

replacement. He has been under irregular follow-up with a mental health team for anxiety-depressive symptoms in the context of grief. He goes to the emergency service brought by his family to begin the detoxification process in the hospital setting. He acknowledges ethanol consumption since he was widowed, which began when he awakes; quantities that ranged between one or up to three bottles of distilled liquor per day, generally consumption is in the home environment. A little less than a year ago, he began to isolate himself in his room and abandon his self-care, eating increasingly insufficient food intake, refusing to receive professional care to quit the habit, mainly because he did not recognize it as disruptive.

The patient was admitted to hospital with symptoms suggestive of withdrawal, making it extremely difficult to control blood pressure levels. On the third day of admission to the acute care unit, fever peaks, blood pressure levels well below normal parameters, and compromised level of consciousness began to be evident.

Results: Blood tests were performed that, together with the clinical picture, suggested imminent septic shock, so critical care was contacted for transfer and stabilization. A germ of probable urinary etiology sensitive to a broad spectrum of antibiotics was isolated in blood cultures, and the medication of the detoxification process was progressively optimized. Once clinical stability was achieved at all levels, an inpatient cessation resource was managed, which the patient accepted and considered suitable for his complete recovery.

Conclusions: A holistic approach to the alcoholic patient is important, since serious problems of an organic nature often arise. This is why a multidisciplinary intervention is necessary, as well as a holistic approach to care, involving both classic pharmacology and assiduous long-term psychotherapeutic intervention.

Disclosure of Interest: None Declared

EPV0041

Mental health impact of fentanyl abuse, a case report

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doi: 10.1192/j.eurpsy.2024.843

Introduction: In recent years, there has been an increase in the prevalence of illicit use of fentanyl and other opioids in the United States population. This has led to an increase in medical, psychopathological and abuse-associated comorbidity, an increase in deaths and a decrease in the age of consumption, and has become a serious emerging problem in young people.

We present the case of an 18-year-old woman from the United States who recently settled in Spain and started a follow-up in Mental Health due to opioid and other substance abuse problems.

Objectives: To address the growing problem surrounding the illicit use of fentanyl and opioids as drugs of abuse based on the presentation of the clinical case mentioned above.

Methods: Bibliographic search and description of a clinical case of a patient under follow-up by Mental Health at the "Hospital Clínico Universitario de Valladolid".

Results: An 18-year-old woman from the United States who has been living with her father in Spain since the summer of 2023, having moved to Spain due to problems related to substance abuse. With no previous medical or surgical history and with a history of follow-up in Mental Health in her country of origin for depressive symptomatology, dysfunctional personality traits and abuse of different toxic substances since adolescence.

After a brief and erratic follow-up in Psychiatry for anxious-depressive symptoms reactive to a complex and conflictive relationship with his mother and marked academic difficulties during the first years of adolescence, at the age of 15 he started using cannabis and alcohol, thus beginning a period marked by relationships with marginalized sectors of the population, substance abuse and school failure.

As his cannabis consumption intensified, he began to consume fentanyl prescribed to his mother, as well as other opioids to which he had access illegally, for which reason he had to be admitted twice to detoxification centers without results, which is why his family finally decided to move him to Spain.

Conclusions: In recent years, fentanyl abuse has become a serious public health problem that is mainly centered in the young population. High levels of impulsivity and lack of frustration tolerance predispose to the use of illicit substances for elusive purposes.

Substance abuse carries with it not only an important organic comorbidity, but also a marked socio-familial and economic repercussion.

Disclosure of Interest: None Declared

EPV0043

Cannabinoid hyperemesis syndrome: a case report and literature review

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doi: 10.1192/j.eurpsy.2024.844

Introduction: Cannabis is the most used recreational drug worldwide. Cannabinoids have long been known for their anti-emetic properties. Paradoxically, chronic cannabis consumption has been linked to inducing refractory nausea and vomiting, a condition called cannabinoid hyperemesis syndrome (CHS). CHS remains inadequately acknowledged by clinicians.

Objectives: Report a CHS case and discuss this syndrome's diagnosis, pathophysiology, and management.

Methods: Collection of clinical information and review of the literature.

