misbalance in the area of motivational behaviour, cognitive control, inhibitory function and decision-making processes.

The aim of the study was to confirm the clinical significance of AEDs use in the treatment of opiate addicts during hospital detoxification and in stabilizing period.

*Methods* The prospective study comprised 70 medical histories of the patients treated in hospital setting over a period August 2015–2016. The study included patients with diagnosis of an opiate dependence and related mood disorders based on the ICD-10 classification. The rate of opiate withdrawal syndrome was measured by Objective Withdrawal Scale (OWS).

*Results* Our data uncovered a significant correlation between addiction and bipolar disorders, since 21% of inpatients treatment have co-morbidity. According to a survey, 74% of patients were treated with AEDs during detoxification period and in outpatients setting 1 month later. According to OWS in 65% cases AEDs improved the mood and affect, numbness, sensitivity.

*Conclusion* AEDs role in opiate withdrawal syndrome was to normalize the affect, applied as an adjuvant therapy and also used during the recovery, in order to correct mood fluctuations. The high rate of co-morbid mental illnesses between addiction and other mental disorders argues for a comprehensive approach to evaluate each disorder concurrently, providing treatment as needed.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.1785>

#### EV1456

### Socio-demographic, clinical and therapeutic features of patients treated for schizoaffective disorder using cannabis

B. Walid\*, I. Marrag, F. Ellouze, M. Nasr  
Hospital, Psychiatrie, Mahdia, Tunisia

\* Corresponding author.

*Introduction* Psychotic disorders were formerly associated with cannabis use. It could accelerate the course of the illness and thus, constitutes a severity factor in terms of prognosis.

*Objectives* To define the socio-demographic, clinical and therapeutic profiles of patients suffering from schizoaffective disorder (ASD) and who are consuming cannabis.

*Methods* A retrospective study of 16 patients diagnosed with ASD, who were hospitalized at the psychiatric department of Tahar Sfar Mahdia's hospital, and whose toxicology test results during the hospitalization came back positive for tetrahydrocannabinol.

*Results* Sixteen patients were gathered, all male, the average age was 26 years. The average age of first hospitalization was 25 years, 41.9% were unemployed; 76.3% of our sample were single. Three quarters of patients were hospitalized without consent. The average hospital stay was 30.33 days. Our patients had required during their stay an average dosage of antipsychotic, equivalent to chlorpromazine, of  $752.42 \pm 342.79$  mg. The average scores of psychometric scales were: BPRS =  $55.72 \pm 14.11$ , SAPS =  $41.5 \pm 14.80$  and  $42.11 \pm 18.88$ .

*Conclusion* Currently, it is recognized that prolonged use of cannabis is an exogenous risk factor. The association between cannabis and schizoaffective disorder may amend the treatment modalities. It requires, thereby, an integrated and simultaneous treatment of schizophrenia and addictive behavior.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.1786>