

When she reaches abstinence in short periods, ceases digestive discomfort. However, a prece digestive symptoms with each relapse. The present case showed improvement with cessation of cannabis so it probably was the cannabinoid hyperemesis syndrome.

Conclusions The cannabinoid hyperemesis is characterized by recurrent episodes of nausea, vomiting, abdominal pain, and chronic cannabis use. Temporary relief is achieved with hot baths. Ceases when abstinence is achieved. It is a clinical entity that does not have much information and requires further study.

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

Further readings

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<http://dx.doi.org/10.1016/j.eurpsy.2016.01.995>

EV11

Clinical features of kinesthetic hallucinations in cocaine-dependent patients

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Introduction Legal and illegal drugs can cause psychotic symptoms, in cocaine-dependent patients the prevalence of these symptoms may reach 86% (Vorspan, 2012). It is estimated that 13–32% of cocaine-dependent patients have kinaesthetic hallucinations (Siegel, 1978; Mahoney, 2008; Roncero, 2012).

Objectives To compare the prevalence of substance-induced psychotic symptoms and compare the use of welfare/social resources and social adjustment among cocaine-dependent patients (CD) and other substances dependences (OtherD).

Methods Two hundred and six patients seeking treatment at the Addictions and Dual Diagnosis Unit of the Vall d'Hebron. Patients were assessed by ad hoc questionnaire designed to collect demographic data and psychotic symptoms associated with consumption, a record of the care/social resources used by the patient and the scale of social adaptation (SASS). A descriptive and bivariate analysis of the data was performed.

Results CD were 47.1% vs. 52.9% OtherD (66.1% alcohol, 17.4% cannabis, 8.3% opioid, 8.3% benzodiazepines/other drugs). Of cocaine dependent-patients, 65.6% present psychotic symptoms vs. 32.1% for the OtherD. Different exhibiting psychotic symptoms are: self-referential (69.7% vs. 30.7%), delusions of persecution (43.4% vs. 12.2%), hallucinations (49.4% vs. 14.3%), auditory hallucinations (43.5% vs. 11.4%), visual hallucinations (30.4% vs. 5.7%) and kinaesthetic hallucinations (7.2% vs. 2.9%).

Cocaine-dependent patients significantly use more health care resources in reference addiction unit (76.3% vs. 62.4%, $P:0.035$) and infectious diseases (22.7% vs. 5.5%, $P:0.000$) and justice-related (50.5% vs. 26 resources 0.6%; $P:1.001$) and less resources and mental health (25.8% vs. 43.1%; $P:0.013$).

Regarding social adaptation, no differences were found in the SASS. Kinaesthetic hallucinations do not appear to be related to a greater use of resources and in social adaptation.

References not available.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.996>

EV12

Risk factors for accidents among cocaine-dependent patient seeking treatment

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Introduction Accident rate have a high social cost. Cocaine consumption increases the risk of traffic crashes (Monras, 2011; Fierro, 2011). However, there is not extensively studies in addicts.

Objective Compare and analyze the history of accidents and risk behaviors while driving in cocaine dependent patients (DC) and of other substances (OtherD).

Methods One hundred and eighty-two patients seeking treatment since January 2014 to September 2015. Sociodemographic and accident-related variables were collected, also administered the MDBQ. Descriptive analysis and bivariate analysis using Chi-square test for categorical variables and Student t test was performed for quantitative.

Results Of women, 30.3%, and 69.7% men, mean age 43.67 years ($SD = 13$). 65.6% currently driving or above. 45.2% DC vs. 54.8% OtherD (35.6% alcohol, cannabis 8.3%, 5.8% opioid and 5.1% other drugs). Comparing accident rate on the DC is a tendency to have suffered more accidents ($\chi^2: 2.62 P=0.72$). Patients addicted to cocaine referred further potentially dangerous activities both under the influence of consumption (65.9% vs. 33.3%) and abstinence (41.7% vs. 12%).

As for the results of MDBQ, it has been detected that cocaine addicts show more errors and traffic violations. No differences in the lapses identified by patients of different groups.

Conclusion Patients with cocaine dependence have more accidents, reduced risk perception and recognize more mistakes and traffic violations. Cocaine implies a high risk of road accidents and exposure to high-risk situations compared to the use of other substances.

References not available.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.997>

EV13

E-cigarettes and tobacco cessation: An online survey of electronic cigarette users in France

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Introduction E-cigarettes (EC) are widely used in general population and may facilitate smoking cessation. However, efficacy and addictive potential of EC remain insufficiently studied.

Objectives To characterize e-cigarette use and its impact on tobacco use/cessation.

Methods Online survey was available on CEIP website (September 2014–March 2015). Questionnaire assessed smoking status, tobacco and e-cigarette use, including reasons for use, efficacy, adverse effects and dependence (Fagerström test of cigarette dependence [F] and an adapted version to e-cigarette use [Fm]).

