

96.7% (n=58) of participants were of Moroccan nationality, against only 3.3% who were foreigners (n=2).

The main indication for methadone withdrawal in our patients was heroin use (66.67%), followed by Codeine, then Tramadol. The daily doses of methadone delivered ranged from 04 to 200 mg/patient, with an average of 75 mg.

The main adverse effects reported by our patients were libido disturbance, constipation, fatigue and sleep disturbance.

63.33% (n=38) of patients continued to use other psychoactive substances on a regular basis, mainly tobacco, followed by cannabis. 13.33% (n=8) reported persistent craving, and the vast majority claimed to be supported by a family member (70%, n=40).

**Conclusions:** For several years, quality of life has been a major preoccupation of healthcare professionals in a bio-psycho-social approach. In this vision of care, quality of life should now be part of the clinical criteria for monitoring patients on methadone.

**Disclosure of Interest:** None Declared

### EPV0055

#### Ekbom síndrome (Parasitosis delirium): Cocaine Use vs. Psychotic Depression. A case report

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**Introduction:** Parasitosis delirium represents a rare mono-symptomatic psychosis characterized by the delirious firm belief of the patient, against all evidence, of being infested by cutaneous parasites. The syndrome affects in particular middle-aged women, and can be the single manifestation of psychological uneasiness or represent one of the aspects of a more complex psychiatric case, compromising almost totally any normal daily work and/or social activity. It is often accompanied by a refusal to seek psychiatric care. This condition can be associated with various underlying causes, including substance use disorders and psychotic depression. Understanding the differences and similarities between delirium of infestation in the context of cocaine use and psychotic depression is crucial for accurate diagnosis and effective treatment.

**Objectives:** This study aims to compare and contrast the clinical features, etiology, and treatment approaches of delirium of infestation in individuals with cocaine use and those with psychotic depression. By examining these two distinct populations, we can gain insights into the unique challenges and considerations associated with each condition.

**Methods:** A case report of a 44-year-old woman with delirium of parasitosis, depressive symptoms and cocaine use in the last three days. Also a comprehensive literature review using the PubMed database to identify relevant clinical articles on delirium of infestation, cocaine use, and psychotic depression.

**Results:** Cocaine use and psychotic depression can both cause delirium of infestation. Cocaine-induced delirium is characterized by agitation, paranoia, and delusions of infestation. Psychotic depression is characterized by a depressed mood, delusions, and hallucinations. Delusions of infestation are a common feature of both conditions. However, the underlying mechanisms and treatment approaches differ. Cocaine-induced delirium is primarily associated with the acute effects of cocaine on the central nervous system, while psychotic depression involves a complex interplay of biological,

psychological, and environmental factors. Treatment for cocaine-induced delirium involves addressing the underlying cocaine use, while treatment for psychotic depression involves antidepressant and antipsychotic medications. Otherwise, Anti-Parkinson drugs were most frequently associated with delusional infestation

**Conclusions:** Delirium of infestation can occur in individuals with cocaine use and those with psychotic depression, albeit with different etiologies. Clinicians should consider the underlying cause when diagnosing and treating patients with this condition. Further research is needed to explore the specific neurobiological mechanisms and optimal treatment strategies for delirium of infestation in these distinct populations.

**Disclosure of Interest:** None Declared

### EPV0056

#### Drug-induced psychosis and intravenous drug use in chemsex context

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**Introduction:** Several studies have called attention to the mental health disorders associated with chemsex -the intentional use of drugs before or during sexual intercourse GBMSM (gay, bisexual and men who have sex with men) population-. Sexualized intravenous drug use is also known as slam or slamsex. There are few studies that analyze the mental health differences between intravenous drug users compared to non-intravenous drug users in chemsex context.

**Objectives:** We aim to analyze the relationship between the practice of slamsex and the development of drug-induced psychosis.

**Methods:** A cross-sectional descriptive analysis of a sample of users attended by the non-governmental organization Apoyo Positivo in the program "Sex, Drugs and You" between 2016-2019 was performed.

**Results:** We included 217 participants. Drug-induced psychosis was found in 80 participants. Drug-induced psychosis was significantly higher in the intravenous drug use group compared to the non-intravenous drug use group (p<0.05).

**Conclusions:** Previous studies have reported that MSM who practiced chemsex were more likely to experience from different mental health disorders, being psychosis one of the most frequent psychiatric diagnoses. In our study, drug-induced psychosis was higher in participants who engaged in intravenous drug use. Further studies analyzing the relationship between slamsex and drug-induced psychosis are needed.

