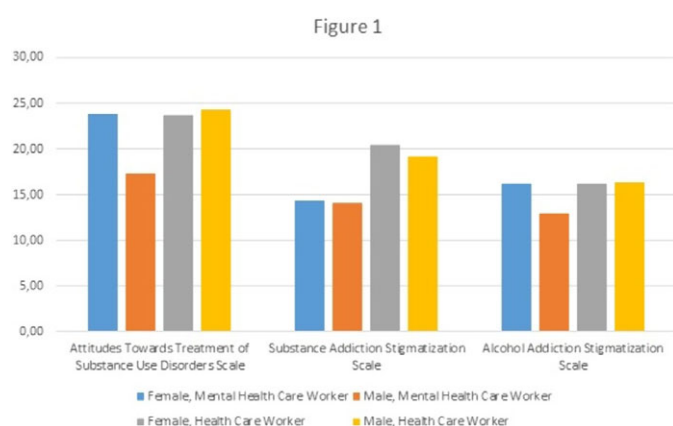


Methods: Within an online survey, participant HCWs answered Attitudes Towards Treatment of Substance Use Disorders Scale, Substance Addiction Stigmatization Scale, Alcohol Addiction Stigmatization Scale; in addition to sociodemographic questions.

Results: Three hundred ninety-eight HCWs were included in the analyses. 22.7% of them (n=91) were recruited in mental health sector. Mental health care workers had lower levels of stigma towards individuals with alcohol use disorders (14.78 vs 16.21, $p=0.048$) and substance use disorders (14.21 vs 20.09, $p<0.001$) and, lower levels of stigma towards addiction treatments (20.89 vs 23.93, $p=0.007$). Among mental health care workers, women scored higher numbers of stigmatization towards alcohol use disorder and addiction treatments (16.26 vs 12.98, $p=0.003$; 23.84 vs 17.29, $p<0.001$). On the other hand, women and men in other HCWs groups did not differ from each other in terms of stigmatization measurements (See Figure 1)



Conclusions: The gender of mental health care workers may be related to stigmatization towards addictive disorders. Future research should evaluate underlying factors.

Disclosure: No significant relationships.

Keywords: substance use disorder; Alcohol use disorder; stigma; Addiction

EPV1539

prevalence of addictions among students at the High School of The Health Sciences and Techniques of Sousse

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Introduction: Addiction is frequent in young subjects, particularly in students, who are in contact with psychoactive substances such as drugs, tobacco, alcohol, and cannabis

Objectives: The objectives of our study were to investigate the prevalence of addictions among ESSTSS students and to determine the factors associated with addictions.

Methods: A descriptive correlational cross-sectional study was conducted at ESSTSS among 122 students for 2 months (March and April 2021). The data was collected using a questionnaire administered to the students.

Results: There were 102 women and 20 men with an average age of 20.96 years. the prevalence of drug use was 56.6% according to DAST-10, with addiction noted in 5.7% of cases. The prevalence of tobacco use was 35.3% according to the Fagerstör test, with 23.3% of the students being highly addicted to tobacco. The prevalence of alcohol use was 29.5%, 35% for men, and 28.43% for women according to the AUDIT, alcohol dependence was noted in 14.3% of men and 6.9% of women. The prevalence of cannabis use was 16.4% according to the CAST test, a high risk of dependence was observed in 20% of cases. The analytical study showed that the factors associated with addiction were age, gender, year of study, and specialty

Conclusions: The prevalence of substance use among health science students is significant and since the use of these substances has a detrimental effect on health it is better to understand the associated factors and this obliges us to establish appropriate preventive interventions

Disclosure: No significant relationships.

EPV1540

Polysubstance Use After Frontal Lobe Syndrome: A Case Report

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Introduction: Frontal lobe syndrome (FLS) is a clinical condition characterized by personality and behavioral changes that usually occur after a traumatic brain injury (TBI). The main features of this syndrome are related to the deterioration of basic functions of the frontal lobe. Substance use disorder (SUD) is rare but also serious comorbidity seen after TBI.

Objectives: In this case report, we aimed to discuss a case who developed SUD after TBI.