Results One thousand one hundred and twenty-one EC users answered (1008 ex-smokers, 113 current smokers), with mean age of 39 ± 10 years and 72% female. Ninety-six percent e-cigarette users agreed that vaping is useful for tobacco cessation, 80% succeeded to quit/reduce their smoking. Reasons for EC use are partial/complete alternative to smoking, lower toxicity, less side effects and lower cost. Most of ex-smokers (66%) has no/low dependence to EC ($F_m \leq 4$) since current smokers reduced dramatically their tobacco consumption by EC use. Among all EC users, 75% had a craving for EC. Use of EC is described as pleasant as tobacco for 59% ex-smokers and 39% smokers. Eighty-three percent of ex-smokers and 68% of smokers do not intend to stop vaping.

Conclusion E-cigarettes are used primarily for smoking cessation and show effectiveness for harm-reduction, but a secondary dependence to nicotine contains in EC can be observed (Figure 1).

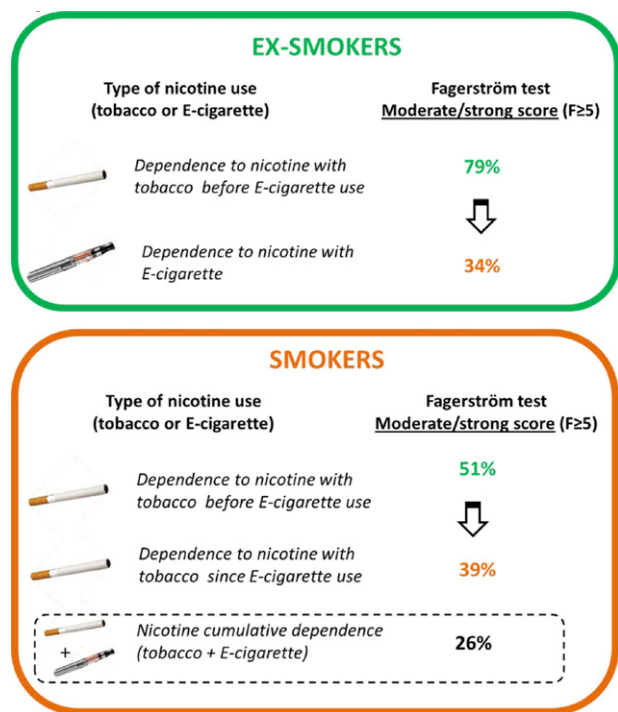


Fig. 1

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.998>

EV14

Compulsiveness dimension in a case of pathological gambling

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Introduction Pathological gambling (PG) is currently included among Addictive Disorders (DSM-5). However, its phenomenology resembles features of Obsessive Compulsive Disorder. Several models of addiction conceptualize a progression from impulsivity

to compulsivity transitioning from initial positive reinforcement motivations to later negative reinforcement and less pleasurable and automaticity mechanisms.

Clinical presentation A 34-year-old male, since diagnosed with PG in 2013 and prescribed a group rehabilitation therapy, presented in 2015 complaining of intrusive thoughts and depression symptoms. During the psychiatric examination emerged: low mental concentration; dysphoria; hyporexia; irritability; insomnia; persistent ideas and excessive preoccupations to be betrayed by his girlfriend; and behaviours of hyper control on her life. He has been evaluated using MMPI-2 (obsessivity Tscore 70, depression Tscore 67) and BIS-11 (high score of non-planning impulsiveness).

Treatment It appeared there was a shift from ego-syntonic novelty driven/impulsive behaviours focused primarily on gambling to ego-dystonic habit driven/compulsive behaviours focused on her girlfriend. He started an individual psychodynamic psychotherapy centred on dysfunctional beliefs and behavioural strategies for treating the compulsive features. As thought content was the most relevant aspect, he was prescribed olanzapine, not a SSRI (normally indicated for OCD), up to 10 mg/die. After a month obsessions and compulsions reduced, and he seemed to reach a good level of personal functioning, despite a rigid anankastic personality trait.

Conclusions As the management of compulsive behaviours is complex, physician should better assess and recognize psychological personality aspect, collecting patients' complete history, also testing them psychometrically, and paying more attention to an eventual treatment (both psychological and pharmacological).

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.999>

EV15

The impact of addictive disorders on the HIV and syphilis coinfection

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Introduction One of the main risk factors for both HIV-infection and syphilis is addictive behavior.

The objective of the study was to determine the impact of addictions on the HIV and syphilis coinfection.

Method Sixty-five HIV-infected patients with syphilis were examined by a clinical method.

Results The sample included 45 men (average age 32.09 ± 9.83) and 20 women (average age 31.7 ± 5.97). All patients were characterized by risky behavior. Seventy-one percent of men belonged to the category of men who have sex with men (MSM). Eighty-five percent of women had drug dependence (as compared to 61% for men who have sex with women (MSW) and 19% for MSM; $P < 0.05$). Women were more likely to have opiate dependence ($P < 0.001$; as compared to men). We revealed a high incidence of drug addiction and alcoholism with the prevalence of dependence on opioids (F11; 55.0%; 7.7%), polysubstance use (F19; 25.0%; 23.1%) and alcoholism (F10; 50.0%; 61.25%) among women and MSW respectively ($P < 0.05$ as compared to MSM). Only 50% of women and 23% of MSW were in remission. MSM regularly consumed stimulants and cannabinoids without developing dependence.

Conclusions Injecting drug use is typical of women and MSW and plays a leading role in the risk factors for HIV infection and syphilis. Addictive behavior among MSM increases risky sexual behavior and thus influences infection with HIV and syphilis.