Results: We share the case of a 38-year-old male who repeatedly recurred to the emergency department (ED) due to persistent vomiting, nausea, and abdominal pain. The patient had experienced similar intermittent episodes over the past 12 years. Interestingly, the use of hot showers provided symptomatic relief. Urine drug tests consistently showed positive results for cannabinoids. During acute phases, he required supportive treatment involving fluid therapy. Long-term treatment included cannabis abstinence. CHS is defined by episodic vomiting, following prolonged excessive cannabis consumption, which is alleviated by sustained cessation of cannabis. During the acute phase of the condition, patients often find relief using hot baths and showers, which is a common behavior observed. CHS-related complications encompass acute kidney injury and severe electrolyte disturbances. CHS can result in multiple ED visits, frequent hospitalizations, extensive

diagnostic evaluations, and elevated healthcare expenditures. Although the exact pathophysiology of CHS remains unclear, some mechanisms have been proposed. These include reduced gastric motility by gastrointestinal cannabinoid receptors 1 (CB1) over-riding, cannabinoid lipid buildup, endocannabinoid system dysregulation, dysregulated stress response, changes in thermoregulation, modifications in the transient receptor potential vanilloid system and genetic polymorphisms in the P450 system. In the acute phase, the foremost concern is providing supportive care including intravenous hydration and electrolyte corrections. The most effective treatment for CHS is cannabis cessation. Nevertheless, there are alternative treatments that have shown promise in alleviating symptoms, such as hot water hydrotherapy, topical capsaicin, haloperidol, benzodiazepines, propranolol and aprepitant.

Conclusions: As cannabis usage becomes increasingly prevalent, it becomes imperative for healthcare providers to acknowledge the long-term effects of cannabinoids, specifically regarding CHS. This diagnosis should be contemplated when evaluating patients who experience recurrent and incoercible vomiting coupled with a history of cannabis consumption. The compulsion to take hot baths or showers can serve as a noteworthy indicator for diagnosing CHS.

Disclosure of Interest: None Declared

EPV0044

Technological Addictions: The New Frontier in Addiction Psychiatry

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doi: 10.1192/j.eurpsy.2024.845

Introduction: Addiction to video games, cybersex, internet gambling, social media, texting and emailing, and online auctions can be as addictive as substances. These technological addictions have real-world ramifications and lead to the loss of jobs, money, and loved ones. As technology becomes integrated into many facets of modern life, the appreciation of such addictions has become increasingly challenging. This session will explore the addictive potential of technology and discuss the legitimacy of technological addictions as psychiatric conditions worthy of medical assessment, diagnosis, and treatment.

Objectives:

1. List five forms of Technological Addictions as they appear in the scientific literature of 2023.
2. Describe the psychology and culture surrounding Internet Gaming addiction.
3. Distinguish between normal use and addiction.

Methods: Lecture and discussion

Results:

1. Research on the phenomenology and nosology of these illnesses helps us further elucidate the distinction between problematic and nonproblematic use of technology, especially in children and young adults.
2. Another area of new research involves emerging technologies. By the time clinicians get a firmer grasp of today's ailments, the

technology of tomorrow—such as virtual reality and smart devices powered by artificial intelligence—will be commonplace enough to bring about a host of new problems.

Conclusions: Though data on the prevalence of technological addictions are sparse, most people use computers, tablets, and smartphones regularly with great benefits and no serious adverse consequences. We will need to be ready to guide our patients, our colleagues, and the general public on how to best handle technology with an eye on maximizing its enormous potential for fulfillment, gratification, and happiness while minimizing its significant risks for dissatisfaction, misery, and despair.

Disclosure of Interest: None Declared

EPV0047

Correlations between Clinic Preferences and Alcohol Use Disorder: an Alcohol Cohort Study in Northern Taiwan in 2022

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doi: 10.1192/j.eurpsy.2024.846

Introduction: Chronic alcoholism can result in severe liver conditions such as fatty liver disease and cirrhosis, potentially leading to life-threatening complications and premature death.

Objectives: This study investigated the age-sex distribution of patients with alcohol addiction and aimed to identify differences in clinic department preferences based on their principal and additional diagnoses in Taiwan, in 2022.

Methods: We conducted a comprehensive analysis of the diagnostic patterns of 334 patients with alcohol addiction from the Taoyuan General Hospital, Ministry of Health and Welfare.

Results: **Figure 1** depicts patient demographics, highlighting 297 male and 37 female patients with alcohol-related disorders. Males aged 41-60 years were particularly dominant, as shown in **Figure 2**. Principal diagnoses, including alcoholic liver disease and acute pancreatitis, are detailed in **Table 1**. Additional diagnoses, such as chronic pancreatitis and esophageal varices, are presented in **Table 2**. For departmental preferences, **Table 3** reveals the Gastrointestinal (GI) department as the top choice, followed by Kidney, Neurological, and Cardiovascular/Chest.

Table 1. Top 5 Principal Diagnoses of Alcohol Addiction Patients.

ICD-10-CM	Principle diagnosis	Times	Rank
K70	Alcoholic liver disease	43	1
K85	Acute pancreatitis	27	2
F10	Alcohol related disorders	18	3
A41	Other sepsis	14	4
K86	Other chronic pancreatitis	11	5