Methods: Case report

Results: A 40-year-old male patient with history of using cannabis, methamphetamine, synthetic cannabinoid was admitted to our alcohol and substance use disorders research and treatment centre (AMATEM) inpatient unit for detoxification. He has reported that he was injured by a car accident five years ago, had a surgery and was hospitalized for a few months, and started to use substance to relieve pain. According to the medical records, the left frontal and temporoparietal regions were affected. He reported no history of substance abuse before injury, no previous history of psychiatric

admission. Personality and behavior changes had been observed after TBI. In the first examination he had depressed mood and loss of interest. Sertraline (gradually titrated up to 150 mg/d) and risperidone (1 mg/d) were started. Also *N*-acetylcysteine (1,200 mg/d) was added to reduce craving and drug-seeking behaviours for four weeks.

Conclusions: Frontal lobe syndrome and TBI may differ in terms of clinical presentations. Substance use may be a way to cope with mental, cognitive or behavioural changes, psychosocial stressors, anxiety, sleep problems or pain after TBI.

Disclosure: No significant relationships.

Keywords: substance abuse; frontal lobe syndrome; traumatic brain injury

EPV1542

Seizures and alcohol withdrawal: A literature review

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Introduction: Seizures occur in about 3% cases of alcohol withdrawal. They usually appear within 48 hours after abrupt cessation, and are characterized by a reduction in seizure threshold secondary to adaptation to alcohol. More than 50% of individuals will experience a new seizure and in 5% of these cases, progression to a sustained epilepticus status can occur.

Objectives: The aim is to do a review of the literature on alcohol withdrawal and the onset of seizures in individuals with alcohol addiction.

Methods: A literature review was conducted using the PubMed search database.

Results: Alcohol is a central nervous system (CNS) depressant and chronic consumption causes neuroadaptation in order to maintain homeostasis. This adaptation involves the upregulation of excitatory neurotransmitters systems and the downregulation of inhibitory ones. When consumption is abruptly discontinued, the depressive contribution of alcohol to a previously established balance is disrupted, resulting in withdrawal symptoms associated to a generalized CNS' hyperexcitability state. Critical episodes increase the risk of *delirium tremens*, a fatal condition in 20% of untreated cases. Thus, the treatment and prevention of seizure recurrences is essential: the clinical guidelines of the American Society of Addiction Medicine 2020, offer an action proposal. Pharmacological therapy after seizures is the preferential treatment: intravenous administration of fast-acting benzodiazepines (lorazepam and diazepam) is the first line treatment.

Conclusions: It is essential to monitor signs and symptoms that alert us to the appearance of seizures associated to alcohol withdrawal, effectively treat these cases, prevent recurrences, and provide a quality follow-up for these patients.

Disclosure: No significant relationships.

Keywords: Seizures; alcohol withdrawal; delirium tremens

EPV1543

Opioid withdrawal delirium without convulsions: A Rare Case report

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Introduction: Opioid withdrawal symptoms classically include severe muscle cramps, bone aches, autonomic symptoms, anxiety. Patients seldom have other complications like delirium and convulsions unless they have comorbid medical illnesses.

Objectives: We hereby report a case of opioid withdrawal delirium.

Methods: A 20-year-old man with dependence for opioids and nicotine was admitted after compete history and mental status and physical examination, last intake for both substances 2 days back. There was no history of fever, head injury, siezures and other substance use. All investigations done were normal and urine drug screen was negative for other substances. Treatment was started with clonidine and quetiapine for sleep and Nsaids on prn basis. After 2 days there was hallucinatory behaviour, agitation, fleeting episodes of recognising family members, hearing voices and decreased sleep observed. Patient required sedation with 10 mg of lorazepam and haloperidol before he went to sleep. Later on lorazepam 8 mg in divided doses and clonidine was tapered off gradually and patient as discharged on naltrexone 50mg.

Results: In our case we could not find any other reason for delirium. These complications are rare feature of delirium, parker et al reported 5 such cases. One of limitations was we didnt do blood alcohol levels which could have ruled out alcohol use.

Conclusions: This case is unique in terms of presenting with delirium without convulsions after 4 days of abstinence. No associated comorbidities, organic causes, and other substance use in dependence pattern or recently used. Use of a street variety (mixed with impurities) could be a risk factor for delirium in our patient. Psychiatrist need to be aware of complication.

Disclosure: No significant relationships.

Keywords: siezures; rare case report; opioid; addiction; delerium; convulsions; opioid add addiction add delerium add mconvulsions

EPV1544

“Might relapse today” - The categorization of discussions in the r/benzorecovery subreddit

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Introduction: The social media platform Reddit is a contemporary context where we have an opportunity to identify problems experienced by people regarding different aspects of life. The platform is virtually anonymous which might make users discuss their problems more freely. Reddit is divided in subreddits where different subjects are discussed and the discussions are controlled by creators