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 opiods 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 all 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; opiod; addiction; delerium; convulsions; opiod 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