**Disclosure of Interest:** None Declared

### EPV0057

#### Group therapy for problematic chemsex in Ngs community treatment settings in Spain

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**Introduction:** The intentional use of drugs before or during sexual intercourse (chemsex) is a phenomenon of special importance in the MSM (men who have sex with men) population due to its impact on mental, physical and sexual health. Group therapy has been included in several programs for chemsex users.

**Objectives:** To describe and to compare the different group therapy treatments for problematic chemsex users in NGOs community treatment settings in Spain.

**Methods:** We conducted several interviews with key informants from 5 NGO in Spain. A qualitative analysis of the different group therapy treatments for problematic chemsex was performed.

**Results:** Different models of groups were described including: psychoeducational, support, interpersonal process, harm reduction and mindfulness-based cognitive groups. Most of the group interventions developed were support and psychoeducational based. There were fewer interpersonal group and relapse prevention group therapy. The different models of group intervention were considered useful and necessary for deliver information in a culturally sensitive context and for reducing drug use, social isolation and loneliness.

**Conclusions:** Chemsex is a phenomenon that needs a multidisciplinary approach, including individual and group therapy. Group therapy for problematic chemsex has several advantages over individual model treatments, including the reduction of sense of isolation, loneliness, information and feedback from peers. More research is needed to analyze the implementation and efficacy of group therapy for chemsex users in different contexts.

**Disclosure of Interest:** None Declared

## EPV0058

### Pathophysiology and Management of Amphetamine-Related Psychiatric Disorders

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**Introduction:** Amphetamines may induce symptoms of psychosis very similar to those of acute schizophrenia spectrum psychosis. This has been an argument for using amphetamine-induced psychosis as a model for primary psychotic disorders. To distinguish the two types of psychosis on the basis of acute symptoms is difficult. However, acute psychosis induced by amphetamines seems to have a faster recovery and appears to resolve more completely compared to schizophrenic psychosis.

**Objectives:** The objectives of this e-poster is to identify the pathophysiology of amphetamine-related psychiatric disorders and

outline the available treatment and management options for amphetamine-related psychiatric disorders.

**Methods:** A bibliographical review was performed using PubMed platform. All relevant articles were found using the keywords: psychotic episode, amphetamines, pathophysiology and management.

**Results:** Amphetamines inhibit monoamine (dopamine, norepinephrine, epinephrine, serotonin) reuptake, leading to increased monoamine concentrations in the neuronal synapse. Amphetamines can also lead to increased monoamines in the cytosol by interactions with vesicular monoamine transporter 2. Dopamine and norepinephrine release in the nucleus accumbens results in a feeling of euphoria and a reward feedback loop, which may result in addiction. Studies also suggest increased dopaminergic pathways lead to glutamate excesses in the cerebral cortex, altering the function of cortical GABAergic neurons. This damage leads to dysregulation of glutamate in the cerebral cortex, a precursor to psychosis. Prior psychiatric studies have found that GABAergic cortical dysfunction seems to relate to schizophrenia. Generally, acutely agitated psychotic patients are treated with intravenous benzodiazepines (lorazepam, diazepam, or midazolam) as first-line agents. However, if a second-line agent is needed, antipsychotic medicines like risperidone, haloperidol, ziprasidone, and olanzapine have been successful in managing amphetamine-associated psychosis. Lipophilic beta-blockers, such as metoprolol and labetalol, have also been used successfully to resolve agitation and hyperadrenergic vital signs.

**Conclusions:** Compared to schizophrenic psychosis, amphetamine-induced acute psychosis induced appears to demonstrate a more rapid recovery. It also seems to resolve with substance abstinence; however, this recovery may be incomplete.

**Disclosure of Interest:** None Declared

## EPV0059

### Wellbeing after Brief Alcohol Interventions in Male Inpatients in a General Hospital in Singapore

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**Introduction:** Harmful alcohol consumption has significant cost on health and is associated with lower quality of life (e.g., Lu *et al.* BMC Public Health 2022; 22:789). In Singapore, a significant proportion of the adult population exhibit alcohol misuse behaviours (e.g., Lim *et al.* BMC Public Health 2013; 13:992). Many patients admitted into general hospitals have excessive alcohol consumption and related problems. These admissions can be an opportunity for intervention due to accessibility to the individuals and their time (Saitz *et al.* Ann Intern Med 2007; 146 167-176). Some studies have suggested that brief alcohol interventions (BAI) delivered in general hospitals can be effective in reducing alcohol use. However, there has been less support for the benefits of BAI on wellbeing.