Image 2:

Image 3:

Conclusions: For each considered subgroups, we indentified the following features. <u>Alcohol induced psychotic syndrome:</u> higher age of onset and age of hospital admission, higher cholesterol and hurea levels, , high comorbidity with medical conditions anxiety/depression, low social functioning, higher suicidal risk;, higher hospitalization rate. <u>Cannabis induced psychotic syndrome:</u> higher hemoglobin and albumin levels, more severe psychiatric symtoms (BPRS), higher smoking rates. <u>Psychostimulants induced psychotic syndrome</u>: higher multi-drug abuse risk. We could assume that according to this consideration the treatment protocols for each of these subgroups should be tailored according to their specific features.

Disclosure of Interest: None Declared

EPP0808

Changing Perspective in Dual Disorders: Substance Use, Personality Disorder, and Psychosis

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Introduction: Dual disorders constitute a clinical entity with increasing current prevalence (Köck *et al.* Front Psychiatry 2022; 24 13). There is frequent comorbidity between psychotic spectrum disorders and substance use disorders, which hinders both psychopathological stability and the approach to addictive behaviors (Fleury *et al.* Adm Policy Ment Health 2022; 20).
Objectives: The aim of this study is to describe the clinical and sociodemographic characteristics of the consumption pattern of patients diagnosed with psychosis in outpatient follow-up.
Methods: A cross-sectional study was designed with 42 users treated at the mental health center between 2019 and 2021, aged between 18 and 65 years, who had consumed alcohol, cannabis, and/or stimulants (amphetamines or cocaine), with a diagnosis of a comorbid psychotic spectrum disorder for over 3 years. A

descriptive analysis of the prevalence of consumption of each predominant substance was carried out, as well as the sociodemographic and clinical characteristics were collected through a semi-structured interview. Statistical analyzes were performed using SPSS v23.0 (significance p<0.05).
Results: The predominant user profile was a man (85.7%), with a mean age of around 29 years, single (83.3%), with family support (52.4%), resident in rural areas (92.8%), with unqualified employment (57.1%) and primary studies (60%). Cannabis was the predominant substance (80.9%), followed by amphetamines (71.4%), with polydrug use of both in 78.6% of cases. A significant association was found between this combined use of substances, the relapse rate and the presence of comorbid personality disorder.
Conclusions: The paradigm of substance use in psychotic disorders has evolved towards comorbidity with polydrug use and confluence with personality disorders.

Disclosure of Interest: None Declared

EPP0809

Drugs and high hospitalization rate: are they related?

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Introduction: Substance use continues to be an important problem among mental health patients either as main diagnosis or as comorbidity. Acute care visits, including emergency department visits and hospitalizations, related to substance use disorders (SUD) are increasing and can be opportunities to engage individuals to get proper treatment (Suen LW et al. J Gen Intern Med 2022; 37(10):2420–2428). Both mental disorders and SUD lead to subsequent chronic physical conditions, premature death, suicide or overdose (Bennett AC. Public Health Rep 2019; 134(1):17-26) that can be accidental or not.
24% to 32% of patients with Substance Induced Psychosis develop later a schizophrenia spectrum disorder or bipolar disorder (Starzer MSK *et al.* Am J Psychiatry 2018;175(4):343–350) leading to a chronic use of medication and, in several instances, to a necessity of psychiatric in-patient treatment with long hospital stays and high readmission rates (Khan S. Health Reports (2017) 28(8)3-8).
Objectives: Our goal was to analyze if substance use is associated with higher psychiatric hospitalization rates.
Methods: An independent-samples t-test was run to determine if there were more hospitalizations among patients with substance use. Afterwards, the Cohen's D was calculated to measure the effect size and to see the magnitude of the experimental effect.
Results: A sample of 2604 in-patient treatment episodes was used. The sample had 1696 female patients, 908 male patients and 823 patients had substance use. We found that patients with substance use had a statistically significant higher hospitalization rate (6.82±5.27) than the ones without it (5.32±4.84), t(1483) =6.945, p<0.001. Cohen's effect size value (d=.30) suggested a small practical significance.
Conclusions: Our findings go mainly accordingly the literature; we found a significant effect of drugs on readmission rates (Böckmann V et al. Front Psychiatry 2019; 10:828) but we might have thought it would be bigger. That could be explain by undiagnosed substance use (refusal to admit the use, drugs not detected on lab tests, not